

Report on an unannounced full follow-up
inspection of

**Colnbrook Immigration
Removal Centre and short-
term holding facility**

16–27 August 2010

by HM Chief Inspector of Prisons

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Introduction

Colnbrook Immigration Removal Centre (IRC), at Heathrow, is one of the most secure facilities in the immigration estate. Run by Serco, it holds male detainees, most of whom have previously been in prison and some of whom have proved difficult to manage elsewhere. The adjoining short-term holding facility (STHF) houses both men and women and doubles as a first days unit for the main centre. Our last inspection was highly critical and suggested that the facility was at the outer limits of its capacity to cope. On our return for this unannounced follow-up inspection, we were pleased to find some improvements but also noted a large number of continuing concerns.

Safety remained a concern at Colnbrook. Staff were still managing a challenging mix of ex-offenders, vulnerable or disruptive individuals and an increasing number of highly frustrated long-term detainees, all housed in austere, higher security conditions designed for short stays. Problems had been compounded by a significant drug problem which Colnbrook had only just begun to address. On top of this the STHF continued to lack a clear and consistent role and offered a poor environment and limited regime. In particular, as we have stated clearly in previous reports, it remains a wholly inappropriate place to hold women.

More positively, violent incidents had reduced with the introduction of a comprehensive violence reduction strategy, better security and improved anti-bullying arrangements. The treatment of the significant numbers at risk of self-harm was generally good, although there was excessive use of demeaning anti-ligature clothing. Overall, however, there remained a long way to go: two-thirds of detainees still reported feeling unsafe and some security responses were disproportionate, with high use of force and separation – not all of which was properly managed. The vulnerable detainee unit remained oppressive and an alternative is urgently required.

Accommodation was adequate but noisy and ventilation remained poor. Staff appeared more confident and had benefited from a mentoring scheme but relationships with detainees were still mixed. Work around diversity had deteriorated and too little use was made of interpretation services. Healthcare services were now satisfactory.

Commendably, Colnbrook had sustained improvements in the quantity and quality of activity noted at our previous inspection. There was now an expanded range of paid work and education had improved, although provision remained limited for the increasing proportion of detainees staying for lengthy periods at the centre.

Staff continued to work hard to provide a good welfare service, but the resources devoted to this important area were being reduced following recent renegotiations of the centre's contract. There was no systematic multi-disciplinary planning to support those likely to resist removal. Access to visits was good but some restrictions were excessive. There were too few computers to access the internet which inhibited communication with the outside world and preparation from release or removal.

When we last inspected Colnbrook, we reported that a demoralised staff was struggling to cope with the array of needs and risks posed by a population that included some of the most challenging, vulnerable and frustrated detainees in the immigration estate. This inspection identified some progress: staff appeared more confident, violence reduction arrangements had improved, a start had been made on addressing the drug problem and the amount of activity had increased. However, in other areas we report much less positively: most detainees still felt unsafe, work on diversity had deteriorated and despite plans for change, our previous main

recommendations, that women should no longer be held in the short-term holding unit and that the vulnerable detainee unit should close, had still not been achieved. Overall, Colnbrook still has a long way to go but we are pleased to be able to identify some progress on this journey.

Nick Hardwick
HM Chief Inspector of Prisons

November 2010

Fact page

Task of the establishment

Colnbrook IRC is a dual-purpose establishment, operating as a secure immigration removal centre (IRC) housing male residents and as a short-term holding facility (STHF), holding both men and women. The STHF also operates as a first night and induction unit for the long-term facility.

Location

Colnbrook Bypass, West Drayton

Contractor

Serco Ltd

Escort providers

Group 4 Securicor, Serco Out of Country Escorting (OCE)

Number held

349

Certified normal accommodation

388

Operational capacity

388

Date of last full inspection

Announced inspection: November 2008

Brief history

Serco was awarded an eight-year operating contract for Colnbrook IRC and STHF in 2002 by the UK Border Agency (UKBA). The centre was designed and constructed by Skanska. It became operational in August 2004 and it was expected that Serco would operate this contract until 2012.

The centre, since becoming operational, has increased in capacity by 75 beds, with 40 additional beds being introduced in the STHF by doubling up the single cells, 27 beds in the enhanced unit (ENU) and eight in the vulnerable persons unit. It operates 24 hours a day, 365 days a year. It has 24-hour health care cover provided by Serco Health, with facilities services provided by Serco Integrated Services (SIS).

In July 2010, it was announced that Serco had been granted a further two-year extension to operate Colnbrook on behalf of the UK Border Agency, leading to Serco operating the contract until 2014.

Short description of residential units

There are four main residential units within the main removal centre. Each unit consists of three landings, with 66 available bed spaces, apart from C unit, which has 65. Each unit consists of a unit office and servery located on the ground floor, along with the unit association area, communal TV, pool table and exercise yard. Located on the first floor are the unit showers. On the second floor are another set of showers, along with the unit laundry room. There are communal payphones and incoming telephones located on each landing.

The ENU is a 27-bed unit, which consists of nine rooms, with three bed spaces in each room. The unit has shower and toilet facilities, laundry, kitchen, IT suite, association area, pool table and gaming facilities. Residents have access to both a payphone and incoming telephone.

The vulnerable persons unit has eight available bed spaces, consisting of a six-bed dormitory style accommodation unit and two single rooms. The unit has showering and toilet facilities, along with an association area and a gaming facility. Residents have access to both a payphone and incoming telephone. The last night unit is located above the secure unit and consists of four single rooms.

The STHF is also the centre's first night and induction unit. This unit operates on two floors, consisting of 40 double rooms, each with in-room toilet and showering facilities. The unit has an induction room and exercise yard.

Section 1: Healthy establishment assessment

Introduction

HE.1 The concept of a healthy prison was introduced in our thematic review *Suicide is Everyone's Concern* (1999). The healthy prison criteria, upon which inspections base the four tests of a healthy establishment, have been modified to fit the inspection of removal centres. The criteria for removal centres 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 detainees are able to be purposefully occupied while they are in detention

Preparation for release – that detainees are able to keep in contact with the outside world and are prepared for their release, transfer or removal.

HE.2 Under each test, we make an assessment of outcomes for detainees and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the United Kingdom Border Agency.

- **outcomes for detainees are good against this healthy establishment test.**

There is no evidence that outcomes for detainees are being adversely affected in any significant areas.

- **outcomes for detainees are reasonably good against this healthy establishment test.**

There is evidence of adverse outcomes for detainees in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.

- **outcomes for detainees are not sufficiently good against this healthy establishment test.**

There is evidence that outcomes for detainees are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of detainees. Problems/concerns, if left unattended, are likely to become areas of serious concern.

- **outcomes for detainees are poor against this healthy establishment test.**

There is evidence that the outcomes for detainees are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for detainees. Immediate remedial action is required.

- HE.3 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.
- HE.4 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.
- HE.5 At the last inspection in 2008, we found that at Colnbrook, outcomes for detainees were not sufficiently good against the healthy prison test of safety. We made 56 recommendations, of which 23 had been achieved, 10 had been partially achieved and 23 had not been achieved. We have made 30 further recommendations.
- HE.6 In 2008, we found that at Colnbrook, outcomes for detainees were not sufficiently good against the healthy prison test of respect. We made 57 recommendations, of which 17 had been achieved, nine had been partially achieved, 30 had not been achieved and one was no longer relevant. We have made 48 further recommendations.
- HE.7 In 2008, we found that at Colnbrook, outcomes for detainees were reasonably good against the healthy prison test of purposeful activity. We made seven recommendations, of which two had been achieved, three had been partially achieved and two had not been achieved. We have made four further recommendations.
- HE.8 In 2008, we found that at Colnbrook, outcomes for detainees were reasonably good against the healthy prison test of resettlement. We made 10 recommendations, of which four had been achieved, three had been partially achieved and three had not been achieved. We have made 13 further recommendations.

Safety

- HE.9 Many detainees were subject to overnight moves. The short-term holding facility was an inadequate first days unit. The vulnerable persons unit remained an inappropriate environment. The management of those at risk of self-harm was generally good but the frequent use of anti-ligature clothing was inappropriate. Many detainees reported feeling unsafe but the number of violent incidents had reduced considerably since the launch of a comprehensive violence reduction strategy. Security was well managed

but in some respects disproportionate. Use of force and separation were high. There were a number of detainees held for long periods and insufficient legal advice to meet the need. Rule 35 reports were poor and gave UK Border Agency case owners little information on which to make decisions on fitness to detain. Substance use services were in their infancy. Outcomes for detainees against this healthy establishment test were not sufficiently good.

- HE.10 Detainees were often moved in the middle of the night, arriving at the centre exhausted before entering the restrictive short-term holding facility (STHF). There were mixed reports of offers of food, drink and toilet breaks on escort journeys to the centre. Vans we inspected were reasonably clean and well equipped. Nearly all detainees attending external appointments were handcuffed.
- HE.11 Reception staff were generally respectful but there was little evidence of interpretation being used to communicate with detainees who spoke little or no English. Detainees were offered food and telephone cards in reception but those without appropriate mobile telephones were not offered a telephone. Initial risk assessment was hindered by the fact that prison files did not always accompany detainees arriving from English and Welsh prisons, and never came with detainees coming from Scottish prisons.
- HE.12 Women were still being held in the STHF. Detainees in this facility were locked in cramped conditions in their rooms for up to 23 hours a day, with little communication from staff. The emergency call bell system in the STHF was inadequate and detainees resorted to shouting and banging on doors to attract the attention of staff. Induction was limited for detainees coming to the STHF and did not reach all those moving to the main centre.
- HE.13 In our survey¹, two-thirds of detainees said that they had felt unsafe. However, there had been a large reduction in the number of violent incidents since the launch of an effective violence reduction strategy. Comprehensive data were provided for the monthly 'stay safe' committee, which discussed patterns and trends in depth. Violent or potentially violent incidents were reported to the stay safe team from a number of sources, including detainees. A stay safe hotline had been introduced and detainees appeared to be willing to use it. Support for victims of bullying had improved through the successful introduction of a buddy system.
- HE.14 There was a high rate of self-harm. The stay safe committee discussed suicide and self-harm concerns in depth. Assessment, care in detention and teamwork (ACDT) documentation demonstrated appropriate initial assessments, and timely and generally multidisciplinary review meetings. However, care plans were less detailed and there was no evidence of the use of professional interpretation during reviews.

¹ **Inspection methodology:** There are five key sources of evidence for inspection: 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, applying both qualitative and quantitative methodologies. All findings and judgements are triangulated, which increases the validity of the data gathered. Survey results show the collective response (in percentages) from detainees in the establishment being inspected compared with the collective response (in percentages) from respondents in all establishments of that type (the comparator figure). Where references to comparisons between these two sets of figures are made in the report, these relate to *statistically significant* differences only. Statistical significance is a way of estimating the likelihood that a difference between two samples indicates a real difference between the populations from which the samples are taken, rather than being due to chance. If a result is very unlikely to have arisen by chance, we say it is 'statistically significant'. The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance. *Adapted from the Dictionary of Forensic Psychology: HM Inspectorate of Prisons*

Not all night staff carried anti-ligature knives. Anti-ligature clothing was used regularly, sometimes with little justification. Food refusal was well managed. The vulnerable persons unit offered little privacy and was an oppressive and degrading environment. There was still no policy setting out its role and function.

- HE.15** The small intelligence-led security department was well managed and had effective systems to process, analyse and disseminate information. The flow of information into the department was good and the large number of security information reports (SIRs) was processed efficiently and promptly by trained analysts.
- HE.16** The use of separation was high. Proper authority had been given in all of the examined cases but reasons for need were not always clear and some people were held there for longer than was justified by the need to protect them or others. Apart from exercise and access to showers, most detainees spent nearly all of their time locked in their rooms with little to do. There was little engagement between staff and detainees, and formal care planning was inadequate. Communal areas were brightly decorated but rooms were poorly equipped and unwelcoming and the exercise yard was stark.
- HE.17** The number of incidents necessitating the use of force was high. Most were due to fights and assaults but a substantial number were for low-level incidents such as non-compliance with staff orders and unspecified threats. There was discussion of use of force in security and stay safe meetings but not enough focus on ways to reduce its use usage. Associated paperwork was completed properly but written submissions from officers did not give assurance that de-escalation was always the first response. Planned interventions were well organised, properly supervised and video-recorded.
- HE.18** There was a comprehensive child protection policy and regular child protection training for staff. A new and basic age dispute policy contained little on the care of children.
- HE.19** Many detainees reported difficulty in accessing legal advice. The duty detention advice surgery catered only for English-speaking detainees and there was insufficient promotion of the service. Bail application forms and Bail for Immigration Detainees (BID) handbooks were freely available in the library and BID staff attended occasionally to conduct workshops. A range of legal text books was available in the library.
- HE.20** A number of detainees at the centre had been held for long periods. At least one detainee had been held at the centre without an extant IS91 giving legal authority to detain. Monthly drop-in surgeries run by the criminal casework directorate were helpful for detainees wishing to return home but were of little value to those who wanted to contest their removals. Rule 35 reports were poor and gave UK Border Agency (UKBA) case owners little information on which to make decisions on fitness to detain.
- HE.21** Substance use was a significant concern that was starting to be addressed. Links between the health services and security departments had recently improved and there was good information sharing. However, the centre had not conducted a substance use needs analysis and had no drug and alcohol strategy. Controls and safeguards around controlled drug administration had recently been introduced, to address diversion of medication. No health services staff had a specialism in treating substance dependency.

Respect

- HE.22** Lack of fresh air and noise in the units remained major concerns for detainees. Staff-detainee relationships were mixed and the personal officer scheme was of variable effectiveness. The staff mentoring scheme worked well. Diversity structures had deteriorated and, other than in the health care unit, there was insufficient use of interpretation. Faith provision was reasonable. Criteria for access to the enhanced unit were unclear. The management of complaints had improved. Health care provision was reasonable overall. The food was the subject of much detainee complaint and the kitchen was inadequately cleaned. Outcomes for detainees against this healthy establishment test were not sufficiently good.
- HE.23** Detainees' rooms were reasonably spacious in the main units and the enhanced unit but cramped in the STHF and vulnerable persons unit. A lack of fresh air and inability to open sealed windows remained major complaints, particularly as smokers and non-smokers were still being located together as a result of population pressures, and noise levels were still high. Communal areas were reasonably clean but some wing landings were dirty. There were enough showers but some leaked. The domestic washing machines and dryers available to detainees were inadequate for the amount of use they received.
- HE.24** In our survey, just over half of detainees said that most staff treated them with respect. We observed mixed interactions between detainees and staff. The staff mentoring scheme worked well to provide support and guidance for staff, and to give them more confidence to manage the population. However, there was insufficient training to enhance their understanding of the particular backgrounds of the detainee population.
- HE.25** The personal officer scheme was applied variably across units. A number of detainees on some units did not know their personal officers. History sheets had regular entries but they varied in quality and did not always suggest positive engagement with detainees. Personal officer documentation was incomplete in all of the examined files.
- HE.26** The diversity policy was comprehensive but not sufficiently specific to Colnbrook. Diversity meetings were infrequent and achieved little. There were no detainee diversity representatives and no systematic monitoring by ethnicity or nationality. There was no systematic identification of detainees with disabilities, no personal evacuation plans and limited adaptations. Some nationality groups, especially Chinese detainees, were largely unaware of procedures and opportunities in the centre. Telephone interpretation was used frequently by health services staff, especially doctors, but infrequently elsewhere.
- HE.27** Few detainees were satisfied with the quality and variety of food. We saw food that had not been properly cooked, and on our night visit we found a poorly cleaned and messy kitchen, with uncovered food, unwashed trays and dirty floors. There were no regular food surveys. Access to the centre shop was good and items were reasonably priced and clearly listed. However, detainees were dissatisfied with the range of goods available.
- HE.28** Detainees reported below-average perceptions of respect for religious beliefs and access to chaplains. There had recently been discontent about the provision of food

for Ramadan. The chaplaincy team was effective in meeting religious needs but little engaged in the life of the centre, rarely attending key committees or ACDT reviews. The new multicultural room provided a good environment and was well used but was marred by the presence of the fax machine.

- HE.29** The rewards scheme was applied consistently across the long-stay units. However, there were some inappropriate sanctions, including loss of the opportunity for paid work and access to the internet. The enhanced unit was a reasonable environment, but its role was confused and the criteria for admission were not clearly understood by most staff and detainees.
- HE.30** Most complaint replies were respectful and dealt with the issues raised, and investigations were generally of good quality. The general applications system did not work effectively. There were no arrangements to track simple applications and most of the formal procedures were not understood by many staff or detainees.
- HE.31** Although we observed some good exchanges between health services staff and detainees, detainees generally reported negatively on the standard of health services. There was a satisfactory range of primary care services. Dental services were the cause of much discontent. There was a high need for mental health support but detainees had satisfactory access to a registered mental health nurse. They could usually see a psychiatrist within two weeks but waited too long (up to eight weeks) for a first counselling appointment. The inpatients facility was often used for detainees without a clinical need.

Activities

- HE.32** Access to activities for those on the main units was reasonable and progress had been made in providing a wider range of activities. The range of work offered had improved, as had the quality of teaching. The library provided a reasonable service. Indoor PE facilities were good for most detainees. Outcomes for detainees against this healthy establishment test were reasonably good.
- HE.33** The range of activities had improved and was reasonable but was more limited for the substantial number of longer-stay detainees in the centre. Those in the separation unit and STHF had little access to any activities. The monitoring of the quality of the provision had improved but no action plan had subsequently been produced.
- HE.34** Although the range of work had increased, and included gardening, painting and buddy work, the amount of work available was insufficient for the number of detainees at the centre. Detainees also acted as mentors in the music, art and English for speakers of other languages (ESOL) classes. Waiting lists for paid employment were short and most detainees could access a job within three days. Some detainees were inappropriately barred from paid work as a result of non-compliance with UKBA.
- HE.35** The standard of coaching in computing and ESOL sessions had improved. Detainees were motivated and produced good work in new photography and radio production sessions. However, the quality of some of the arts and crafts sessions was poor. There was external accreditation in computing and internal accreditation for ESOL.

The Toe by Toe scheme had been introduced, with three detainees having completed it since 2009.

- HE.36** The library met the needs of most detainees, although detainees who were not located in the main units had access only to a limited trolley service. There was a good book stock, including a range of foreign language texts. The monitoring of book loans had improved. There was a wide range of newspapers.
- HE.37** Access to the gym facilities was good for detainees on the main units and staff were appropriately qualified. Indoor facilities were adequate for the population but outdoor facilities were limited to the exercise yard on each residential unit.

Preparation for release

- HE.38** The welfare team provided a reasonably good but reducing service to detainees. The visits area had improved. Visitors and detainees were subject to some inappropriate restrictions. Access to telephones was generally good. Internet access was limited but about to increase. There was no systematic assessment or support for those being removed. Outcomes for detainees against this healthy establishment test were reasonably good.
- HE.39** The welfare team was experienced and effective. Welfare staff spent most of their time delivering induction. The average number of recorded welfare team contacts had reduced. The welfare role had been largely devolved, in theory, to personal officers, with welfare staff giving them support. However, this appeared to be effective only for a minority of detainees, given the inconsistency of personal officer work. The team's work was mainly reactive and there was no systematic involvement in preparation for removal and release.
- HE.40** Access to visits was good but there were some inappropriate restrictions, such as volunteer visitors having to leave the centre completely before visiting a second detainee in one session and not being allowed to bring in a pen and paper. The visitors centre and visits hall were reasonably bright and detainee art was displayed in the visits hall. The uncomfortable fixed furniture had been slightly improved with cushions and further refurbishment was planned. The arrangements for keeping visiting children safe had improved.
- HE.41** There was a mobile telephone loan system for detainees without means. The mail system worked efficiently. Fax machines on the units shared a line with the office telephone, which delayed the faxing of important documents. There was limited access to the fax machine housed in the multicultural room. There were too few computers in the internet suite, restricting detainee access to the internet and email, particularly in the evening, although a number of new terminals were about to be connected.
- HE.42** Detainees were located in the STHF or last night unit before removal, in conditions that could hinder preparation for discharge. There was no systematic assessment and support for those being removed. There had been 37 uses of force on removal in the previous six months and there was no evidence of high-risk strategy meetings for those about to be removed that could have reduced the risk of such incidents.

Main recommendations

- HE.43 Detainees should not be subjected to avoidable night-time transfers around the detention estate.
- HE.44 The short-term holding facility should not hold women and should have a clear function underpinned by rules of governance and a regime equivalent to the main centre.
- HE.45 Notifications and responses, issued in accordance with Rule 35 of Detention Centre Rules, should address fitness to detain by reference to clinical information.
- HE.46 Vulnerable detainees should be held in a location which affords an appropriate level of individual care and privacy, and there should be a policy setting out how they will be managed. This should include clear referral and assessment procedures and a robust gate-keeping mechanism.
- HE.47 Telephone or face-to-face interpretation should be used to communicate with detainees and groups of detainees who are not fluent in English, particularly at times of heightened stress, such as before planned removals and during ACDT reviews.
- HE.48 Detainees should not be held in separation as a punishment.

Progress on main recommendations since the previous report

(The paragraph numbers at the end of each main recommendation refer to its location in the previous inspection report)

Main recommendations

MR1 Detainees should not be subjected to avoidable night-time transfers around the detention estate. (HE.41)

Not achieved. UKBA detention authorities (IS91 forms), which also recorded detainees' movements, showed that they were often transferred in the middle of the night. Detainees often arrived exhausted as a result.
See main recommendation HE43.

MR2 Colnbrook short-term holding facility should be subject to formal rules of governance and resourced accordingly. (HE42)

Not achieved. There were still no specific rules of governance for the short-term holding facility (STHF)/first days unit, which continued to hold an ill-matched group of detainees within a highly restrictive regime. In most cases, it was unclear which detainees would be removed and which would end up in the main centre.
See main recommendation HE44.

MR3 Colnbrook short-term holding facility should not hold women. (HE.43)

Not achieved. During the inspection, four women were being held in the STHF. Cells on the first floor of the facility were reserved for women but could be occupied by men if the facility reached full capacity. The rooms faced towards the outside of the centre, rather than overlooking the exercise yard, offering more privacy. Women exercised at different times to men. Women were not received through the main reception area but went straight to the STHF reception, where they were processed. We observed a male and female detainee in the same common area STHF, with no direct supervision. The STHF remained an inappropriate place to hold women.
See main recommendation HE44.

MR4 Notifications and responses, issued in accordance with Rule 35 of Detention Centre Rules, should address fitness to detain by reference to clinical information. (HE.45)

Not achieved. The initial Rule 35 reports (notification to the UK Border Agency (UKBA) if a detainee's health is likely to be injuriously affected by detention, including if they may have been the victim of torture) submitted by the health care unit were poor and did not address fitness to detain by reference to clinical information. The reports we saw often merely repeated detainees' allegations of torture, with no diagnosis, description of scarring or comment. Where there was a description of scarring, no medical diagrams or photographs were included and there was no comment on whether the allegation was consistent with the alleged incident of torture. The health care unit did not keep copies of their Rule 35 reports or a central log in order to monitor the timeliness or quality of replies (see also section on immigration casework).
See main recommendation HE45.

MR5 **Vulnerable detainees should be held in a location which affords an appropriate level of individual care and privacy, and there should be a policy setting out how they will be managed. This should include clear referral and assessment procedures and a robust gate-keeping mechanism. (HE.46)**

Not achieved. The location, standard of accommodation and function of the vulnerable persons unit was the same as at the time of the previous inspection. It continued to be an oppressive and degrading environment for the residents who lived there. There was still no policy setting out how the men should be cared for during their time on the unit. While there appeared to be a common understanding among staff of which residents might be suitable for the vulnerable persons unit, there was still no clear referral or assessment procedure. Residents had limited access to activities (see section on the vulnerable persons unit).
See main recommendation HE46.

MR6 **Telephone or face-to-face interpretation should be used to communicate with detainees and groups of detainees who are not fluent in English, particularly at times of heightened stress, such as before planned removals and during ACDT reviews. (HE.47)**

Partially achieved. A comprehensive list was maintained of the many staff who spoke other languages and was used regularly when interpreting was needed. Invoices for telephone interpreting indicated a relatively high level of use of professional interpreting services but 86% of this had been in the health care unit (see also recommendation 4.18).
See main recommendation HE47.

MR7 **In accordance with Rule 42 of the Detention Centre Rules, detainees should not be held in special accommodation after they have ceased to be refractory or violent. (HE.47)**

Partially achieved. Most detainees were usually moved from Rule 42 (temporary confinement) to Rule 40 (removal from association in the interests of security or safety) status within a day, and soon after they had ceased to be refractory or violent. However, this was not always the case and there was no substantive difference between the conditions under Rule 42 and Rule 40 (see section on the use of force and single separation).

MR8 **Detainees should not be held in separation as a punishment. (HE.48)**

Not achieved. We came across examples where detainees had been held on Rule 40 for several days, with little apparent reason for the extended separation. It was clear from discussions with UKBA staff, Serco managers and staff that separation was sometimes used to punish poor behaviour by detainees because they felt they had no other means to deter poor behaviour.
See main recommendation HE48.

Progress on recommendations since the last report

Section 1: Arrival in detention

Expected outcomes:

Escort staff ensure the well being and respectful treatment of detainees under escort. 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.

Escort vans and transfers

1.1 Escort vehicles should be clean. (1.5)

Achieved. All inspected escort vehicles were clean.

1.2 Escorts should use interpreters, such as a telephone interpreting service, to explain to non-English-speaking detainees what is happening and deal with any queries. (1.9)

Not achieved. Non-English-speaking detainees told us that telephone interpreters had not been used to communicate with them during their journey to the centre.

We repeat the recommendation.

Additional information

- 1.3 Inspected escort vehicles contained snacks, drinks, first-aid kits and complaint forms. In our survey, 50% of detainees said that they were treated well or very well by escort staff, which was better than at the previous inspection (32%). However, only 42% of detainees said that they had known where they were going when they left their previous place of detention. Furthermore, fewer detainees than at comparator establishments (22% versus 32%) had received written information about their situation, in a language they could understand, before they had arrived at the centre. Some detainees had been subject to excessive and disorientating moves around the detention estate, with one having been held in 10 places of detention over a four-month period.

Further recommendation

- 1.4 Detainees should not be subjected to excessive moves around the detention estate.

Reception, first night, induction and the short-term holding facility

1.5 The STHF should retain single rooms for people assessed as unsuitable to share. (1.13)

Achieved. In practice, we found that all detainees assessed as unsuitable to share were placed in single room accommodation. All serving prisoners and ex-foreign national prisoners taking part in the early release scheme (ERS) were automatically given a single room,

regardless of their room sharing risk assessment. Age-dispute cases were also located in a single room automatically.

1.6 Some rooms in the STHF should be designated for non-smokers. (1.15)

Not achieved. There were no rooms designated for non-smokers. However, staff recorded on electronic records whether or not a detainee was a smoker. A white board in the STHF office also recorded information about every detainee, including their smoking status. Both suggested, and staff assured us, that smokers were not located with non-smokers. We found no evidence to the contrary.

1.7 All detainees in the STHF should have 24-hour access to a telephone. (1.16)

Not achieved. Detainees with mobile telephones allowed by the UK Border Agency (UKBA) (that is, without integral cameras, internet connection or recording equipment) were able to retain them in possession. However, those without their own telephone were not lent one but were instead given a £5 telephone card. Further telephone cards could be purchased from the trolley that passed through the STHF. To make a call from a payphone, detainees had to call a member of staff to release them from their rooms, which was difficult (see additional information). Outside callers could telephone the STHF but an officer had to be available to answer the call, release the detainee from their room and take them to the telephone, and this was not always possible.

We repeat the recommendation.

1.8 All detainees in the STHF should have a formal induction, to ensure that they know what facilities there are, including sources of information and advice, and how to access them. (1.27)

Not achieved. There was no formal induction in the STHF. Arriving detainees were given bed sheets and a wash pack and advised that they would be locked in their room for up to 23 hours a day. They were not systematically informed about the STHF regime. A woman held in the STHF had arrived from India on the previous day to visit her brother and been refused entry. She spoke little English but no one had spoken to her with an interpreter, to explain that her brother was entitled to visit her at the centre and that she could contact him by telephone.

We repeat the recommendation.

1.9 Detainees in the STHF should have daily access to a laundry and should be informed of this. (1.28)

Partially achieved. Detainees could give bags of laundry to a detainee custody officer at any time. Night staff then washed the clothes and returned them to the detainee the following morning. However, the poor induction process meant that many detainees were unaware of these arrangements. One detainee told us that he had handed his washing to an officer in the evening but it had been returned unwashed the following day.

Further recommendation

1.10 Laundry arrangements should be explained to detainees in a language they can understand.

1.11 Detainees in the STHF should have daily association in an association room. (1.29)

Not achieved. There was a small association room on the first floor of the STHF. The room

contained books, magazines, sofas, a television and information about the facility and the centre. Access to the association room was determined by a welfare officer. Although a few detainees could access the room, most did not.

We repeat the recommendation.

1.12 Prison files should accompany all detainees arriving from prisons. (1.30)

Not achieved. Prison files did not always arrive with detainees from English and Welsh prisons. Detainees arriving from Scottish prisons never arrived with their prison files.

We repeat the recommendation.

1.13 Room sharing risk assessments should refer to known sources of information, including prison files, and individual circumstances. (1.31)

Achieved. Risk assessments were completed using a proforma when detainees arrived in reception and conducted on the basis of their answers to a series of closed questions and documentary evidence accompanying them. The latter was usually based on the prison file (if it accompanied the detainee), the movement order and the authority to detain (IS91). One copy of the proforma was passed to the stay safe team, one to the security department and one was retained on the detainee's Colnbrook file. On leaving reception, male residents were accompanied to the STHF office, where they were asked further questions in relation to risk assessments. We observed two detainees being risk assessed in front of each other, which could have compromised confidentiality and deterred a detainee from disclosing important information.

Further recommendation

1.14 Room sharing risk assessments should be confidential and not conducted in front of other detainees.

1.15 Couples should not be split up in detention. (1.33)

Not achieved. There were no couples in the STHF during the inspection but staff told us that couples were not located in the same room. The duty manager would decide if couples could eat together and associate in the same room. Family members of the same gender were allowed to share the same room.

We repeat the recommendation.

Additional information

1.16 Detainees could be held in the STHF for five days, and up to seven if removal directions had been served. One detainee we spoke to had been held for six days in the facility.

1.17 The amount of time that detainees spent locked in their room was not based on a risk assessment. They were offered an hour's exercise every day in the small enclosed exercise yard, which lacked shelter. During the inspection, some detainees without suitable clothing did not take exercise as a result.

1.18 The emergency call bells in detainees' rooms were ineffective at summoning officers. The electronic bells raised a faint buzzing sound, which could be heard only in the immediate vicinity of the room. A small green light appeared outside the room but was visible only to

someone standing immediately in front of it. The light remained on until the call was answered. The call bells were linked to the operations office (in another part of the centre) and to an unstaffed desk behind the STHF reception but did not activate any mechanism in the STHF office. As call bells were not answered, detainees resorted to shouting and banging on their room doors to get officers' attention. We witnessed officers ignoring detainees' calls.

- 1.19 Many rooms were in need of deep cleaning. Showers were screened off by a shower curtain and in some of them water from the showers had leaked into the sleeping area. Detainees were unable to open the windows in their rooms and air was fed through an air conditioner. Some rooms on the ground floor overlooking the exercise yard lacked curtains.
- 1.20 Each room contained a television which was sealed in a box just below the ceiling and was not visible to detainees on the bottom bunk. It could only be turned on or off by using a remote control; some remote controls were missing, so detainees wanting to change channels or turn the television on or off had to contact staff. One detainee complained that he had to go to sleep at night with the television on in his room because he was unable to get the attention of an officer.
- 1.21 The main reception area processed all male detainees arriving at the centre and, on weekdays, handled approximately 100 moves a day. Detainees arriving at reception were generally treated well by staff but we observed some unnecessarily abrupt behaviour. For example, when a detainee asked why he wasn't allowed to keep a mobile telephone he had used in Brook House IRC, the reception officer replied, *'This ain't Brook. If you lot hadn't been fighting, you'd've been able to keep it.'*
- 1.22 Telephone interpretation was rarely used in reception (see paragraph MR6). A folder contained the most commonly asked questions translated into a number of languages but it was not clear if it had been used and we did not speak to any detainees with whom it had been used.

Further recommendations

- 1.23 Detainees in the short-term holding facility (STHF) should not be locked in their rooms unless an individual risk assessment suggests otherwise.
- 1.24 The emergency call bell system should be able to attract staff attention and be responded to within five minutes.
- 1.25 All rooms in the STHF should be deep cleaned and well maintained.

Housekeeping points

- 1.26 The exercise yard should contain a shelter.
- 1.27 Rooms on the ground floor overlooking the exercise yard should have curtains.
- 1.28 Detainees should be able to see and control the television sets in their rooms.

Section 2: Environment and relationships

Residential units

Expected outcomes:

Detainees are held in decent conditions in an environment that is safe and well maintained.
Family accommodation is child friendly.

2.1 Non-smokers should always be allocated a non-smoking room. (2.15)

Not achieved. Although staff made efforts to keep smokers and non-smokers apart, on each main unit we were told that this was not always possible as a result of population pressures. Although staff checked with non-smoking detainees that they were willing to share with a smoker, this practice inevitably affected the health and comfort of non-smokers.
We repeat the recommendation.

2.2 Detainees' criticisms of the ventilation system should be effectively addressed. (2.16)

Not achieved. The ventilation system remained the source of much complaint and many detainees felt that their health was deteriorating in the largely sealed environment of the centre. The main access to fresh air on the units came from opening the doors to the exercise areas. Room windows had no air vents and could not be opened. The ventilation system was cleaned regularly but some rooms were stuffy and there were occasional faults in the system, which on one recent occasion had led to fans being issued to some detainees. Centre staff were sympathetic to the concerns of detainees and the issue was regularly discussed at consultation meetings. However, no progress could be made to address the substantive issue without a significant commitment to rebuilding.
We repeat the recommendation.

2.3 Soundproofing should be introduced into the main residential units. (2.17)

Not achieved. There had been no modifications to reduce noise levels, such as the carpeting of communal areas. A snapshot noise survey carried out by the centre found that overall noise levels were within safe levels, as judged against legal standards for employees, but missed the point that the constant clanging and echoing noise around the units grated on the nerves of detainees and staff alike. In our survey, only 40% of detainees said that it was quiet enough to sleep at night.
We repeat the recommendation.

2.4 The centre's fire safety arrangements should be subject to specialist independent scrutiny by an outside agency. (2.18)

Achieved. Representatives of HM Fire Inspectorate visited regularly.

2.5 Shower nozzles should be used which provide adequate spray. (2.19)

Not achieved. The shower nozzles were regularly cleaned and descaled. However, many of those we tested provided inadequate spray for washing off soap efficiently. This meant that detainees still regularly fixed toilet roll holders to shower heads on the main units to help direct

the spray.

We repeat the recommendation.

- 2.6 **The laundries should be fitted with suitable equipment, which is robust and kept in regular working order. (2.20)**

Not achieved. Each of the main wing laundries had two domestic washing machines and two domestic dryers and most had an iron, ironing board and iron press. The machines were not suitable for the heavy use to which they were subject by the 66 detainees on each unit and we were told that they frequently broke down, either through misuse or overuse. Two possible solutions had been considered: the purchase of industrial-quality machines or the creation of a laundry orderly post to manage a restricted-access laundry area. More robust machines appeared essential, given their high usage.

We repeat the recommendation.

- 2.7 **Detainees should have access to outdoor clothing when they wish to take exercise when the weather is inclement. (2.21)**

Partially achieved. Detainees could borrow light cagoules from wing offices. However, not all staff and none of the detainees we asked knew of their existence. There were no notices on the units to advertise their availability.

Housekeeping point

- 2.8 Detainees and staff should be made aware of the availability of outdoor clothing.

Additional information

- 2.9 The residential units were light and in generally good repair but remained austere. In the main units, detainees' rooms were designed for two people and were relatively spacious. The enhanced unit also provided good accommodation, but living conditions were unacceptably cramped in the short-term holding facility (STHF) and vulnerable persons unit.
- 2.10 There was a yard attached to each main residential unit, which detainees could walk around for most of the time that they were unlocked. Toilets in detainees' rooms in the main units were screened with curtains, which provided a basic level of dignity. The single beds had thin mattresses and some detainees had obtained additional mattresses to provide extra support. Chairs, curtains, televisions, kettles and lockers were also provided, with lost keys generally being replaced quickly. In response to our tests, room alarm bells were responded to within five to six minutes via the intercom system in staff offices. Some detainees complained that responses often took longer than this but there was no automatic recording system to check on average response times. Each unit had outgoing and incoming telephones with privacy hoods but most detainees had their own mobile telephones. We received few complaints about access to telephones (see section in preparation for release).
- 2.11 Most detainees wore their own clothes. Those without means who needed more clothing could obtain it from staff, following approval from an assistant director. A number of detainees told us that it was difficult to get clothing and in our survey only 22% said that they were offered enough suitable clothes for the week, compared with 45% at the time of the previous inspection. Clean bedding could be obtained twice a week. Towels were also provided but staff on two units said that demand always exceeded supply and that towels were like 'gold dust'.

- 2.12 Communal areas were reasonably clean but some wing landings were dirty, despite daily cleaning. Detainees kept their rooms reasonably clean and had access to cleaning materials, including vacuum cleaners, but many room carpets were dirty. Access to showers and essential toiletries was good and the showers were in reasonably good repair. However, at least two shower blocks did not drain efficiently, leading to water overflow onto the units.

Further recommendation

- 2.13 Detainees should be able to obtain thicker or additional mattresses that provide sufficient support to allow them to sleep with reasonable comfort.

Housekeeping points

- 2.14 Managers should regularly test response rates to room alarm bells.
- 2.15 Detainees should have access to sufficient clothing and towels.
- 2.16 Communal areas and room carpets should be deep cleaned.
- 2.17 Leaking showers should be fixed.

Staff–detainee relationships

Expected outcomes:

Detainees are treated respectfully by all staff, with proper regard for the uncertainty of their situation, and their cultural and ethnic backgrounds. Positive relationships act as the basis for dynamic security and detainees are encouraged to take responsibility for their own actions and decisions.

- 2.18 All new and inexperienced detention custody officers should have allocated mentors. (2.27)

Achieved. An 'on the job training and mentoring programme' had been launched towards the end of 2009. It involved a three-month programme requiring staff to undertake homework on the key tasks of the detainee custody officer, and gave each new member of staff a named mentor. Most of the newer staff we spoke to were appreciative of the support that this provided and felt that it prepared them for the challenges of the role within a supportive structure.

- 2.19 Personal officers should make ongoing efforts to engage with detainees in their care, even if the latter are initially reluctant. (2.28)

Achieved. History sheets indicated that detainees who were initially reluctant to engage with named personal officers were approached on several occasions. In some cases, alternative staff had been asked to undertake personal officer work, to maximise the chances of success.

- 2.20 Staff should engage with detainees in the STHF and this should be reflected in history sheet entries. All detainees should receive a personal officer on arrival at Colnbrook. (2.29)

Not achieved. There was little proactive engagement between staff and detainees in the

STHF, and some staff posted there were unaware of separate history sheets for detainees who were not in the long-term centre.

We repeat the recommendation.

2.21 Management checks should be conducted on all history sheets. (2.30)

Partially achieved. Management checks were conducted on a random sample of files. In our sample of 20 history sheets across the four main units, we found management checks in two of them but they provided no comment on the quality of entries.

Housekeeping point

- 2.22 History sheet management checks should comment on the quality of entries and specify the improvements that should be made.

Additional information

2.23 In our survey, 51% of detainees, similar to the figure at the time of the previous inspection but worse than the 66% comparator, said that most staff treated them with respect. Fifty-two per cent, about the same as the comparator, said that they had a member of staff to turn to if they had a problem. Fluent English speakers and detainees for whom it was a second language reported similar experiences in response to these two questions. Although telephone interpretation was still underused (see section on diversity), there were a number of multilingual staff and the languages they spoke were stated on their name badges. There were no regular group meetings held with the help of interpreters to enhance communication with detainees who spoke little English (see section on diversity).

2.24 Many detainees had been detained for long periods and had complex personal and legal histories. Some showed a high degree of frustration and this required staff to spend considerable time engaging with them to promote a calmer environment. Overall, we observed mixed interactions between detainees and staff. Staff were limited in what they could achieve on the busy units but a number took considerable effort to understand and respond to detainee concerns, dealing with some difficult situations with patience and professionalism. However, we also observed that some staff spent a good deal of time behind closed office doors, discouraging interaction. There was also insufficient staff training to enhance their understanding of the particular backgrounds of the detainee population, particularly asylum and refugee issues.

2.25 The personal officer scheme had been relaunched three months before the inspection and appeared to work differently across the units. A number of detainees on some units did not know their personal officers, although on others personal officers provided helpful support. History sheets had regular entries, often up to three a week, by personal officers. However, the entries varied in depth and did not always suggest regular positive engagement with detainees. The personal officer documentation was incomplete in all of the examined files.

Further recommendations

- 2.26 Regular group meetings should be held, with the help of interpreters, to enhance communication with detainees who speak little English.

- 2.27 Staff numbers on units should be sufficient to enable positive engagement with detainees on the units.
- 2.28 Staff should receive specific training to enhance their understanding of the particular backgrounds of the detainee population, particularly asylum and refugee issues.
- 2.29 All detainees should experience consistent personal officer work.

Section 3: Casework

Legal rights

Expected outcomes:

Detainees are able to obtain expert legal advice and representation from within the centre. They can receive visits and communications from their representatives without difficulty to progress their cases efficiently.

- 3.1 The centre should undertake a legal services needs assessment and report the outcome to the Legal Services Commission. (3.7)

Not achieved. We could find no evidence that a legal services needs assessment had been conducted. In our survey, fewer detainees than at comparator centres (61% versus 67%) said that they had a legal representative. In the short-term holding facility (STHF), only 52% of detainees reported having a legal representative.

We repeat the recommendation.

Additional information

- 3.2 In our groups and safety interviews, detainees, particularly non-English speakers, reported difficulties in accessing legal advice and communicating with their solicitors. The Immigration Advisory Service (IAS) was contracted by the Legal Services Commission to run detention duty advice surgeries twice a week. The surgeries comprised 10 half-hour slots and were too short for detainees with complex immigration and family histories to give full instructions and receive adequate advice. They were available only to those who could speak English.
- 3.3 There were no notices in the centre promoting the detention duty advice service or the community legal advice helpline or website. A leaflet listing the contact details of local solicitors was available in the library but solicitors we spoke to said that they were unable to meet demand. There were notices in the centre promoting the general services of the IAS but the posters failed either to direct detainees to the detention duty advice surgeries or mention that they were only for English-speaking detainees.
- 3.4 Bail for Immigration Detainees (BID) occasionally attended the centre to conduct workshops on making bail applications. Notices promoting their services were displayed around the centre. The library stocked the BID Notebook on Bail in English and three other languages, as well as bail application forms.
- 3.5 The library contained information and complaint forms regarding the Office of the Immigration Services Commissioner (OISC) but there was no information about the Legal Complaints Service. Library staff were unable to explain the difference in the two organisations' remits.
- 3.6 The library stocked country-of-origin information reports. Of the 10 we sampled, two were out of date. A range of legal text books was available from the library. Detainees could access the BBC News website in a variety of languages, as well as the main judicial, legal and regulatory websites.
- 3.7 Overall, English-speaking detainees in the centre could communicate with their legal representatives reasonably well by telephone or email but had variable access to fax machines

(see sections on activities and preparation for release). The interview rooms in the centre were shared between the UK Border Agency (UKBA) and legal representatives. All chairs in these rooms were chained to the floor.

Further recommendations

- 3.8 Notices around the centre should promote legal advice surgeries, and the community legal advice telephone number and website.
- 3.9 Detainees should not be interviewed on chairs chained to the floor unless an individual risk assessment deems it necessary.

Housekeeping point

- 3.10 Notices, guidance and complaint forms regarding the Office of the Immigration Services Commissioner and the Legal Complaints Service should be made available around the centre and the STHF.

Immigration 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 about the progress of their cases.

- 3.11 **Bail summaries should be issued to detainees, as well as to any representatives, in good time for them to check content and deal with any queries. This should particularly be adhered to in the case of video bail hearings, when detainees are not present in the court and may not have easy access to interpretation. (3.17)**

Achieved. In the contact management files we examined, bail summaries were served on time to detainees, including in advance of video bail hearings. We spoke to several legal representatives, all of whom had received bail summaries.

- 3.12 **Reasons and reviews of detention should be referable to the individual and should reflect balanced consideration of published UKBA policy, all new circumstances and medical opinion, particularly following prolonged detention. (3.18)**

Partially achieved. The initial review of detention was fairly detailed and reflected the facts of detainees' immigration histories; however, subsequent reviews merely cut and pasted the previous reviews, changed the date and in most, but not all, cases added little further information about their detention status. On the penultimate day of the inspection, 20 reviews were outstanding and, even for detainees who could understand some English, the reviews were not written in plain English.

Further recommendation

- 3.13 Reasons and reviews of detention should be written in language that detainees can understand and refer to all relevant current individual circumstances.

3.14 The on-site team should receive more support from senior and more broadly experienced on-site immigration staff to help the active progression of cases. (3.19)

Achieved. Staff from the criminal casework directorate (CCD) conducted monthly surgeries (see additional information), and an immigration officer from this team attended three days a week. The CCD staff were more senior than the local contact management team and qualified to conduct a broader range of work. The CCD officers were able to complete emergency travel documents and carry out screening interviews and asylum interviews.

Additional information

- 3.15** At the CCD surgery that we observed, two CCD officers, an immigration officer and an executive officer advised detainees simultaneously, all within earshot of each other. One officer had remote access to the UKBA client database via a laptop computer. Waiting detainees sat within earshot of the officers. The surgeries were therefore not confidential. In one case, a detainee acted as an interpreter for another.
- 3.16** The surgeries were helpful for detainees wishing to return to their country of origin but less so for those who could not return. We observed several examples of poor practice. For example, in one case, a detainee asking to claim asylum was told by the officer that he was unable to help and that the detainee should ask his solicitor to write a letter. Another detainee requested temporary admission in order to sign the birth certificate for his recently born daughter. The officer failed to advise the detainee properly and did not provide information about making a bail application to an immigration judge. None of the detainees we observed were referred to the detention duty advice surgery for independent advice.
- 3.17** Uncertainty and insecurity around detainees' immigration cases was the most serious issue identified in our safety interviews, and a number of detainees said they were confused and uninformed about developments in their cases. The on-site UKBA contact management team comprised a manager, 2.5 full-time-equivalent executive officers and 9 administrative officers. The team had little influence over detainees' cases and were mostly tasked with serving documentation from UKBA case owners based around the country. Detainees complained that it was difficult to communicate effectively with the contact management team, and their case owners in particular, although the contact team was willing to see them on application.
- 3.18** One detainee was being held, apparently illegally, without an extant authority to detain (form IS91). He had been detained under immigration powers in May 2010 after overstaying his visa and working using false documents. He had served a three-month prison sentence and then been sent to Colnbrook without a new IS91 being issued. This had not been picked up by the contact team until raised by inspectors.
- 3.19** Six of the 10 longest-held detainees in the immigration estate were detained at the centre. Three had been held for more than four years, the longest for more than five years. Sixty per cent of the population were ex-foreign national prisoners. The centre held 19 Somalis, one of whom had been at the centre for a continuous three-year period, in spite of the lack of an effective central government in Somalia and the high barriers to removal. Although enforced removals to Harare were suspended, seven Zimbabweans were also detained in the centre, one of whom had been held in the immigration detention estate for almost three and half years.
- 3.20** We came across detainees who wanted to return to their country of origin but were unable to for reasons out of their control. One Chinese man told us that he had been moved to the STHF in preparation for removal but a few hours before his flight the removal directions had been cancelled. He had attempted suicide and been placed on an assessment, care in detention

and teamwork (ACDT) plan and constant watch. No one had spoken to him in his own language and he did not understand why he was being watched so closely. At the time of the inspection, removal directions had not been reset and he remained in detention.

- 3.21** The UKBA contact management team kept a central folder of Rule 35 reports and responses, together with a paper log. According to the paper log, UKBA had received 125 Rule 35 reports in 2010 to date, of which only 61 had been replied to. Not all of the replies had been timely. The central folder was incomplete; of the 20 cases we sampled, there were only nine copies of the original health care report and five copies of the reply from the case owner. This made it difficult for the on-site UKBA manager to monitor the timeliness and quality of the reports. The paucity of information provided by health services staff gave case owners little reason to consider release and most replies were equally brief and unhelpful. One reply merely inserted the detainee's name and reference number into the UKBA template letter, providing no reasons for the continuation of detention. As well as failing to comply with Detention Service Order 03/2008, the reply was disrespectful to the detainee and did little to bolster the detainee's faith in the competence of those detaining him. The Rule 35 reports were handwritten and often difficult to read, and at least one report indicated that the detainee had been examined by a registered nurse rather than a medical practitioner, as required under Rule 35 (see also paragraphs MR4 and 5.32).
- 3.22** Between November and December 2009, an electronic log of Rule 35 applications had been kept. This contained far more information than the paper log, including, for example, whether a copy of the application had been sent to the legal representative and whether a reply had been issued within two working days. We were told this system was being reintroduced but it was unclear why it had ceased in the interim.

Further recommendations

- 3.23** The criminal casework directorate surgeries should be confidential and make use of professional interpretation for non-English speakers regarding any discussions involving a detainee's immigration case.
- 3.24** Detainees who maintain that they cannot return to their country of origin should be directed to the independent detention duty advice surgeries.
- 3.25** Rule 35 reports should be typed or written legibly by a doctor. They should provide full information to UKBA, including a clinical view as to the cause of the injury or symptom and whether the detainee is fit to fly, remain on medical hold or detain, as appropriate.
- 3.26** The on-site UKBA team should keep an electronic log to record Rule 35 reports and responses and the central folder of Rule 35 reports should contain copies of the original report and the case owner's response. Late responses should be followed up promptly and poorly drafted responses returned to the case owner.

Section 4: Duty of care

Expected outcomes:

The centre exercises a duty of care to protect detainees from risk of harm. It provides safe accommodation and a safe physical environment.

Bullying

- 4.1 **Staff should seek to ensure that a detainee representative on each residential unit attends safe in custody meetings and acts as champions for anti-bullying work on their unit. (4.10)**

Not achieved. There was no resident representation at the centre's monthly stay safe meeting.

We repeat the recommendation.

- 4.2 **The anti-bullying strategy should be revised to take account of the findings from the bullying survey and the revised arrangements for the strategic management of bullying. (4.11)**

Achieved. A violence reduction survey had been conducted in April 2009 and a comprehensive violence reduction policy completed in February 2010. A further survey had been carried out in May 2010 and a comparison conducted between the two surveys had concluded that the results were similar. The survey indicated that, since the introduction of the new policy, more residents were prepared to come forward and acknowledge that they were being victimised or bullied, which seemed to suggest increased confidence in the new violence reduction strategy and the work undertaken by the stay safe team. This finding was also supported by our survey, which showed that 64% of residents who had been victimised by detainees or staff reported it, which was better than the 39% comparator and than at the time of the previous inspection (48%). A 'stay safe' hotline, which was staffed 24 hours a day, had been introduced recently and it appeared that residents were willing to use it. It was also used by families and friends who had concerns.

- 4.3 **There should be systems to ensure that incidents identified through complaints, security information reports and other records which may relate to bullying are routinely referred to the anti-bullying coordinator. (4.12)**

Achieved. There was a good system to ensure that the violence reduction coordinator received information about violent or potentially violent incidents. Relevant complaints were passed on to the UK Border Agency (UKBA) and there were effective links with the security department to ensure that information in security information reports (SIRs) was discussed. A 'violence reduction incident or conflict referral form' was available to all staff, and residential officers we spoke to were aware of its existence. Monthly data collected by the violence reduction coordinator indicated that there was a good balance between staff- and resident-initiated referrals.

- 4.4 **There should be monitoring of the data relating to bullying over time, to identify patterns or trends. (4.13)**

Achieved. Comprehensive data were provided for the monthly stay safe committee, and identified patterns and trends were discussed in depth at the meeting.

4.5 Interventions to tackle bullying behaviour should be developed. (4.14)

Partially achieved. There were still no formal interventions to tackle bullying behaviour, although the stay safe team had conducted a large number of conflict resolution interviews in response to referrals to the team. In June 2010 the team had received 67 violence reduction referrals and carried out 56 interviews with residents. Work was in progress to introduce a formal restorative justice programme and conduct Alternative to Violence workshops.

We repeat the recommendation.

4.6 Support for victims should be improved and include peer support which is properly managed and supported by staff. (4.15)

Partially achieved. There was no formal information on the amount and type of support offered to victims of bullying. Support for victims had been improved by the implementation of an effective buddy scheme (see additional information) but their interventions were, understandably, limited. The buddy logs we examined indicated that, while buddies were able to offer effective support and empathy, their task in many cases was to refer the resident to the most appropriate member of staff. There was limited opportunity for some victims to see external counsellors.

We repeat the recommendation.

Additional information

- 4.7 The stay safe meeting had a standard agenda, covering the areas of violence reduction, suicide and self-harm, health and safety, mental health and escorts. Child protection issues were considered at a separate meeting. The meeting received regular written reports on violence reduction, suicide and self-harm, security and health and safety but none on mental health and escorting arrangements. Attendance at the meetings was generally good but there was no representation from escorting services or external organisations (apart from attendance at one meeting by representatives from the Samaritans). There had been no representation from UKBA at any of the stay safe meetings in 2010 (see also paragraph 4.16).
- 4.8 Detainees reported poorly on levels of safety in the centre. In our survey, 67% of respondents said that they had felt unsafe, which was worse than the comparator of 49%, and 36% said that a member of staff had victimised them, which was worse than the 25% comparator. Our safety interviews indicated particular concerns over immigration cases, staff behaviour and the availability of drugs.
- 4.9 Data indicated an increase in conflict referrals to the stay safe team. At the time of the inspection, there were no behaviour logs opened as a result of bullying but a number of residents were being monitored as potential bullies, indicating that the increased referral rate had been effective in identifying potential areas of conflict. The development of the new violence reduction strategy had had a large impact on the number of violent incidents, which had reduced since 2009.
- 4.10 The introduction of the buddy scheme was also a positive initiative and buddies were becoming increasingly well known and used by other residents. They were on duty at regular times in the reception area, short-term holding facility (STHF) and the multicultural room. They were also available on their own units. The selection process was thorough and there was a comprehensive training course. All buddies received a certificate of competence after training. At the time of the inspection, there were six buddies, who met weekly for a group session with an external counsellor and could have individual counselling on request. They received excellent support from the violence reduction coordinator. The buddies were enthusiastic about

their role and saw it as important support tool for residents but felt that the role was insufficiently understood and accepted by residential staff (see paragraph 4.28).

Housekeeping point

- 4.11 Representatives from all residential units and departments, including UKBA, should attend 'stay safe' meetings.

Good practice

- 4.12 *The newly appointed buddies received good support and excellent training, and in turn were providing increasingly valued support to other detainees.*

Suicide and self-harm

- 4.13 **The policy covering the management of detainees at risk of self-harm and implementation of assessment, care in detention and teamwork (ACDT) procedures should be revised to ensure that it is based on an analysis of the needs of detainees at risk of self-harm. (4.24)**

Achieved. A reasonably comprehensive policy on the management of residents at risk of self-harm had been revised and issued in April 2010. The process for revising the policy had involved a series of staff meetings to identify local issues arising from self-harm incidents and a review of national developments, including deaths in custody and the Prisons and Probation Ombudsman. Implementation was monitored at the stay safe meetings.

- 4.14 **Analysis of self-harm data should be widened and include regular identification of patterns and trends. The at-risk committee should routinely consider the data and identify appropriate action points. (4.25)**

Achieved. The stay safe meetings received comprehensive reports on relevant aspects of self-harm. Reports included the number of ACDT documents open, the location within the centre of the detainees concerned, the names of the detainees who had come from other centres on an open ACDT document, a breakdown of nationality and the reasons for opening and closing an ACDT. There were also detailed data on the type of self-harm and the use of anti-ligature clothing. However, there was no evidence that the number of residents refusing food was recorded, even though there were two food refusers on ACDT documents at the time of the inspection.

Housekeeping point

- 4.15 Food refusal should be considered at stay safe meetings.

- 4.16 **Membership of the at-risk committee should include detainees, relevant voluntary organisations and staff from all departments in the centre. (4.26)**

Not achieved. Issues relating to suicide and self-harm were discussed at the stay safe meetings but detainees did not attend and attendance from some internal and all external organisations was also poor (see paragraph 4.7).

- 4.17 **The assessment document, particularly the prompts to assessors, should be revised to take account of concerns relevant to the detainee population. (4.27)**

Achieved. ACDT documents remained in the Prison Service format but the reference to remand and sentenced prisoners, raised in our previous report, had been taken out.

- 4.18 **Professional interpreters should be used for ACDT assessments and reviews for detainees who are not fluent in English. (4.28)**

Not achieved. We found little evidence of professional interpreters being used in ACDT meetings. In one case, an interpreter was mentioned in the initial review but there was no reference to interpreting services being used subsequently. The self-harm policy did not refer to the circumstances in which interpreting services should be used in reviews and the use of such services was not reported at the stay safe committee. We were told that centre staff were used to interpret in some reviews but this was not evident in the records we examined. There was no policy on the use of staff interpreters in ACDT assessments and reviews. (See main recommendation HE47.)

Housekeeping points

- 4.19 The self-harm policy should include a section on the use of interpreting services, including appropriate staff.
- 4.20 The stay safe meeting should be provided with reports on the use of interpreting services for all ACDT assessments, reviews and care planning.

- 4.21 **ACDT assessments and care maps should be completed thoroughly and robust quality assurance procedures should comment on the quality of care offered to detainees. (4.29)**

Partially achieved. In the examined ACDT files, most immediate plans were adequate, although in one case where the detainee had been placed in anti-ligature clothing, the recorded immediate actions were sparse and gave no guidance to staff on how he should be managed. We found that in all cases the initial assessment was clear, highlighted the core problem and in all but one, when the detainee had been withdrawn and uncommunicative, stated the immediate actions that would help the situation. In most cases, the links between reviews and care maps were weak, with review meetings rarely assessing their effectiveness. The quality of care maps was inconsistent and plans in some were unrealistic. Observations of men on ACDT documents were regular and night observations were not predictable, although evidence of meaningful interaction was mainly found in the case of detainees on constant watch. ACDT files were regularly examined by senior managers and the safe in detention officer but additional comments were not often made on file. When managers had concerns about the quality of the file entries, they were raised with the relevant staff member through a document sent to their manager which was then returned to the safe in detention manager, who ensured that the issue had been followed up with the staff member.

Further recommendation

- 4.22 Case managers should ensure that care maps are realistic and meaningful to the resident and that they are clearly reviewed and updated at review meetings.

4.23 Rostering arrangements should ensure that there are sufficient trained assessors to meet need. (4.30)

Achieved. There were 24 trained ACDT assessors. Of these, 22 were on a rota, with the other two, who were members of the stay safe team, acting as back-up when required. ACDT assessors were marked on all rotas, so that staff knew who they were. In the case we examined, all the initial assessments were completed within 24 hours of the ACDT being opened.

4.24 Reviews should be multidisciplinary, including all members of staff involved in the care of the detainee, and staff representation, particularly case managers, should be consistent. Reviews should be carried out on time. (4.31)

Partly achieved. Reviews had become more multidisciplinary. There was better attendance from the health care unit in particular, but attendance by the chaplaincy and education department was rare. Documentation did not clearly identify the people who were in a position to offer the best support for residents and therefore the most appropriate people were not always invited to meetings. Apart from cases in the STHF, ACDT case managers changed frequently. Reviews were held within the agreed timescales. The review meeting we observed was conducted sensitively by a case manager, who clearly knew the detainee well, and was attended by health services and UKBA staff. However, the meeting was held in the detainee's room, where the acoustics were poor, and all attendees, apart from the resident and the case manager, had to stand. We were told that other ACDT reviews were held in often busy unit offices, which were also inappropriate venues for this meeting.

Further recommendation

4.25 Case managers should identify the key people involved in the care of detainees and ensure that they are invited to attend review meetings, held at mutually convenient times in appropriate venues.

4.26 Family and friends should be involved in the care of detainees at risk of self-harm where appropriate. (4.32)

Partially achieved. The visits room contained notices from the stay safe team, advertising the stay safe hotline and encouraging families and friends to contact them if they had concerns about a resident. We were told that the hotline had been used to good effect. The team had also produced a family contact log sheet, so that staff could log any relevant contact with families and friends and pass it on to the stay safe team. However, there was no evidence from the ACDT documentation we examined that consideration was given to whether families and friends should be involved in the care of residents at risk of self-harm.

Further recommendation

4.27 Case managers should ensure the involvement of residents' families in ACDT reviews where this is appropriate and evidence this in documentation.

4.28 There should be a buddying scheme in place for at risk detainees. (4.33)

Achieved. There was an effective buddy scheme (see paragraph 4.10) and buddies were aware of at-risk detainees on their unit, although, appropriately, the full details of individual

residents' problems were not known by them. Informal support was offered and properly recorded. Buddies were aware of the action to take if they had a significant concern about a resident and also understood and respected confidentiality issues.

- 4.29 Detailed guidance on the use of anti-ligature clothing should be included in the policy covering the management of detainees at risk of self-harm and implementation of ACDT procedures. (4.34)

Not achieved. The policy on the management of residents at risk of self-harm contained a brief statement on the use of anti-ligature clothing. The guidance was not detailed, containing little on the care to be offered to detainees or the exceptional circumstances in which anti-ligature clothing could be used (see additional information).

We repeat the recommendation.

- 4.30 The at-risk committee should monitor the use of anti-ligature clothing robustly to ensure that it is used in exceptional cases only and for the shortest possible time. (4.35)

Not achieved. The number of detainees on whom anti-ligature clothing had been used was reported at the at-risk committee but minutes showed that cases were not examined robustly. Records showed that it had been used 13 times between January and July 2010. In an open ACDT case we examined, the resident had been placed in anti-ligature clothing immediately after he had attempted to strangle himself. The authorisation had been given by the duty operations manager but there was no explanation of the exceptional circumstances that meant that he could not have been put on constant observations instead. The initial ACDT assessment had been completed 17 hours after placing him in anti-ligature clothing and the decision of the case manager was that he should remain in anti-ligature clothing, with 10-minute observations.

We repeat the recommendation.

Additional information

- 4.31 There was a high rate of self-harm, reflecting a distressed population. At the time of the inspection, there were 27 active ACDT documents, which was the lowest number at any one time in 2010 to date, the highest being 58. The most common reason for opening an ACDT document was a statement of intent to self-harm and the most consistent trigger identified was the fear of being removed. The ACDT documents we examined showed that detainees were placed on ACDT documents appropriately and that staff were alert to signs of vulnerability. Units displayed information about the stay safe hotline but there was no information about the Samaritans telephone number next to unit telephones. On our night visit, we observed that not all night officers carried anti-ligature knives.
- 4.32 The ACDT assessors group, organised by the safe in detention manager, was a positive development, although meetings were held too infrequently. The ACDT assessors' handbook was a useful tool.
- 4.33 Residential staff were alert to residents not eating their food and there was an effective system for escalating concerns to managers. Detainees were not labelled as 'food refusers' until they had refused food for five days, at which point they were placed on an ACDT document (see paragraph 4.14).

Further recommendation

4.34 All night staff should carry anti-ligature knives.

Housekeeping point

4.35 The telephone number of the Samaritans should be located by the telephones on each residential unit.

The vulnerable persons unit

4.36 Detainees should have individual care plans and access to appropriate specialist input. (4.40)

Not achieved. Since the previous inspection, a system of weekly review meetings had been introduced on the vulnerable persons unit. The case files we examined showed that these were attended by the resident and health services and residential staff. In one case, a man had been on the unit for 10 days before a meeting had taken place to discuss his needs. Records of the meetings were sparse and repetitive, with a primary focus on confirming whether or not the resident should stay on the unit. There was little evidence that the meeting discussed how the staff group intended to care for individuals. There were no formal care plans to enable the ongoing individual assessment and planning of care, including any specialist input required. The resident history sheets we examined provided limited information and contained mainly brief observational comments, with little evidence of meaningful engagement.

We repeat the recommendation.

Additional information

4.37 The vulnerable persons unit had accommodation for eight detainees, two of whom could live in single rooms, with cameras so that they could be observed continuously by staff in the office. The remaining men slept and lived in a large room containing six beds, two sofas and a wide-screen television. The room was reasonably tidy and clean but had little natural light and remained an inappropriate environment in which to hold people.

4.38 We met some disaffected residents on the unit, who complained about the lack of privacy and difficulties in sleeping. They were also disturbed about the poor screening of the toilets, which also did not have seats. The showers on the unit were unsuitable for residents with disabilities and one resident, who was an amputee, said that he had been unable to shower. There was no grab rail in the toilets for residents with disabilities.

4.39 The lack of care planning meant that it was difficult for residents and staff to create a constructive focus to the men's day. Although a new, more expansive core day had been introduced since the previous inspection, residents complained that they did not have enough access to centre activities and that their participation depended on staff being able to escort them. The history sheets we examined supported their concerns (see paragraph MR5).

Childcare and child protection

Expected outcomes:

Children are detained only in exceptional circumstances and then only for a few days. Children are well cared for, properly protected in a safe environment and receive suitable education. All managers and staff safeguard and promote the welfare of children; as do any services provided by any other body.

No recommendations were made under this heading at the previous inspection.

Additional information

- 4.40 The centre had a comprehensive child protection policy and all staff had received child protection training, from a specialist, during their initial training. We were advised that all staff had been Criminal Records Bureau cleared to an enhanced level and that there was an ongoing programme of updating the relevant checks.
- 4.41 There was clear guidance relating to protecting child visitors to the centre and the visits staff that we spoke to understood their role in keeping children safe. Visits staff were aware that detainees should not have contact with children with whom they had no involvement. There were clear rules about children needing to be escorted by a responsible adult, particularly when the child was a teenager. Visits staff knew how to escalate child protection concerns.
- 4.42 The security department had detailed information on the offences of most detainees. Staff supervising visits had detailed information on each detainee and knew if they had offences relating to the abuse of children; such detainees were kept at a suitable distance from any children in the visits hall.
- 4.43 Residential unit staff we spoke to had understood their child protection training and how it related to children visiting the centre. However, there was less understanding of their responsibilities in picking up child protection issues from detainees which might lead to a child protection referral relating to children in the community.
- 4.44 It was UKBA's policy not to detain those under the age of 18 but young people had been placed at the centre who had declared that they were children. We were told that between January and July 2010 there had been 15 such cases. Age disputes were normally resolved by interviews with social workers from the local authority. There was a new and basic age dispute policy which contained little on the care of children. The policy stated that age dispute cases were to be held in the austere STHF. This was an inappropriate location.
- 4.45 At the time of the inspection, there was one young person who was disputing his age and had been at the centre for 14 days without the dispute being resolved. He had declared himself to be a child on reception but it had taken three days to record that he should not mix with adults and should be moved to the health care unit. He had subsequently been moved to the STHF but had returned to the health care unit at the start of the inspection. History sheets indicated that staff on the health care unit had engaged with him but interactions were sporadic and unplanned. Although he was under the general care of health services staff, no one had specific responsibility for his welfare and he did not have a care plan.
- 4.46 There was no evidence that the management of young people who declared that they were children was monitored to ensure that they were offered high standards of care before the resolution of the dispute (see paragraph 4.7).

Further recommendations

- 4.47 All staff should be made aware of their responsibilities to children in the community who may be at risk when they visit the centre.
- 4.48 There should be a comprehensive age dispute policy which ensures that all young people who say that they are children are treated as such until the dispute has been resolved. The policy should include details of how and where these children and young people are cared for.

Diversity

Expected outcomes:

There is understanding of the diverse backgrounds of detainees and of different cultural norms. Detainees are not discriminated against on the basis of their race, nationality, gender, religion, disability or sexual orientation, and there is positive promotion and understanding of diversity.

- 4.49 A comprehensive diversity policy should be produced and implemented. (4.50)

Partially achieved. A diversity policy had been produced. It contained a number of references not apparently applicable to Colnbrook, and appeared to have been adapted from a model not designed for the immigration detention context.

Further recommendation

- 4.50 The diversity policy should reflect and inform the application of good practice in all equality issues.

- 4.51 Welfare and diversity officers should receive specialist diversity training. (4.51)

Not achieved. No specialist diversity training had been delivered, other than to managers. Diversity training comprised one day of the initial officer training course. An annual two-day standard refresher course covered 10 topics, one of which was diversity.
We repeat the recommendation.

- 4.52 The needs of detainees from all minority groups held at Colnbrook should be identified and, where necessary, action should be taken to address gaps in service provision. (4.52)

Not achieved. There was no evidence of any systematic attempt to identify the needs of minority groups.
We repeat the recommendation.

- 4.53 Racist complaints should be investigated thoroughly. Where necessary, greater effort should be made to identify individuals against whom complaints are made. (4.53)

Partially achieved. More thorough investigations took place in most cases, and individuals against whom complaints had been made were being identified. However, of eight complaints with a racist element which had been received during 2010, one had not been investigated because the detainee had left the centre; another had been investigated only through incident reports submitted by staff after a delay of over a year, owing to an administrative error; and a

third had not been investigated on the grounds that it referred to an occurrence at another centre.

Further recommendation

4.54 All racist complaints should be investigated thoroughly.

Additional information

- 4.55 The establishment stated that all diversity issues fell to the Assistant Director for Diversity and Regimes and the middle manager who reported to him. These managers had taken a number of initiatives to improve relationships between groups from different cultures. No other staff were designated as having any specific responsibility for any aspect of diversity. There were no detainee diversity representatives. Two diversity meetings had been held in 2010, after a period of lapse; no detainees had been invited or attended. Few actions had been agreed and none had been reported on at the meeting.
- 4.56 Diversity managers had begun to collate information on the take-up of activities but there was no systematic monitoring by ethnicity or nationality, other than that carried out by the stay safe team and the security department for their own purposes, and no equality impact assessments had been carried out. A limited number of notices were translated into other languages, mainly in the reception area.
- 4.57 A new multicultural room had been well equipped with soft furnishings and décor from a variety of cultures; this room was well used as an informal meeting place but a fax machine for detainee use was located there, detracting from its main purpose.
- 4.58 In our survey, non-English speakers reported more negatively on 10 out of 17 questions relating to their detention, arrival and early days at the centre. Few non-English speakers said that they had received written information before their arrival (4%); none had received information on the day of arrival about how to make applications or about the religious team and only 5% about visits. Many non-English speakers had little knowledge about the centre. For example, a group of Chinese detainees knew nothing about the enhanced unit, and there were no Chinese detainees located there (see further recommendation 2.26).
- 4.59 The activities group had made provision for detainees with disabilities: a detainee using a wheelchair was accessing varied education provision; Braille material had been used and a detainee with limited hearing had been enabled to access musical activity, with good results. In other areas, there were limited adaptations to accommodate detainees with mobility difficulties.
- 4.60 There was no register of people with disabilities, no evidence of care plans and no personal emergency evacuation plans in the residential units. In our survey, 26% of detainees considered themselves to have a disability – more than at comparable centres. Of these, 21% (compared with 9% of those without disabilities) said that they had been held in six or more places as an immigration detainee since being detained. On 21 out of 40 relevant questions in our survey, detainees considering themselves to have a disability reported more negative perceptions than others. None of them said that it was easy to see immigration staff when they wanted. Only 37%, against 54% in the rest of the population, said that most staff treated them with respect. More detainees with disabilities than others had felt unsafe at some time and currently felt unsafe in the centre.

- 4.61 During the inspection, we heard a detainee screaming and banging on his door in the STHF for approximately five minutes without staff going to see him. We discovered that it was a deaf detainee held in the STHF who was expecting to be removed. The removal directions had been cancelled and no one had explained this to him. We spoke to a member of the immigration team who was on his way to speak to the detainee. He did not realise that the detainee needed a sign language interpreter, despite the fact that this was highlighted on the notice to detain (IS91). Staff told us that they had not brought in an interpreter to communicate with him during his time at the centre. Other detainees told us that he regularly screamed to get staff attention, struggled to be understood and was often ignored.

Further recommendations

- 4.62 Diversity responsibilities should be allocated to named staff with sufficient time, training and support to fulfil their duties.
- 4.63 Detainee diversity representatives should be appointed and attend the diversity meeting.
- 4.64 Minority groups should be systematically monitored to ensure fair treatment, with analysis and actions on the basis of any imbalances discovered.
- 4.65 Translated written information on key matters should be available throughout the centre in the main languages spoken by detainees.
- 4.66 Detainees with disabilities should be systematically identified, supported via rigorously managed care plans and have personal emergency evacuation plans kept prominently on their residential units.

Housekeeping point

- 4.67 The fax machine should be moved from the multicultural room.

Good practice

- 4.68 *A new multicultural room had been well equipped with soft furnishings and décor from a variety of cultures and was well used as an informal meeting place.*

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.

- 4.69 Detainees in the STHF should be able to worship with detainees in the long-term centre. (4.60)

Not achieved. There was no routine arrangement for STHF residents to attend corporate worship. Plans were in hand but no form of risk assessment had yet been agreed. Such detainees could only attend services if managers intervened in specific cases. Muslim Friday prayers and Christian worship were held in the STHF separately, in a small room.

We repeat the recommendation.

4.70 There should be sufficient supervisory staff to allow detainees quick access to the facilities for worship. (4.61)

Achieved. Sufficient staff were now detailed to enable prompt access to the facilities for worship. However, other than for Muslim Friday prayers, access to worship was for only two wings at any one time.

4.71 Chaplaincy staff should be invited to, and regularly attend, ACDT meetings. (4.62)

Not achieved. Chaplaincy staff were invited to ACDT meetings only when managers felt that it was relevant, and tried to attend in such cases.

We repeat the recommendation.

Additional information

4.72 There was a full-time and a part-time Muslim chaplain. Sikh and Hindu chaplains each worked three days a week, and other part-time and sessional chaplains included a Roman Catholic chaplain, Chinese Buddhist chaplain, an Anglican chaplain working in another role and available as needed, and a Free Church Christian pastor.

4.73 A room had recently been well fitted out as a Sikh and Hindu prayer room. The multicultural room, with water features, background music and regular performances by artists from religious traditions, was a well-appreciated resource, enabling those of different faiths and none to enjoy a calm and relaxed atmosphere (see section on diversity). This room was regularly staffed by a chaplain. Special events such as singing performed and led by an expert from the Muslim community were increasingly adding to the value of this room.

4.74 In our survey, fewer (47%) than at comparable centres (68%) and than at the time of the previous inspection (59%) said that their religious beliefs were respected. There was considerable dissatisfaction with the provision of food during Ramadan, which persisted during the inspection and which may have contributed to this negative perception (see section on catering). Fewer than at comparator centres said that they were able to speak to a religious leader if they wanted to (41% versus 55%). Although managers encouraged chaplains to take a higher and more visible profile in the establishment, they had been mainly committed to meeting specifically religious needs. They were not often engaged in the wider life of the centre through attending relevant meetings or case reviews.

4.75 In the STHF, only 10% of respondents to our survey said that they were able to speak to a religious leader of their own faith if they wanted to, against 46% in the main part of the centre. However, more than in the main centre (67% against 44%) said that their religious beliefs were respected.

Further recommendation

4.76 Chaplains should have a visible and integrated role within the centre, and serve the pastoral needs of all detainees.

Section 5: Health services

Expected outcomes:

Health services are provided at least to the standard of the National Health Service, include the promotion of well being as well as the prevention and treatment of illness, and recognise the specific needs of detainees as displaced persons who may have experienced trauma.

5.1 Nursing vacancies should be filled as soon as possible. (5.42)

Achieved. Recent appointments had been achieved within acceptable timescales and there were no current recruitment delays. Regular nursing bank staff were used to cover gaps in the roster.

5.2 The health needs assessment should include local information. (5.43)

Achieved. A detailed joint health needs assessment across both Colnbrook and the neighbouring Harmondsworth Immigration Removal Centre (IRC) had been published in February 2010. It had been commissioned by NHS Hillingdon (the local primary care trust). The recommendations covered locally resolvable matters and issues with national implications across the IRC estate. There had been no alcohol and substance use needs assessment.

Further recommendation

5.3 There should be an alcohol and substance use needs assessment.

5.4 The specific health needs of women held at the centre should be recognised and arrangements put in place to meet their needs. (5.44)

Not achieved. We saw no evidence of specific arrangements for women. During the inspection, there were several women in the short-term holding facility (STHF). There was only one female GP on the regular GP roster. The patient information leaflet explained that detainees could ask to see a GP of their own gender. We were told that no pregnant women were held at the centre and that they would be transferred if they were pregnant.

We repeat the recommendation. (See also main recommendation HE45.)

5.5 Clinical records should be maintained in line with professional guidelines. (5.45)

Not achieved. There was a paper clinical record system, which was in the process of being updated. A large proportion of the records were still in the old format and it was often difficult to follow a sequence in the history sheets because of misfiling. We saw several examples of loose papers in the clinical records which risked getting lost or misfiled. It was not always possible to identify signatures and staff designations were not always completed.

We repeat the recommendation.

5.6 Medications should only be administered from appropriate safe and secure areas, and hand washing facilities should be available. (5.46)

Partially achieved. Medication for detainees on the main units was administered from two small treatment rooms adjacent to the units. There were hand-washing facilities in both rooms. In the A/B treatment room, there was no soap dispenser, hand towels or pedal bin. For the daytime medication rounds, the nurses transported medication to the treatment rooms in

locked trolleys. The visibility for nurses through the narrow hatches was poor and the detention custody officer supervising was too far from the hatch area to supervise appropriately. We witnessed an incident where a detainee did not take his medication at the hatch and then walked away while the nurse was calling to him. For the night medication administration, nurses took a trolley to the units and administered medication through the door hatches after lock-up, accompanied by the custody officer. A locked trolley was taken to the inpatients and the vulnerable persons units. We were told by the nurses that, for detainees on the Rule 40/42 units, medication was decanted into small hand-labelled pots for administration. For detainees on the enhanced unit, a soft unlocked bag was used to transport the medication.

Further recommendations

- 5.7 All medication transported around the centre should be in lockable hard containers.
- 5.8 Secondary dispensing should stop and all medication should be administered from the original pharmacy container.

5.9 **There should be a palliative care and end-of-life policy. (5.47)**

Not achieved. There was no policy for palliative of end of life care.
We repeat the recommendation.

5.10 **There should be a system for detainees to make confidential health care complaints, and detainees should be aware of this system. (5.48)**

Not achieved. There was no separate confidential complaints system and all complaints were channelled through the main UK Border Agency (UKBA) complaints process.
We repeat the recommendation.

5.11 **Agency staff should receive induction before undertaking nursing duties at the centre, and should only carry out duties they have demonstrated competency in. (5.49)**

No longer relevant. Agency staff were no longer used. All permanent and bank staff received a comprehensive record of induction pack and underwent a period of induction to acclimatise.

5.12 **All nurses should receive clinical supervision, and records of this should be maintained. (5.50)**

Not achieved. There was a clinical supervision policy but none of the nurses were accessing clinical supervision.
We repeat the recommendation.

5.13 **All staff should have at least annual resuscitation and defibrillation training, and records of this should be maintained. (5.51)**

Achieved. The training records showed that all health services staff had received resuscitation and defibrillation training in the previous three months.

5.14 **All health services staff should receive training in the recognition and treatment of signs of trauma and torture, and understand how to report allegations using Rule 35. (5.52)**

Not achieved. None of the staff had received formal training in the recognition or understanding of the consequences of torture. The new head of health care was making efforts to source training (see section on casework).

We repeat the recommendation.

- 5.15 **A comprehensive, accurate health care information leaflet should be given to all detainees in reception. (5.53)**

Partially achieved. There was a helpful information booklet, which was written in plain language, in large print and with picture icons. It was available in a wide range of languages. We saw copies in the health care reception room but it was not routinely given to new detainees.

We repeat the recommendation.

- 5.16 **If a detainee is registered with a GP or any relevant care agencies, they should be contacted at the beginning of detention, with the detainee's consent, to provide relevant information to ensure continuity of care. (5.54)**

Not achieved. We saw blank request forms for previous medical records in clinical records but newly arrived detainees were not asked for their consent to use them. There was no evidence in the clinical records of previous records or summaries being received.

We repeat the recommendation.

- 5.17 **Nurse-led clinics should be run by nurses who have received appropriate post-registration training, and should not be dependent on one member of staff covering all specialised clinics. (5.55)**

Not achieved. Although some of the nurses who ran triage and chronic disease management clinics had had previous experience in different clinical settings, including accident and emergency departments, they had not received specific training for triage or chronic disease management.

We repeat the recommendation.

- 5.18 **Detainees should have direct access to advice by appropriately trained pharmacy staff. (5.56)**

Not achieved. There were no pharmacy-led clinics or opportunities for detainees to consult a pharmacist.

We repeat the recommendation.

- 5.19 **All detainees should have prescription charts and these should be correctly completed by medical staff. (5.57)**

Partially achieved. All detainees receiving medication were issued with a prescription chart. Most of the prescription charts we reviewed included a diagnosis and administration was clearly annotated. We saw some charts with no diagnosis and one chart with no date of issue for the medication.

We repeat the recommendation.

- 5.20 **Detainees should only have one prescription chart. If it is necessary for a detainee to have more than one prescription chart owing to the number of medications prescribed, it should be made clear on all their charts how many charts are in use. (5.58)**

Not achieved. There were separate charts for supervised, in-possession and controlled drug medications. The charts were not fastened together, were stored separately and were often not numbered.

We repeat the recommendation.

- 5.21 **All health services staff who administer medications should adhere to Nursing and Midwifery Council guidelines for the safe administration of medications at all times. (5.59)**

Partially achieved. We observed compliant administration of controlled drugs from the pharmacy room. However, we saw an example of paracetamol being administered without a special sick policy or patient group directions and the nurse indicated that she would ask the GP to prescribe retrospectively. We saw one prescription chart which appeared to show that a detainee had not received a medication dose for four days and there was no indication that it had been discontinued. Nursing staff were sometimes unable to access charts when required.
We repeat the recommendation.

Further recommendation

- 5.22 There should be a special sick policy covering over-the-counter medications.

- 5.23 **Triage algorithms should be used to provide consistency of advice and treatment to all detainees. (5.60)**

Not achieved. Nurses did not use a triage protocol. There was a folder of clinical algorithms but it was not used routinely.

We repeat the recommendation.

- 5.24 **Detainees should receive dental checks and treatment at least to a standard and range equivalent to that in the community. (5.61)**

Not achieved. Detainees were only able to access emergency dental treatment for acute and less complex problems. When more complex work was required, they could be referred out for NHS hospital treatment or, in some cases, offered extraction as an alternative. Longer-term detainees had no access to routine dental checks.

We repeat the recommendation.

Additional information

General

- 5.25 Health services were provided by Serco Health. A new health care contract manager had been in post for 10 weeks and there was evidence of strong leadership and a developing focus on positive outcomes for detainees. There was a health care vision plan for 2010/11. There was no current health promotion plan. There were health promotion leaflets in the main health care waiting area, which were mostly in English.

- 5.26 There was no relationship with NHS Hillingdon, other than commissioning of the health needs assessment. There were satisfactory links with Hillingdon Hospital for general medical needs and ongoing discussions about the potential provision of genito-urinary medicine clinics in the centre.

- 5.27 The health care unit was in the main building, adjacent to the residential units. Facilities were appropriate for the services provided. The department was clean and in satisfactory repair.
- 5.28 Detainees in our groups were generally negative about health services. In our survey, of those who had used the services, only 14% said that the quality of health care was good or very good, compared with 34% in other IRCs. There was no routine monitoring of access to health services for detainees. All appointment systems were paper based.
- 5.29 GP consultations were conducted with a health care support worker present, with attention to detainees' need for privacy. A GP consultation that we observed was handled sensitively. Nursing consultations were more variable, with some more 'functional' approaches to detainees at times. There was a second opinion policy for detainees but no information visible to inform detainees how to seek this.
- 5.30 Health services staff used telephone interpreting more than staff in other areas of the centre, although nurses were more reluctant than doctors to do so. A translation folder, in which simple phrases and picture icons were used, was available in reception and the health care unit but it did not appear to be used by health services staff. In our survey, only 13% of detainees said that they had been able to use a qualified interpreter during health care assessments.
- 5.31 There was a chaperone policy and we were told that women could ask to see a female GP or they would be chaperoned by a female nurse or health care support worker. None of the nurses was trained to work with children. There was no lead nurse for older detainees and no specific policy for the care of older detainees.
- 5.32 There were no completed Rule 35 forms in the clinical records we reviewed. In one of the Rule 35 forms held by UKBA, a nurse had completed the assessment but had not used diagrams and had not recorded a clinical decision as to the likely cause of the injuries or psychological symptoms. The record of one detainee for whom there was no Rule 35 declaration contained an independent psychiatrist's report identifying previous torture as an issue (see recommendation MR4, paragraphs 3.21 and 3.22, and further recommendation 3.25).
- 5.33 Health services staff routinely attended planned applications of control and restraint (C&R) and we saw C&R forms which had been completed appropriately. We saw a complaint, dated June 2010, from a detainee who said that he had sustained a fractured elbow following C&R procedures and that he had subsequently experienced delays in receiving hospital treatment and been subsequently advised by the hospital that they could not treat it owing to the delay.
- 5.34 There was no health care food or fluid refusal policy.

Further recommendations

- 5.35 There should be routine monitoring of equity of access to health services.
- 5.36 Nurses should use professional interpreting services for consultations with detainees with a poor command of English.
- 5.37 There should be a nurse with appropriate training and experience to support any children held at the centre and also a nurse responsible for leading the care of older detainees.
- 5.38 Detainees who sustain significant injuries during detention should be examined by a doctor and referred for timely hospital treatment as clinically appropriate.

5.39 There should be a food or fluid refusal policy.

Housekeeping point

5.40 Information about detainees' right to a second opinion should be clearly displayed.

Clinical governance

- 5.41 Clinical governance had been fragile, with several serious reported incidents in the previous year. There was early evidence of a more robust current approach to governance and accountability. Weekly minuted staff meetings had been introduced recently. There had been one meeting of a new combined monthly clinical governance and medicines management meeting, with appropriate internal and external representation.
- 5.42 There had been 61 health care-related complaints between January and June 2010. Responses did not always respond to the focus of the complaint. There was a current health care complaints and comments policy.
- 5.43 There had been only 21 clinical incidents reported in the previous year, six of which related to medicines management or administration errors. Some errors reflected serious deviations from acceptable practice but predated safeguards now in place. There was a current clinical incident policy.
- 5.44 There was an appropriate staffing complement and skill mix, comprising a total of 13 registered nurses, including five registered mental health nurses. All nursing and administration staff wore the same nursing-style uniform. Not all staff wore name badges, making it difficult for detainees to identify the registered nurses.
- 5.45 A new annual programme of mandatory training for all health services staff had recently been initiated. Intermediate life support, protection of the vulnerable adult and controlled drugs competence had already been completed by designated staff.
- 5.46 A portable resuscitation kit, oxygen cylinder and an automated defibrillator were kept in the health care unit. The kit was untidy, with unrelated items in the same compartment. There were no appropriately sized guedel airways for children or smaller adults, and we noted one out-of-date medicine. There was no checklist of equipment and no evidence of regular checks by staff. There was an arrangement with the local Red Cross for the loan of aids and equipment such as crutches and wheelchairs. We saw care plans for some patients with mental health needs but not for detainees with other chronic health needs.
- 5.47 The paper clinical records were in the process of being reformatted in new folders and all new clinical records were filed on open metal shelves in the main nursing/administration office, which was lockable. There was no record tracking system and records were not always easy to locate.
- 5.48 When detainees were transferred from the centre, a clinical summary was sent with them. The full paper record was either returned to the originating establishment or retained securely at the centre for three years and then archived off-site in a central secure store. The location of records was logged on the centre management system for tracking and retrieval. There was a box of old clinical records on the floor of the treatment room on A/B unit.

- 5.49 There was an up-to-date outbreak policy but no links with local NHS pandemic arrangements. There was an information-sharing compact in the reception documentation but no completed examples in the clinical records.

Further recommendations

- 5.50 The contents of the resuscitation kit should reflect the needs and profile of the detainee population and weekly checks should be made and recorded.
- 5.51 There should be care plans for detainees with more complex and longer-term care needs.
- 5.52 An information-sharing compact should be completed for all detainees.

Housekeeping points

- 5.53 Responses to complaints should be appropriately focused and explain the reasons for decisions and actions.
- 5.54 There should be a visible differentiation between registered nurses and other staff, and all nurses should wear name badges.
- 5.55 A record-tracking system should be initiated to ensure that clinical records are available for all clinical consultations.
- 5.56 All old clinical records should be stored securely.

Primary care

- 5.57 There was a satisfactory range of primary care services. GPs from a local practice provided twice-daily clinics from Monday to Sunday. There were weekly dental and physiotherapy clinics. The optician visited monthly and the longest wait was one month. Detainees requiring podiatry services were referred to a hospital service.
- 5.58 Detainees were screened by a nurse in reception within two hours of arriving. There was no self-completion questionnaire available. Detainees with health needs, including substance use, appeared to be identified and referred appropriately. We saw clinical records with no reception screening record completed. Detainees were asked if they wanted to see a doctor and an appointment was made if they requested it or if the nurse decided that this was necessary. Detainees who declined were asked to sign a disclaimer form.
- 5.59 In our survey, a lower percentage of detainees (79%) than in other IRCs (87%) and than at the time of the previous inspection (86%) said they had seen someone from the health care unit on arrival. However, more detainees in the STHF (91%) than at the longer-term centre reported seeing someone from the health care unit on arrival. More detainees (44%) than in other IRCs (29%) said that they had had a health problem on arrival, compared with only 12% of detainees in the STHF.
- 5.60 Detainees made a written application to see a nurse or doctor. When they had limited use of English, detainee custody officers helped them to complete the form. There were confidential health care boxes on the main residential units, which we were told were emptied daily. Other residential areas relied on officers and nurses responding to detainees' verbal requests for

appointments. Detainees could wait up to two days to see a nurse. We came across one example of a detainee who had waited six days to see the GP.

- 5.61 There was a Service Level Agreement with the Cornwall Out of Hours Service, a private telephone health advice service. If treatment was required, the detainee was escorted to the local accident and emergency department. The telephone service had not been used during 2010.
- 5.62 We were told there were early plans for a 'health care passport' to record all treatment and care during their stay, including medication, for use in both the UK and their country of origin. The condom policy required detainees to request them from health services staff.

Further recommendation

- 5.63 There should be a self-completion reception questionnaire for detainees which includes reference to communicable diseases and torture.

Housekeeping point

- 5.64 Condoms should be made available without detainees having to request them.

Pharmacy

- 5.65 Pharmacy services were provided by Lloyds Pharmacy. The pharmacist had recently started to visit twice a month to undertake clinical reviews of medication charts and support medicines management. There were two full-time pharmacy assistants, employed by Serco, but they had not received any specific accredited or general pharmacy or health care training. Prescriptions were supplied within a satisfactory timescale. The dedicated locked pharmacy room in the main health care unit was clean and tidy.
- 5.66 There were four medication rounds each day, plus a daily controlled drug administration session from the pharmacy room. A high proportion of medication was supplied from stock. A minority of detainees had their medication in possession and this was usually supplied weekly. There were packs of patients' own medication in some of the trolleys.
- 5.67 There was no special sick policy and there were no patient group directions in use (see further recommendation 5.22). Simple analgesia and over-the-counter remedies were given by nursing staff. Patient information leaflets were supplied in original packs but not routinely given to detainees unless they asked.
- 5.68 Detainees leaving the centre were given a five-day supply of medication if there was sufficient notice of their departure. Those going out to court hearings were given medication before leaving. It was unclear whether detainees with longer-term medication needs, such as anti-retroviral agents, received supplies for longer periods.
- 5.69 Not all prescriptions were faxed to the pharmacy, so there was an incomplete record on the pharmacy management system. Stock was supplied to an agreed list but was not subject to audit. Medication was date-checked but not recorded. There was no collation of pharmacy and prescribing data.

- 5.70 Storage of heat-sensitive products was satisfactory and refrigerator temperatures were within the acceptable range. Plastic tots were used to measure methadone doses. There were some out-of-date British National Formulary books in the treatment rooms. Many of the policies and standard operating procedures were in draft format or had not been fully implemented. There was no primary care prescribing formulary in use.

Further recommendations

- 5.71 The medicines management committee should review the use of general stock medication and use named-patient medication whenever feasible.
- 5.72 Detainees should have their medication in possession, except where there is evidence that indicates otherwise.
- 5.73 There should be a policy for dealing with detainees' own medication brought into the centre.
- 5.74 All medication should be date-checked regularly and the checks recorded.

Housekeeping points

- 5.75 The patient group directions should be formally ratified to enable their use.
- 5.76 Patient information leaflets should be supplied to detainees with medication whenever possible.
- 5.77 All stock should be audited regularly.
- 5.78 All pharmacy-related procedures and policies should be formally adopted through the medicines and therapeutics committee.
- 5.79 Approved glass graduated measures should always be used for measuring out methadone doses.
- 5.80 Up-to-date drug reference books should be available and old versions destroyed.
- 5.81 All staff should read and sign agreed adopted policies and procedures.

Dentistry

- 5.82 The dental suite was clean and appropriately equipped. There was a Service Level Agreement for the annual checking and maintenance of the equipment.
- 5.83 There was a weekly dental clinic. We were told that detainees waited, on average, two weeks to see the dentist but this was difficult to verify, as the waiting list had no referral dates. The dentist told us that he usually saw up to 14 patients a day and the data showed that up to 50 patients were referred per month. Detainees we spoke to were generally negative about their experience of access to dental treatment.

Housekeeping point

- 5.84 The dental waiting list should include referral dates, to ensure that waiting times can be monitored appropriately.

Inpatients

- 5.85 There was a six-roomed inpatients unit on the second floor, above the main health care unit. The small communal area had soft seating and a table where detainees could eat their meals. The unit was largely managed and staffed on a day-to-day basis by one detention custody officer, with regular visits from a registered nurse.
- 5.86 The beds formed part of the certified normal accommodation capacity for the centre. There were no formal criteria for admission to the unit. We were told that there was a 'locked door policy', which meant that detainees were risk assessed and, if deemed at risk to themselves, others or from others, would only be unlocked according to specific procedures. During the inspection, there were no detainees behind locked doors.
- 5.87 During the inspection, three detainees were inappropriately located on the unit. One detainee with a disability was there because of the lack of adapted facilities elsewhere, one because he had requested not to share a room and the third was waiting for an age assessment by social services.
- 5.88 The core day included a total of four half-hour periods of exercise plus access to the gym and other activities in the main centre. Additional detention staff had to attend the unit to enable detainees to have access to regular periods of fresh air during the day. We observed this happening regularly. There was no therapeutic activity in the unit itself.

Further recommendations

- 5.89 The inpatients unit should not form part of the certified normal accommodation capacity for the centre and admission should be based on clinical need.
- 5.90 There should be therapeutic activity for detainees on the inpatients unit.

Secondary care

- 5.91 Between January and August 2010, there had been, on average, 47 external appointments booked each month. The proportion of non-attendances at booked appointments was approximately 27%. Referrals for external appointments were not forwarded until the following day, after being cross-referenced with departures on the centre's main management system. We were assured that this had not resulted in any inappropriate delays or cancellations.
- 5.92 There was a 'cap' of three appointments a day owing to escort availability. Appointments that were rescheduled were subject to an informal clinical prioritisation process but it was not clear whether this was scrutinised by a health services professional. Detainees were not usually told about appointments until the day before. They told us that there had been instances where appointments had been cancelled because they had become aware of them. Detainees leaving the centre on bail for temporary admission within the local area were informed of outstanding appointments received after their departure.

- 5.93 Approximately 15% of booked appointments had not been attended in 2010 to date. The reasons noted included lack of escorts, detainees refusing to attend and a conflict with immigration and legal visits. All detainees attending external appointments were handcuffed (see recommendation 8.11).

Further recommendation

- 5.94 Hospital appointments should not be subject to an artificial cap on numbers, but be based on clinical need.

Housekeeping point

- 5.95 Detainees should be told about forthcoming hospital appointments unless there are clearly identified security risks.

Mental health

- 5.96 Detainees could be referred to mental health services by staff or self-refer. All referrals were seen initially by a registered mental health nurse (RMN). The waiting list for August 2010 showed that detainees had waited up to seven days for a first appointment, and one detainee had waited 13 days. There was no dedicated space for mental health nurse clinics and nurses told us that it was often difficult to find a suitable private space to see patients.
- 5.97 In August 2010, there had been 55 referrals, of which 28 patients had been seen, 13 had left the centre before being seen and 14 were waiting to be seen. For detainees subsequently referred to a psychiatrist, there was a further wait for this appointment, which could be up to two weeks. There were two consultant psychiatrist sessions a week, provided through a contract with a private provider. At the time of the inspection there were 15 patients on the psychiatrist's caseload.
- 5.98 There had been 10 referrals for assessment under the Mental Health Act in the previous year. There had been difficulties in getting patients assessed by the local mental health provider and, following assessment, patients waited at least six weeks for a secure bed.
- 5.99 There was a counselling service, with three part-time counsellors providing a total of approximately four days a week. There was a designated room in the reception area of the STHF which was private but the absence of soundproofing made this a difficult environment for counselling. Detainees waited up to eight weeks for their first counselling appointment. Counselling contracts were open ended, which meant that some detainees were able to continue therapy appropriately but others left the centre without being seen.

Further recommendations

- 5.100 There should be protected time and space for mental health clinics, to ensure timely appointments.
- 5.101 Assessments under the Mental Health Act should be expedited to ensure that detainees with acute or significant mental health needs are cared for in an appropriate setting.
- 5.102 The counselling contracts should be altered, to provide more detainees with access during their stay at the centre.

Housekeeping point

5.103 The room used by the counsellors should be soundproofed.

Section 6: Substance use

Expected outcomes:

Detainees with substance-related needs are identified at reception and receive effective treatment and support throughout their detention.

6.1 A dual diagnosis nurse should be available to detainees. (6.4)

Not achieved. Registered mental health nurses (RMNs) were available but they had not undertaken training in the management of substance dependency.
We repeat the recommendation.

Additional information

- 6.2 In our survey, 8% of respondents reported drug-related victimisation, against a comparator of 2%, and in our safety interviews the availability of drugs and existence of an illegal market were cited as the fourth most important safety issue.
- 6.3 Support services for detainees with drug/alcohol problems were underdeveloped and, until recently, the clinical management of those prescribed opiate substitutes had insufficient safeguards. No clear strategic lead had been identified for the area of substance use but the recently appointed head of health care was proactively addressing issues of concern.
- 6.4 At the time of the inspection, two detainees were undertaking alcohol detoxification, one of whom had been admitted as an inpatient. Fifteen detainees had been prescribed opiate substitutes (either methadone or buprenorphine) on a reduction basis; reduction regimes were flexible. Treatment had mostly been initiated at a prison but several were undertaking repeat detoxification regimes.
- 6.5 Maintenance prescribing had taken place in the past but, in light of likely deportation rather than release into the community, this was frequently inappropriate. One detainee, maintained on a high level of methadone, had to be put on medical hold because treatment continuity in his country of origin was highly unlikely. His dose was gradually being reduced at the time of the inspection.
- 6.6 The service was psychiatrist led, although GPs were experienced in treating substance-dependent patients. Neither the psychiatrist nor any of the nurses had undertaken the relevant training. While weekly clinical reviews had been introduced, there were no individual care plans. There was no psychosocial support, and detainees did not consistently receive harm reduction advice.
- 6.7 We were told by staff that controlled drugs had been diverted. Controls and safeguards such as urine screening and closely supervised administration of opiate substitutes had been introduced only recently and current arrangements appeared to be safe.
- 6.8 The health care contract manager had drafted local clinical management protocols which had yet to be finalised and implemented, and she had begun to address nurses' training needs.
- 6.9 Links between the health care and security departments had improved, with evidence of good information sharing and liaison. Security measures to reduce the supply of drugs were comprehensive and included intelligence gathering and analysis (during the previous three

months, 111 drug-related security information reports had been submitted), target searches, netting over the yard, X-raying incoming mail and supervising visits. During the previous three months, there had been seven drug finds, one of which had been substantial (see also further recommendation 8.10).

Further recommendations

- 6.10 Clinical management protocols for opiate-dependent detainees should be safe and appropriate, and take account of individual circumstances and likely treatment continuity in the country of origin. Links with countries of origin should be improved to establish future treatment availability.
- 6.11 Clinical staff responsible for the treatment of drug-dependent detainees should undertake specialist training in the management of substance misuse.
- 6.12 Individual care plans and treatment programmes should be developed which meet the needs of the detainee and which take account of likely treatment continuity.
- 6.13 The centre should ensure that detainees with drug/alcohol problems can access structured psychosocial support and that harm reduction advice is provided consistently.
- 6.14 Clinical management protocols should be finalised and implemented.

Section 7: Activities

Expected outcomes:

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

Work and learning and skills

7.1 The range and variety of work available to detainees should be increased. (7.18)

Achieved. The introduction of gardening, mural painting, buddies and centre painter jobs had extended the range and quality of work available to detainees. Detainees also held mentor roles in music, art and English for speakers of other languages (ESOL) classes. Some detainees who had been at the centre for longer periods held jobs with more responsibility, such as team leaders managing a group of unit cleaners. A number of short-term jobs had been created to meet the needs of detainees. For example, additional jobs had been created in the serveries to accommodate the needs of Muslim detainees during Ramadan. Twenty-two short-term posts had been created to help detainees to reintegrate into the centre's regime and improve their general behaviour.

7.2 The centre should establish suitable booking arrangements for the internet facility and offer training in email and internet use. (7.19)

Not achieved. There was no booking facility to ensure equality of access to use the internet facilities. At times, particularly in the evenings, detainees waited around outside the internet room to access the facilities. The room was supervised at all times and detainees were supported in using the internet.

We repeat the recommendation.

7.3 The promotion, range and quality of education should be improved. Education classes should provide good quality, systematic tuition in the subjects offered. (7.20)

Partially achieved. The range of classes had recently been extended to include radio production and photography. However, these courses only provided places for a small percentage of the population. Most classes were satisfactorily structured and met the needs of most detainees. Few promotional materials were available on the residential units to inform detainees of what activities were available to them at the centre. There was insufficient promotion of jobs and activities for those for whom English was not their first language.

We repeat the recommendation.

7.4 Education staff should have appropriate training and expertise to carry out their roles effectively, and receive effective monitoring and support. (7.21)

Partially achieved. Two tutors held teaching qualifications but some of the activity officers did not hold vocational or training qualifications for the subjects they were teaching. The new regimes and activity manager provided effective support for staff.

We repeat the recommendation.

7.5 Monitoring and analysis of the take-up and use of activity, education and physical education (PE) should be thorough and used to ensure that the full range of detainees' needs are met. (7.22)

Partially achieved. Staff recorded the name and nationality of detainees attending activity sessions. However, this information was not collated to measure and analyse usage to ensure that no groups were excluded. A database to analyse this information was at an early stage of development.

We repeat the recommendation.

7.6 PE staff training and qualifications should be extended to enable them to lead and coach a good range of PE activities effectively. (7.23)

Achieved. PE staff had all been trained to National Vocational Qualification (NVQ) level 2 in fitness and exercise.

7.7 Detainees in the short-term holding facility should have regular and substantial access to activity, library facilities and PE. (7.24)

Not achieved. Detainees in the short-term holding facility (STHF) had no access to activity sessions or PE. A limited supply of books and games were available on the unit.

We repeat the recommendation.

Additional information

7.8 The amount of work available was insufficient for the number of detainees at the centre. In our survey, only 43% of detainees reported that they could work, which was lower than the comparator (50%). At the time of the inspection, 107 jobs were funded by the UK Border Agency (UKBA), with 104 detainees accessing these jobs. A further 22 jobs were supported by the centre which were intended to help detainees to integrate into the centre's regime and improve their general behaviour. This amounted to work for approximately a third of the centre. Jobs were advertised in English, with no pictorial images or translations into other languages to enable non English speakers to gain a better understanding of the job role.

7.9 Rates of pay were equitable and dependent on the responsibilities of the role. Those without employment received a weekly allowance of £7. Waiting lists for paid employment were short and most detainees could access a job within three days of application if they met security and UKBA requirements, with only a minority waiting for up to two weeks for employment to be allocated. Nine detainees were inappropriately excluded from paid work as a result of non-compliance with UKBA.

7.10 The range of planned activities for those staying a short time at the centre was adequate. However, for longer-stay detainees activities were limited. Few group or communal games were organised. Pool and table tennis and some board and electronic games were available on most units but there were insufficient facilities for the number of detainees on each unit and some equipment was broken. Activities for detainees on the STHF and separation unit were extremely poor. Activities were supplemented by occasional events, such as Chinese New Year and Vaisakhi celebrations, a summer fare and a sports day.

7.11 Detainees in the main accommodation units were unlocked from their accommodation for 14 hours each day and had approximately 7.5 hours' free movement each day in the activity area. The two activity corridors were well decorated, with attractive murals painted by detainees. Classroom accommodation was good and posters gave classrooms a curriculum focus.

7.12 There were insufficient computers in the internet room (see section on preparation for release). Detainees on the enhanced unit had the use of four computers with internet access but no

printer. There was insufficient promotion of the safe use of computers. The chairs provided were inappropriate, as they could not be adjusted to meet different height requirements.

- 7.13 The standard of coaching in computing and ESOL sessions was satisfactory. In the radio production and photography sessions, detainees were motivated and produced good work. However, some of the arts and crafts sessions delivered on weekdays were of low level, mostly consisting of basic craftwork such as gluing and glittering, beading and card making. Some detainees gained externally accredited unit certification in computing and the centre provided internal accreditation for ESOL units at levels 1 and 2 to recognise learners' achievements. Monthly events were held to celebrate detainees' achievements and award certificates.
- 7.14 The range of education provision had been extended by volunteer trained teachers, who provided art and photography tuition once a week. During the inspection, a cultural kitchen was being fitted out to give up to six detainees at a time the opportunity to cook food at lunchtime and to offer structured cookery classes throughout the day.
- 7.15 The Toe by Toe scheme had been introduced as an additional programme to develop detainees' English language skills, and three detainees had completed the programme since 2009. The Muslim chaplain was developing the concept of the scheme as an additional method to teach Arabic to detainees.
- 7.16 The monitoring of the quality of the provision had improved. The area had produced its second self-assessment report, which provided a realistic analysis of provision. However, no action plan had been produced to plan and implement improvements systematically.

Further recommendations

- 7.17 Jobs and activities should be promoted to detainees, particularly those who have limited English language skills, to ensure that they understand what is available to them.
- 7.18 An action plan resulting from the self-assessment report should be produced to underpin and drive progress.

Housekeeping points

- 7.19 Printing facilities for computers in the enhanced unit should be provided.
- 7.20 The safe use of computers should be promoted in the internet and information and communication technology (ICT) rooms. Appropriate adjustable chairs should be provided.

Library

- 7.21 The library provided an adequate service to meet detainees' needs and was staffed by one qualified librarian and two assistants, although the assistant posts were about to become redundant. Access to the library was adequate for detainees on the main residential units but not for those in the STHF (see recommendation 7.7) or the separation unit, who had access only to a limited trolley service.
- 7.22 The book stock was good, including a range of foreign language texts, and supplemented by book donations. New books were ordered regularly. A range of easy reading texts was

available in the ESOL classroom. The monitoring of book loans had improved. Detainees had access to a wide range of newspapers and the librarian downloaded other newspapers from the internet on request. The cataloguing and loan of DVDs was managed by the gym and was not well organised.

Housekeeping point

- 7.23 The cataloguing and loan of DVDs should be better organised and managed through the library.

Physical education

No recommendations were made under this heading at the previous inspection.

Additional information

- 7.24 Staffing levels in the PE department were good, with up to three staff managing the sessions at any one time. Access to the facilities was generally good for detainees on the standard units, who could use them for up to 10 sessions a week. Those in the STHF had no access to PE facilities, and in the separation unit detainees could attend the gym once a day.
- 7.25 Indoor facilities were appropriate to meet the needs of the population and included a small sports hall, a weights room and a cardiovascular exercise room.
- 7.26 PE staff provided good individual coaching and were appropriately qualified. Detainees were offered yoga and zimbatics exercise sessions run by external tutors but they were not well attended. Outdoor facilities were limited to the exercise yard on each residential unit, and few outdoor activities took place.
- 7.27 Induction to the gym was carried out daily and provided detainees with a good overview of how to use gym equipment. Health services staff did not provide PE staff with information detailing whether or not detainees were fit to participate in exercise. PE staff carried out a basic health screening at induction. Accidents and incidents were appropriately recorded and reported, and the health and safety manager provided senior managers with a monthly report monitoring them.

Further recommendations

- 7.28 Detainees in the short-term holding facility should have daily access to the gym.
- 7.29 Outdoor activities should be provided.

Housekeeping point

- 7.30 Health services staff should inform gym staff whether or not detainees are fit to participate in exercise.

Section 8: Rules and management of the centre

Expected outcomes:

Detainees feel secure in a predictable and ordered environment.

Rules of the centre

No recommendations were made under this heading at the previous inspection.

Additional information

- 8.1 In the long-term facility, the Detention Centre Rules 2001 and local rules were published and displayed on noticeboards on all residential units. Detainees were required to sign compacts that acknowledged their receipt and understanding of the published rules.

Security

- 8.2 **There should be free flow of movement to activity areas within the centre. (8.49)**

Partially achieved. Systems to allow detainees access to activity areas had improved since the previous inspection. The centre had introduced a modified free-flow system to allow supervised detainee movement at the beginning and end of planned regime activities. Movement was controlled effectively by officers at strategic points, including the points of access from the four main wings, in and along the route to work and education classes on the first and second floors. Supervision was unobtrusive and allowed detainees to walk freely within these areas. Movement to areas located on the ground floor, however, was restricted and detainees were escorted by staff to all areas on this floor, such as the gym, reception and the health care unit.

Further recommendation

- 8.3 There should be free flow of movement to the gym, reception and the health care unit.

- 8.4 **Residential managers should attend the monthly security meeting. (8.50)**

Achieved. The monthly security meetings were well attended. Residential managers or their representatives attended all meetings (also see additional information).

- 8.5 **Progress on security objectives and action points set at security meetings should be monitored and reviewed at subsequent meetings. (8.51)**

Achieved. The monitoring of progress on security objectives and stated priorities was good. During the monthly security committee meeting the centre identified broad strategic priorities, set objectives and monitored progress. A separate tactical tasking and coordinating group with a smaller membership, usually chaired by the intelligence analysts and attended by the deputy governor and other selected managers, was held after the security meeting to consider tactical responses to priorities. A comprehensive review based on an analysis of received intelligence

was presented by the analysts. Recommendations arising from this intelligence were discussed and either adopted and actions agreed, or not adopted. The level of detail, particularly on individual detainees, was comprehensive and included recent custodial behaviour, along with historical background information.

8.6 The centre should keep a log of strip searches, indicating who authorised the search, the reason and details of any finds. (8.52)

Achieved. A detailed log of strip-searches was kept in the security department. It included information about the reasons for the search, the time it happened, the name of the officers involved and the name of the authorising manager. Strip-searching was not routine and was a defensible response to safety and security concerns in the cases seen.

8.7 The security department should maintain a register/log of target searches recommended in response to security information, including the date when the intelligence was received, the date the search was conducted and details of any finds. (8.53)

Achieved. A separate log of target searches was kept and maintained by the security managers.

8.8 The centre should develop a local security strategy. (8.54)

Achieved. A detailed local security strategy had been developed, based on the use of intelligence. Overall progress of the strategy was monitored at monthly security meetings (also see additional information).

8.9 The centre should develop a drug strategy. (8.55)

Not achieved. The centre still lacked a drug and alcohol strategy and had not conducted a population needs analysis to inform such a strategy.

Further recommendation

8.10 The centre should develop a drug and alcohol strategy which is informed by a population needs assessment. (see further recommendation 5.3)

8.11 Restraints should not be used during escorts to outside medical or dental facilities unless in exceptional circumstances following an individual risk assessment. (8.56)

Not achieved. Nominal risk assessments were carried out for every detainee being escorted to hospital. However, there was an inappropriate presumption that all should be handcuffed unless there was evidence to the contrary, rather than handcuffed only if there was good reason. In effect, this meant almost all detainees were handcuffed during hospital visits. **We repeat the recommendation.**

Additional information

8.12 The small security department was managed effectively. It was led by a security manager responsible to an operational director and supported by two intelligence analysts. There were effective systems to process information and to use intelligence to inform risk assessments.

The flow of information between the residential wings and the security department was good. The number of security information reports (SIRs) was high, at over 200 a month, which represented an increase of more than 100% compared with the number we found at the previous inspection. This was in part due to an increased awareness of dynamic security by staff and improvements to collection and communication systems.

- 8.13 SIRs were processed, analysed and categorised effectively by two trained analysts. Information from SIRs was used exclusively to inform the direction of the tactical tasking committee. Nearly all of the information coming in to the security department was recorded on SIR forms.
- 8.14 There had been improvements in the way that information was communicated to staff and the high priority that intelligence-based security had been given. This included weekly published intelligence reports and daily security handovers to residential staff with a breakdown of relevant information to specific areas for recommended action to be carried out.
- 8.15 The searching of detainee rooms was carried out appropriately. Despite good intelligence-driven security procedures, not all of the elements of dynamic security were in place in the short-term holding facility (STHF). Staff engagement with detainees was distant and supervision poor. There was insufficient activity to occupy detainees, so most spent nearly all of the day locked in their rooms, unobserved by officers (see section on reception, first night, induction and the short-term holding facility).

Further recommendation

- 8.16 All of the elements of dynamic security based on good interaction between staff and detainees should be in place in the short-term holding facility.

Rewards scheme

- 8.17 **The rewards scheme should be applied consistently to all detainees. (8.57)**

Achieved. Inconsistencies in the issuing of behaviour warnings and the use of sanctions had been clarified and the recently reviewed scheme was applied consistently across the centre.

- 8.18 **Detainees should not be downgraded without the opportunity to attend and contribute to a review. (8.58)**

Achieved. Detainees were invited in writing to attend their review. They could also offer a written submission if they did not wish to attend.

- 8.19 **Punitive sanctions, such as reduction in the basic allowance and restriction of regime, should not be sanctions under the rewards scheme, which should reward good behaviour, not simply punish poor behaviour. (8.59)**

Not achieved. Sanctions, such as loss of the opportunity for paid work and access to computers continued to be applied to detainees on the standard level of the scheme. **We repeat the recommendation.**

- 8.20 **There should be a sufficient difference between the levels of incentives and rewards to encourage responsible behaviour and participation in the activities of the centre. (8.60)**

Not achieved. There was little difference between the enhanced and standard levels of the system, apart from a slightly higher daily pay level and better access to activities such as the gym and the internet. At the time of the inspection, only three detainees were on the standard level of the scheme.

We repeat the recommendation

- 8.21 **Detainees should be encouraged to apply to the enhanced unit, and a waiting list of suitable detainees should be maintained and adhered to. (8.61)**

Not achieved. The role of the enhanced unit was confused and the criteria for admission were not understood by most detainees we spoke to. Vacancies could be filled by referrals from residential staff or, more usually, from enhanced unit staff approaching residential staff to obtain their recommendations for those who might be suitable for the unit. Although referrals were often approved by the stay safe team, this was not always the case.

We repeat the recommendation.

- 8.22 **Detainees should not be removed from the enhanced unit without a review, which they can attend and contribute to. (8.63)**

Achieved. There was no evidence that detainees were removed from the unit without a review.

- 8.23 **The system of competitions and vouchers should be reviewed to ensure that it is fair and appropriately monitored by managers. (8.64)**

Achieved. Occasionally, the centre staged competitions from which detainees could win extra credit to spend in the shop. They were reasonably organised and fair, with good oversight by managers.

Additional information

- 8.24 The rewards scheme policy document had been reviewed and published in 2010. It was written in plain language and clearly set out the aims and purpose of the scheme and the key privileges that people could earn. The scheme was explained during induction and was well publicised on the residential units. Copies of the document were available in the library and were found in all of the residential units. All detainees signed compacts. Failure to follow the centre rules, or disruptive behaviour, were grounds for being demoted to the standard regime but this was a rare occurrence.

The use of force and single separation

- 8.25 **Use of force documentation should include the name and position of the member of health services staff conducting an examination, together with a note of the time and date of the examination. (8.65)**

Achieved. The names and positions of health services staff who examined a detainee following an incident were recorded, together with the time and date of the incident. These records were kept with the other use of force documentation.

- 8.26 **Use of force incidents and statistics should be reviewed and discussed at the security committee meeting or other suitable meeting. (8.67)**

Achieved. Monitoring arrangements had improved and incidents were discussed at the security committee and stay safe committee meetings. Information including the nature of the incident, its location, and the ethnicity and age of the detainee was collated each month and presented for analysis. However, we were not assured that trends were being identified or that enough positive action was taken to reduce the number of incidents in which use of force was required (also see additional information). The high rate of incidents had been noted, particularly those relating to fights, assaults and non-compliance, but there was little evidence that this information was used to inform a reduction strategy.

Further recommendation

8.27 There should be a written strategy to reduce the number of incidents in which use of force is required.

8.28 **Rule 40 rooms should be fully furnished, and furniture removed only if necessary for good order and safety. (8.68)**

Not achieved. All rooms in the separation unit were unfurnished and contained only a bed and mattress.

We repeat the recommendation.

8.29 **The function of the last night unit should be clarified and a detailed log should be kept of the reasons that detainees are located there. (8.69)**

Partially achieved. The last night unit was predominantly used to accommodate detainees who were due to leave the centre the following day when there was insufficient space in the STHF. Records of its use were kept. There were plans to change its role to accommodate vulnerable detainees.

Further recommendation

8.30 The function of the last night unit should be established.

Additional information

8.31 Overall, the number of incidents necessitating the use of force was high. Force had been used on 141 occasions in the first seven months of 2010, representing an increase of about eight when compared with our findings at the previous inspection, and was at about the same level as that in the same period in 2009. A high percentage (23%) of uses of force were due to what was described as aggressive behaviour or obstruction of duty, and about 17% to actual violence such as fights or assaults. We estimated that about 30% of incidents had not involved the use of full C&R techniques.

8.32 The standard of use of force paperwork was mixed and did not give assurance that force was always used as an appropriate response. The small number of planned interventions (about seven) had been well organised, with documentation completed correctly and proper authority recorded, and all incidents had been appropriately supervised by senior staff and video-recorded. However, we saw examples during spontaneous incidents where accounts from officers did not show that de-escalation had been used as a first response, particularly during

incidents in which detainees had failed to comply with staff orders or had become angry because of issues related to their immigration cases.

- 8.33 The separation unit was located along a secure corridor near the residential units in the main part of the centre. Accommodation consisted of 24 cells over three floors. The six rooms on the ground floor were used to house detainees under Rule 42 (temporary confinement), rooms on the first floor held detainees under Rule 40 (removal from association) and the second floor continued to act as the last night unit. In practice, we found that that the ground floor was often used as an overspill for Rule 40 detainees. During the inspection, four detainees under Rule 40 were located in rooms on the ground floor.
- 8.34 Although we found communal areas to be clean and reasonably maintained, rooms on the first two floors were cramped, small and furnished only with a bed and mattress. The exercise yard used by detainees on Rule 42 and Rule 40 was small and surrounded by sheet metal fencing, which made it austere. It contained no green plants and there was no seating.
- 8.35 The use of separation was high, at over 400 separate cases from January to the end of July 2010. Of these, 367 had been under Rule 40 and 76 under Rule 42. Most detainees under Rule 42 spent a further period separated under Rule 40 before being relocated to a residential unit or transferred out of the centre. From the documents we saw, the average stay was about 3.5 days, with some notable exceptions. This represented an increase of about one day when compared with the figures presented at the previous inspection. Some people had clearly been held in the unit for longer than was justified by the need to protect them or others. Although the proper authority had been given in all of the cases we examined, reasons were not always clear. We saw examples where detainees had been separated for minor incidents caused by anger and frustration due to their personal circumstances, without evidence that staff had tried to de-escalate the situation.
- 8.36 A basic regime programme had been published that included showers, exercise and daily access to telephones for all detainees. We were told that, following risk assessment, detainees on Rule 40 could attend activities such as the library and gym. In reality, however, this was often not offered and there was little other purposeful activity available. Nearly all detainees spent most of the day locked in their rooms with nothing meaningful to do.
- 8.37 Planning systems to allow detainees to return to normal location were underdeveloped. Although there were daily reviews by the contract monitor, there was little evidence that progress in terms of changes to behaviour and circumstances was monitored or acted on. Behaviour targets were not set and staff were not engaged in the planning process.
- 8.38 Relationships between staff and detainees on the unit were generally distant and written observations in personal documents were poor. None showed that each detainee's emotional and mental health needs were being attended to.

Further recommendations

- 8.39 A specific strategy should be in place to reduce the number of incidents for which separation is required.
- 8.40 A regime for the separation unit should be developed that includes purposeful activity.
- 8.41 Reintegration planning should be developed to allow separated detainees to return quickly to the main centre.

8.42 Staff should engage positively with separated detainees.

Complaints

8.43 Cooperation with the immigration service should not be a criterion for the enhanced unit. (8.62)

Not achieved. Approval for admission to the unit was required by UKBA staff and given only to those considered to be cooperating with them. The unit compact continued to state that failure to comply with UKBA would mean immediate removal from the unit.

We repeat the recommendation.

8.44 A sample of recordings of incidents should be checked by UK Border Agency staff to monitor standards. (8.66)

Not achieved. There was no evidence that UKBA routinely monitored samples of recordings of incidents for quality assurance purposes.

We repeat the recommendation.

8.45 Complaints should be answered within three days. (8.70)

Achieved. Most complaints we saw were processed quickly, usually within three days.

8.46 Replies to complaints should be addressed to the detainee, clearly written or typed, use language and vocabulary that is easily understood, and provide a comprehensive answer to the complaint raised. (8.71)

Achieved. The overall quality of responses to complaints had improved and was generally good. On the whole, they were thorough, respectful and addressed the issues raised. All were typed, written in simple language and addressed personally to the detainee.

8.47 Managers should check the quality of replies to complaints. The checks should be formally documented, with a record kept of any follow-up action taken. (8.72)

Achieved. There were effective governance arrangements, in terms of recording, managing and investigating detainees' complaints. A complaints clerk ensured that all complaints about Serco staff were logged and dispatched expeditiously to managers in appropriate areas to be dealt with.

8.48 If a detainee wishes to withdraw a complaint, they should be interviewed by the member of staff dealing with the complaint, who should record in detail the reasons why the complaint is being withdrawn. (8.73)

Achieved. Quality assurance arrangements had improved. Centre managers regularly checked samples of detainee complaints and there was no evidence that they were being withdrawn without recorded explanation.

Additional information

- 8.49 General application forms were kept by staff in unit offices and were not freely available on all of the residential units. Information about how to make general applications was not reinforced through published notices, and many detainees we spoke to said that they were unsure how to use existing systems. There were no arrangements to track simple applications and most of the formal procedures for monitoring the timeliness of applications were not understood by many staff.

Further recommendations

- 8.50 Application forms should be freely available and staff and detainees should know how to use the system.
- 8.51 All stages of applications should be recorded, including the outcome. Throughout the process the application should be tracked and monitored effectively.

Section 9: Services

Expected outcomes:

Services available to detainees allow them to live in a decent environment in which their everyday needs are met freely and without discrimination.

Catering

- 9.1 A food survey should be conducted at the earliest opportunity, and quarterly thereafter, and action should be taken in response to key findings. (9.15)

Not achieved. A food survey had been conducted since the previous inspection but it had been complex and the response rate had been poor. There had been no analysis of the findings and no action plan.

We repeat the recommendation.

- 9.2 All detainees employed in the kitchen should be suitably trained in health and safety and food handling procedures, in addition to being medically screened, before starting their jobs. (9.16)

Achieved. There was a selection system, which included a health care assessment, to ensure that only suitable residents worked in the kitchen. At the time of the inspection, there was one resident working in the kitchen and he had undertaken appropriate courses in food hygiene and health and safety.

- 9.3 The stock of meals stored in reception for newly arrived detainees should meet varied cultural and religious requirements, and include vegetarian options. (9.17)

Achieved. A range of frozen foods was stored in reception, including vegetarian options, and was available to residents arriving out of hours. Staff on reception said that they were willing to give new residents more than one meal if they requested it. A variety of hot drinks was also available.

Additional information

- 9.4 In our survey, only 13% of residents said that they found the food to be good or very good, which was worse than the comparator of 24%. Detainees we spoke to were mostly dissatisfied with the quality of the food and the lack of cultural variety. Muslim detainees complained about the quantity of food provided during Ramadan and also said that it was often cold. At one evening meal, we saw food that was not cooked properly, supporting detainees' concerns.

- 9.5 There was a monthly domestic services meeting, which included discussion of catering and the shop. The meeting had a standard agenda and designated membership, which included representatives from each unit. There were no terms of reference which set out the meeting's aims and objectives. Apart from the catering manager, few of the designated staff, including the designated chair, attended the meeting. Detainee representation was also poor and meetings never included a representative from the vulnerable persons unit or the short-term holding facility. Discussion on catering was limited, with recurring complaints about the quality of the food and lack of cultural variety, and there was no evidence that issues raised were being dealt with systematically.

- 9.6 Menus operated on a four-week cycle, incorporating halal and vegetarian options daily. The menus were clearly labelled, with pictures used to indicate the main ingredient in each meal. Staff supervised the meals adequately and there was an effective system to identify who had not eaten food. There were two hot meals each day and breakfast was always served in the morning.
- 9.7 The kitchen was small and kept clean during the day. However, on our night visit it was evident that the kitchen had not been properly cleaned and did not meet basic standards of hygiene. We found uncovered food, unwashed trays with congealed food on them, and messy floors.

Further recommendation

- 9.8 The domestic services meeting should become an effective forum for consultation and for promoting change, and oversee an action plan to address concerns about the quality of food.

Housekeeping point

- 9.9 The kitchen should be kept hygienically clean.

Centre shop

- 9.10 A survey about the items available in the shop should be undertaken every six months and action should be taken in response to key findings. (9.18)

Not achieved. A survey of the shop had been completed since the previous inspection but the response rate had been poor. There had been no analysis of the findings and no action plan. We repeat the recommendation.

Additional information

- 9.11 Access to the centre shop was good and relationships between shop staff and residents were appropriately relaxed. Goods were clearly marked and reasonably priced. Detainees' shopping hours were to be reduced in October 2010.
- 9.12 In our survey, only 16% said that the shop sold a wide enough range of goods to meet their needs, which was worse than the 30% comparator, although there was evidence that shop workers responded to suggestions of additional items to stock. Detainees complained about the lack of variety in the multicultural hygiene products available for purchase. The variety of top-up telephone cards was also limited and stock ran out fairly frequently. Such issues were discussed at the monthly domestic services meeting (see further recommendation 9.8).

Section 10: Preparation for release

Expected outcomes:

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.

Welfare

- 10.1 The welfare team should be supported with adequate resources, including private interview space and telephones. (10.24)

Not achieved. There was a single room, not in a detainee area, with no private interview space and a telephone with poor sound quality.

We repeat the recommendation.

- 10.2 The work of the welfare team should be evaluated, and the views of detainees should be formally canvassed, to decide if the team is more effective based on units or in a fixed office. (10.25)

Partially achieved. Senior managers had reviewed the team's work and reorganised it on the basis that it was not practical to be based on residential units. However, there was no evidence of formal canvassing of the views of detainees, or formal objective evaluation of the welfare team's work.

Further recommendation

- 10.3 Managers should plan and provide adequate welfare provision on the basis of consultation with detainees about their needs.

Additional information

- 10.4 There were four 'welfare and integration' officers. Most of their time was taken up with delivering induction in the short-term holding facility (STHF). Their job description required them also to work in residential areas but this did not occur consistently and they were often redeployed. The contacts log showed that in 2008 the welfare team had dealt with almost 700 issues each month; at the time of the inspection this figure was a little under 200 per month. They had continued to do valuable work in liaising with outside organisations providing regular workshops, such as the London Detainee Support Group, Bail for Immigration Detainees and the Institute of Migration.
- 10.5 Managers intended most welfare work to be done by personal officers, with advice from welfare staff on handling complex requests. However, in reality, personal officers' involvement in welfare work was inconsistent (see section on staff-detainee relationships). The assistant director and his deputy were active in dealing with those welfare issues which came to their attention, and some detainees said that these individuals were the only people who dealt with such issues.

- 10.6 Welfare work was delivered in response to detainee requests, with limited attention to those who did not speak English and so could not put their requests personally. Although the team helped some detainees preparing to leave the centre, there was no system to ensure that all those facing departure were offered assistance (see section on removal and release).

Telephones and mail

- 10.7 Centre managers should investigate why detainees are reporting difficulty using the telephones and mail services, and take remedial action as appropriate. (10.30)

Partially achieved. Managers had investigated and taken steps to improve the difficulties, although the situation with mobile telephones remained unsatisfactory (see additional information). Outgoing and incoming mail was handled efficiently and the service was now good, although there was no incoming or outgoing mail at weekends.

- 10.8 When detainees without means are loaned a mobile telephone, they should also be given credit to use it. (10.31)

Achieved. When mobile telephones were loaned, credit was given on the authority of a manager when the detainee could not afford it.

Additional information

- 10.9 Telephones had privacy hoods and were in working order, except on one unit. A selection of telephone cards and mobile top-ups was available from the shop. However, in our survey fewer people than at comparator centres said that they found it easy to make (35% versus 54%) and receive (36 versus 51%) telephone calls. The establishment normally had a scheme to loan mobile telephones to detainees coming into the STHF without access to one. However, no mobile telephones had been available for loan for the two weeks leading up to the inspection; there were none during the inspection and the shop had none in stock, meaning that detainees could only access a telephone if they or a visitor brought in one which complied with the requirements of the centre. There were one or two telephones available for the stay safe team to lend to a detainee in special need, and some cordless telephones on the residential units available for occasional loan on the authority of a manager. More non-English speakers than others found it difficult to make (12% versus 38%) and receive (9% versus 39%) telephone calls.
- 10.10 Some detainees had difficulty in sending faxes, as the machines on residential units had restricted availability, partly because the line was shared with the telephone. It was particularly difficult to fax the large bundles of documents often needed for court. Legal representatives told us that they were unaware that each wing office had its own fax machine and resorted to using the central fax number, which caused unnecessary delays in getting important documents to detainees.
- 10.11 Detainees could access web-based email accounts in the internet suite. The computers had both Word and Adobe Reader installed, allowing detainees to receive statements and letters from their legal representatives by email. However, the internet suite contained only nine terminals and access was restricted to activity times (see section on activities). A further supply of terminals had been delivered and was awaiting installation.

Further recommendations

- 10.12 Mobile telephones should always be available for loan to those unable to buy one.
- 10.13 Practical information about contact with the outside world should be given in writing to non-English-speaking detainees in their own language, soon after arrival at the centre, separately from a generic information booklet.
- 10.14 There should be dedicated fax lines in each wing office. The fax machines should be able to handle the faxing of large bundles of documents.
- 10.15 There should be sufficient computers in the internet suite for the centre's population.

Visits

- 10.16 **The level of identification checking required for visitors should be reviewed to ensure that it is kept to the necessary minimum. (10.26)**

Partially achieved. The security department had reviewed the level of identification checks. Finger scans were still taken three times in the process of visitor entry. If a volunteer visitor wished to see more than one detainee, they had to leave the centre and repeat all the identification and entry procedures because of the way the computer system worked. A policy decision had been made to change this and was due to be implemented.

- 10.17 **The visitors' centre and the visits area should be redecorated and furnished more comfortably to make them more welcoming. (10.27)**

Achieved. The visitors centre and visits room had been made more welcoming through decoration and refurbishment, with cushions softening the institutional nature of the fixed seating in the visits hall and colourful detainee art on display. Further refurbishment was planned, with removal of the fixed seating, in the current year.

- 10.18 **A wider range of information should be displayed in the visitors' centre and in the visits area. This should include more material in different languages. (10.28)**

Not achieved. The amount of information displayed was still limited: the anti-discrimination policy was displayed in 10 languages and the rules in six but there was little positive information on display or in leaflets, and hardly any in languages other than English. **We repeat the recommendation.**

- 10.19 **Visits staff should have access to an up-to-date list of all detainees who could present a risk to children. (10.29)**

Achieved. The security department provided accurate information on any child protection issues to visits staff.

Additional information

- 10.20 The length of the visiting hours, from 2pm to 9pm without a break, was appreciated by detainees, although several reported that there were often delays of up to 40 minutes in being taken to visits. The play area was attractive and equipped well for children under five but there

was no provision for older children, other than a DVD player. There were some snack and drinks machines, with almost no healthy options available. There was no tea bar.

- 10.21 In our survey, fewer respondents than at comparator centres and than at the time of the previous inspection (36% versus 67% and 58%) said that they were treated well or very well by visits staff. A notice in the visits room restricted physical contact to the times of entry to and departure from the hall. Staff told us that this was inconsistently interpreted. In the week before the inspection, a detainee had felt demeaned when his wife, on leaving the visits hall temporarily, had been obliged by staff to take her two small children with her, rather than leaving them in the visits room with him. This practice was discontinued during the inspection.
- 10.22 Visitors were not able to bring a pen and paper into the visits room. Volunteer visitors found this to be a serious disadvantage, as it prevented them from recording information needed for future reference. Suggestion and complaint forms were available in the visitors centre; complaint forms were available in only five languages at the staff desk in the main visits hall. The complaints boxes had been removed from the visits hall and the visitors centre, although the box in the latter site was replaced during the inspection.
- 10.23 In our survey, none of the detainees in the STHF, against 14% of the main population, said that they had had a visit from volunteer visitors. Fewer in the STHF than in the main population (9% versus 58%) said that they had had a visit from family or friends. Distance from family and friends, preventing the possibility of visits, was a common source of distress among detainees who spoke no English.

Further recommendations

- 10.24 More substantial refreshments should be available for visitors, with healthy options.
- 10.25 Complaints forms should be available in the main languages spoken by visitors, and a complaints box be installed, in a discreet location, in the visits hall.
- 10.26 Staff should promote and encourage access to visits, including volunteer visitors, to those held in the short-term holding facility.
- 10.27 UKBA should give priority to locating detainees, especially those who speak no English, in a centre as close as possible to their family and friends.

Housekeeping points

- 10.28 The notice restricting visitors to physical contact to the times of entry and departure should be replaced with more appropriate guidance.
- 10.29 Visitors should be able to bring a pen and paper into the visits hall.

Removal and release

- 10.30 In the case of cross-border transfers for removal, the notice period for removal directions should not start until detainees are in England, to allow time to find legal advice in England. (10.32)

Not achieved. There was no evidence that the 72-hour notice period started from the time that

a detainee entered England from another jurisdiction.
We repeat the recommendation.

10.31 Detainees being removed should be afforded reasonable opportunity to check their documentation and property before departure. (10.33)

Achieved. All detainees observed in the discharge process were given reasonable opportunity to check documents and property.

10.32 Every use of force incident should be fully recorded by all participating staff. (10.34)

Achieved. Use of force documentation was completed by participating staff in all relevant cases, including low-level incidents in which it was not necessary to use full control and restraint techniques (see section on use of force and single separation).

10.33 Use of force reports should include the type of handcuffs used and the timing of all events. (10.35)

Achieved. Use of force reports included whether or not handcuffs had been used. The times at which they had been applied and removed were also recorded.

10.34 Medical checks should be recorded after every incident of control and restraint. (10.36)

Achieved. All detainees subjected to control and restraint techniques were examined by health services professionals, usually qualified nurses, immediately after an incident. In most cases we examined, nurses had been present during the latter part of the procedure.

Additional information

10.35 Detainees were routinely located in the STHF for one or more days before departure. This did not give them adequate opportunity to make preparations. One detainee on departure told us that, since being admitted to the STHF, he had asked on several occasions to make a telephone call, and had been promised one, but it had not been facilitated. He left the centre without having been able to alert anyone.

10.36 Detainees who were expected to resist removal, or who were at risk in any other way, were located for the last 24 hours in the last night unit. This was a bleak unit, comprising four rooms, formerly part of the separation accommodation and unchanged since that time. The rooms contained no furniture beyond a mattress on a tiled concrete plinth, and a concrete toilet without a seat. During the inspection, a detainee was on constant supervision in this unit before a flight; he told us that he had been in separation and had feigned risk of suicide in order to get some human contact, with an officer to talk to and a DVD player in the room. This accommodation was not suitable for those preparing for departure, especially for those at risk of self-harm.

10.37 The two managers responsible for diversity and regimes issued clothing to those in need but this process was not handled methodically. Suitable bags were provided for those needing them on departure.

10.38 There was no systematic preparation work with detainees due to be removed (see section on welfare). Some detainees we spoke to on departure said that staff had not communicated with them, other than to instruct them where to go next.

10.39 Force had been used by centre staff in the course of removal on 37 occasions in the previous six months. There were no multidisciplinary strategy meetings to prepare for the release or removal of those presenting a high risk of harm to themselves or others. In the case we observed of a detainee on an open assessment, care in detention and teamwork (ACDT) document being taken for a flight, there had been a case review on the previous day but only a first-line manager, an officer from the unit and the detainee had been present.

Further recommendations

10.40 The short-term holding facility should not be used routinely for detainees soon to leave the centre. Those located there should be enabled to make proper preparations for their departure.

10.41 The unfurnished rooms in the top floor of the separation unit should be used as little as possible for those imminently to be removed, and not for those at risk of self-harm.

10.42 All those preparing for departure, through removal directions or otherwise, should be asked if they need any assistance; the response should be recorded and any necessary assistance given.

10.43 Multidisciplinary strategy meetings should be held to prepare for departure in the case of those who present an evidenced high risk of harm to themselves or others.

Housekeeping point

10.44 Staff at the discharge desk should be able to issue clothing to detainees as required.

Section 11: Summary of recommendations

The following is a list of both repeated and further recommendations included in this report. The reference numbers in brackets refer to the paragraph location in the main report.

Main recommendations **to the Chief Executive of UKBA**

- 11.1 Detainees should not be subjected to avoidable night-time transfers around the detention estate. (HE43)
- 11.2 The short-term holding facility should not hold women and should have a clear function underpinned by rules of governance and a regime equivalent to the main centre. (HE44)
- 11.3 Notifications and responses, issued in accordance with Rule 35 of Detention Centre Rules, should address fitness to detain by reference to clinical information. (HE45)

Main recommendations **to the centre manager**

- 11.4 Vulnerable detainees should be held in a location which affords an appropriate level of individual care and privacy, and there should be a policy setting out how they will be managed. This should include clear referral and assessment procedures and a robust gate-keeping mechanism. (HE46)
- 11.5 Telephone or face-to-face interpretation should be used to communicate with detainees and groups of detainees who are not fluent in English, particularly at times of heightened stress, such as before planned removals and during ACDT reviews. (HE47)
- 11.6 Detainees should not be held in separation as a punishment. (HE48)

Recommendations **to UKBA**

Escort vans and transfers

- 11.7 Detainees should not be subjected to excessive moves around the detention estate. (1.4)

Reception, first night, induction and the short-term holding facility

- 11.8 Prison files should accompany all detainees arriving from prisons. (1.12)

Residential units

- 11.9 Detainees' criticisms of the ventilation system should be effectively addressed. (2.2)
- 11.10 Soundproofing should be introduced into the main residential units. (2.3)

Legal rights

- 11.11 Detainees should not be interviewed on chairs chained to the floor unless an individual risk assessment deems it necessary. (3.9)

Immigration casework

- 11.12 Reasons and reviews of detention should be written in language that detainees can understand and refer to all relevant current individual circumstances. (3.13)
- 11.13 The criminal casework directorate surgeries should be confidential and make use of professional interpretation for non-English speakers regarding any discussions involving a detainee's immigration case. (3.23)
- 11.14 Detainees who maintain that they cannot return to their country of origin should be directed to the independent detention duty advice surgeries. (3.24)
- 11.15 The on-site UKBA team should keep an electronic log to record Rule 35 reports and responses and the central folder of Rule 35 reports should contain copies of the original report and the case owner's response. Late responses should be promptly followed up and poorly drafted responses returned to the case owner. (3.26)

Substance use

- 11.16 Clinical management protocols for opiate-dependent detainees should be safe and appropriate, and take account of individual circumstances and likely treatment continuity in the country of origin. Links with countries of origin should be improved to establish future treatment availability. (6.10)

Complaints

- 11.17 Cooperation with the immigration service should not be a criterion for the enhanced unit. (8.43)
- 11.18 A sample of recordings of incidents should be checked by UK Border Agency staff to monitor standards. (8.44)

Preparation for release

- 11.19 UKBA should give priority to locating detainees, especially those who speak no English, in a centre as close as possible to their family and friends. (10.27)
- 11.20 In the case of cross-border transfers for removal, the notice period for removal directions should not start until detainees are in England, to allow time to find legal advice in England. (10.30)

Recommendations

to UKBA and centre manager

Reception, first night, induction and the short-term holding facility

- 11.21 Couples should not be split up in detention. (1.15)
- 11.22 All racist complaints should be investigated thoroughly. (4.54)
- 11.23 The inpatients unit should not form part of the certified normal accommodation capacity for the centre and admission should be based on clinical need. (5.89)
- 11.24 Assessments under the Mental Health Act should be expedited to ensure that detainees with acute or significant mental health needs are cared for in an appropriate setting. (5.101)
- 11.25 The short-term holding facility should not be used routinely for detainees soon to leave the centre. Those located there should be enabled to make proper preparations for their departure. (10.40)

Recommendation

to escort contractors

Escort vans and transfers

- 11.26 Escorts should use interpreters, such as a telephone interpreting service, to explain to non-English-speaking detainees what is happening and deal with any queries. (1.2)

Recommendations

to the centre manager

Reception, first night, induction and the short-term holding facility

- 11.27 All detainees in the STHF should have 24-hour access to a telephone. (1.7)
- 11.28 All detainees in the STHF should have a formal induction, to ensure that they know what facilities there are, including sources of information and advice, and how to access them. (1.8)
- 11.29 Laundry arrangements should be explained to detainees in a language they can understand. (1.10)
- 11.30 Detainees in the STHF should have daily association in an association room. (1.11)
- 11.31 Room sharing risk assessments should be confidential and not conducted in front of other detainees. (1.14)
- 11.32 Detainees in the STHF should not be locked in their rooms unless an individual risk assessment suggests otherwise. (1.23)
- 11.33 The emergency call bell system should be able to attract staff attention and be responded to within five minutes. (1.24)

11.34 All rooms in the STHF should be deep cleaned and well maintained. (1.25)

Residential units

11.35 Non-smokers should always be allocated a non-smoking room. (2.1)

11.36 Shower nozzles should be used which provide adequate spray. (2.5)

11.37 The laundries should be fitted with suitable equipment, which is robust and kept in regular working order. (2.6)

11.38 Detainees should be able to obtain thicker or additional mattresses that provide sufficient support to allow them to sleep with reasonable comfort. (2.13)

Staff–detainee relationships

11.39 Staff should engage with detainees in the STHF and this should be reflected in history sheet entries. All detainees should receive a personal officer on arrival at Colnbrook. (2.20)

11.40 Regular group meetings should be held, with the help of interpreters, to enhance communication with detainees who speak little English. (2.26)

11.41 Staff numbers on units should be sufficient to enable positive engagement with detainees on the units. (2.27)

11.42 Staff should receive specific training to enhance their understanding of the particular backgrounds of the detainee population, particularly asylum and refugee issues. (2.28)

11.43 All detainees should experience consistent personal officer work. (2.29)

Legal rights

11.44 The centre should undertake a legal services needs assessment and report the outcome to the Legal Services Commission. (3.1)

11.45 Notices around the centre should promote legal advice surgeries, and the community legal advice telephone number and website. (3.8)

Immigration casework

11.46 Rule 35 reports should be typed or written legibly by a doctor. They should provide full information to UKBA, including a clinical view as to the cause of the injury or symptom and whether the detainee is fit to fly, remain on medical hold or detain, as appropriate. (3.25)

Bullying

11.47 Staff should seek to ensure that a detainee representative on each residential unit attends safe in custody meetings and acts as champions for anti-bullying work on their unit. (4.1)

11.48 Interventions to tackle bullying behaviour should be developed. (4.5)

- 11.49 Support for victims should be improved and include peer support which is properly managed and supported by staff. (4.6)

Suicide and self-harm

- 11.50 Professional interpreters should be used for ACDT assessments and reviews for detainees who are not fluent in English. (4.18)
- 11.51 Case managers should ensure that care maps are realistic and meaningful to the resident and that they are clearly reviewed and updated at review meetings. (4.22)
- 11.52 Case managers should identify the key people involved in the care of detainees and ensure that they are invited to attend review meetings, held at mutually convenient times in appropriate venues. (4.25)
- 11.53 Case managers should ensure the involvement of residents' families in ACDT reviews where this is appropriate and evidence this in documentation. (4.27)
- 11.54 Detailed guidance on the use of anti-ligature clothing should be included in the policy covering the management of detainees at risk of self-harm and implementation of ACDT procedures. (4.29)
- 11.55 The at-risk committee should monitor the use of anti-ligature clothing robustly to ensure that it is used in exceptional cases only and for the shortest possible time. (4.30)
- 11.56 All night staff should carry anti-ligature knives. (4.34)

The vulnerable persons unit

- 11.57 Detainees should have individual care plans and access to appropriate specialist input. (4.36)

Childcare and child protection

- 11.58 All staff should be made aware of their responsibilities to children in the community who may be at risk when they visit the centre. (4.47)
- 11.59 There should be a comprehensive age dispute policy which ensures that all young people who say that they are children are treated as such until the dispute has been resolved. The policy should include details of how and where these children and young people are cared for. (4.48)

Diversity

- 11.60 The diversity policy should reflect and inform the application of good practice in all equality issues. (4.50)
- 11.61 Welfare and diversity officers should receive specialist diversity training. (4.51)
- 11.62 The needs of detainees from all minority groups held at Colnbrook should be identified and, where necessary, action should be taken to address gaps in service provision. (4.52)

- 11.63 Diversity responsibilities should be allocated to named staff with sufficient time, training and support to fulfil their duties. (4.62)
- 11.64 Detainee diversity representatives should be appointed and attend the diversity meeting. (4.63)
- 11.65 Minority groups should be systematically monitored to ensure fair treatment, with analysis and actions on the basis of any imbalances discovered. (4.64)
- 11.66 Translated written information on key matters should be available throughout the centre in the main languages spoken by detainees. (4.65)
- 11.67 Detainees with disabilities should be systematically identified, supported via rigorously managed care plans and have personal emergency evacuation plans kept prominently on their residential units. (4.66)

Faith and religious activity

- 11.68 Detainees in the STHF should be able to worship with detainees in the long-term centre. (4.70)
- 11.69 Chaplaincy staff should be invited to, and regularly attend, ACDT meetings. (4.72)
- 11.70 Chaplains should have a visible and integrated role within the centre, and serve the pastoral needs of all detainees. (4.77)

Health services

- 11.71 There should be an alcohol and substance use needs assessment. (5.3)
- 11.72 The specific health needs of women held at the centre should be recognised and arrangements put in place to meet their needs. (5.4)
- 11.73 Clinical records should be maintained in line with professional guidelines. (5.5)
- 11.74 All medication transported around the centre should be in lockable hard containers. (5.7)
- 11.75 Secondary dispensing should stop and all medication should be administered from the original pharmacy container. (5.8)
- 11.76 There should be a palliative care and end-of-life policy. (5.9)
- 11.77 There should be a system for detainees to make confidential health care complaints, and detainees should be aware of this system. (5.10)
- 11.78 All nurses should receive clinical supervision, and records of this should be maintained. (5.12)
- 11.79 All health services staff should receive training in the recognition and treatment of signs of trauma and torture, and understand how to report allegations using Rule 35. (5.14)
- 11.80 A comprehensive, accurate health care information leaflet should be given to all detainees in reception. (5.15)

- 11.81 If a detainee is registered with a GP or any relevant care agencies, they should be contacted at the beginning of detention, with the detainee's consent, to provide relevant information to ensure continuity of care. (5.16)
- 11.82 Nurse-led clinics should be run by nurses who have received appropriate post-registration training, and should not be dependent on one member of staff covering all specialised clinics. (5.17)
- 11.83 Detainees should have direct access to advice by appropriately trained pharmacy staff. (5.18)
- 11.84 All detainees should have prescription charts and these should be correctly completed by medical staff. (5.19)
- 11.85 Detainees should only have one prescription chart. If it is necessary for a detainee to have more than one prescription chart owing to the number of medications prescribed, it should be made clear on all their charts how many charts are in use. (5.20)
- 11.86 All health services staff who administer medications should adhere to Nursing and Midwifery Council guidelines for the safe administration of medications at all times. (5.21)
- 11.87 There should be a special sick policy covering over-the-counter medications. (5.22)
- 11.88 Triage algorithms should be used to provide consistency of advice and treatment to all detainees. (5.23)
- 11.89 Detainees should receive dental checks and treatment at least to a standard and range equivalent to that in the community. (5.24)
- 11.90 There should be routine monitoring of equity of access to health services. (5.35)
- 11.91 Nurses should use professional interpreting services for consultations with detainees with a poor command of English. (5.36)
- 11.92 There should be a nurse with appropriate training and experience to support any children held at the centre and also a nurse responsible for leading the care of older detainees. (5.37)
- 11.93 Detainees who sustain significant injuries during detention should be examined by a doctor and referred for timely hospital treatment as clinically appropriate. (5.38)
- 11.94 There should be a food or fluid refusal policy. (5.39)
- 11.95 The contents of the resuscitation kit should reflect the needs and profile of the detainee population and weekly checks should be made and recorded. (5.50)
- 11.96 There should be care plans for detainees with more complex and longer-term care needs. (5.51)
- 11.97 An information-sharing compact should be completed for all detainees. (5.52)
- 11.98 There should be a self-completion reception questionnaire for detainees which includes reference to communicable diseases and torture. (5.63)

- 11.99 The medicines management committee should review the use of general stock medication and use named-patient medication whenever feasible. (5.71)
- 11.100 Detainees should have their medication in possession, except where there is evidence that indicates otherwise. (5.72)
- 11.101 There should be a policy for dealing with detainees' own medication brought into the centre. (5.73)
- 11.102 All medication should be date-checked regularly and the checks recorded. (5.74)
- 11.103 There should be therapeutic activity for detainees on the inpatients unit. (5.90)
- 11.104 Hospital appointments should not be subject to an artificial cap on numbers, but be based on clinical need. (5.94)
- 11.105 There should be protected time and space for mental health clinics, to ensure timely appointments. (5.100)
- 11.106 The counselling contracts should be altered, to provide more detainees with access during their stay at the centre. (5.102)

Substance use

- 11.107 A dual diagnosis nurse should be available to detainees. (6.1)
- 11.108 Clinical staff responsible for the treatment of drug-dependent detainees should undertake specialist training in the management of substance misuse. (6.11)
- 11.109 Individual care plans and treatment programmes should be developed which meet the needs of the detainee and which take account of likely treatment continuity. (6.12)
- 11.110 The centre should ensure that detainees with drug/alcohol problems can access structured psychosocial support and that harm reduction advice is provided consistently. (6.13)

Work and learning and skills

- 11.111 The centre should establish suitable booking arrangements for the internet facility and offer training in email and internet use. (7.2)
- 11.112 The promotion, range and quality of education should be improved. Education classes should provide good quality, systematic tuition in the subjects offered. (7.3)
- 11.113 Education staff should have appropriate training and expertise to carry out their roles effectively, and receive effective monitoring and support. (7.4)
- 11.114 Monitoring and analysis of the take-up and use of activity, education and physical education (PE) should be thorough and used to ensure that the full range of detainees' needs are met. (7.5)
- 11.115 Detainees in the short-term holding facility should have regular and substantial access to activity, library facilities and PE. (7.7)

- 11.116 Jobs and activities should be promoted to detainees, particularly those who have limited English language skills, to ensure that they understand what is available to them. (7.17)
- 11.117 An action plan resulting from the self-assessment report should be produced to underpin and drive progress. (7.18)

Physical education

- 11.118 Detainees in the short-term holding facility should have daily access to the gym. (7.28)
- 11.119 Outdoor activities should be provided. (7.29)

Security

- 11.120 There should be free flow of movement to the gym, reception and the health care unit. (8.3)
- 11.121 The centre should develop a drug and alcohol strategy which is informed by a population needs assessment. (8.10)
- 11.122 Restraints should not be used during escorts to outside medical or dental facilities unless in exceptional circumstances following an individual risk assessment. (8.11)
- 11.123 All of the elements of dynamic security should be in place in the short-term holding facility. (8.16)

Rewards scheme

- 11.124 Punitive sanctions, such as reduction in the basic allowance and restriction of regime, should not be sanctions under the rewards scheme, which should reward good behaviour, not simply punish poor behaviour. (8.19)
- 11.125 There should be a sufficient difference between the levels of incentives and rewards to encourage responsible behaviour and participation in the activities of the centre. (8.20)
- 11.126 Detainees should be encouraged to apply to the enhanced unit, and a waiting list of suitable detainees should be maintained and adhered to. (8.21)

The use of force and single separation

- 11.127 There should be a written strategy to reduce the number of incidents in which use of force is required. (8.27)
- 11.128 Rule 40 rooms should be fully furnished, and furniture removed only if necessary for good order and safety. (8.28)
- 11.129 The function of the last night unit should be established. (8.30)
- 11.130 A specific strategy should be in place to reduce the number of incidents for which separation is required. (8.39)
- 11.131 A regime for the separation unit should be developed that includes purposeful activity. (8.40)

11.132 Reintegration planning should be developed to allow separated detainees to return quickly to the main centre. (8.41)

11.133 Staff should engage positively with separated detainees. (8.42)

Complaints

11.134 Application forms should be freely available and staff and detainees should know how to use the system. (8.50)

11.135 All stages of applications should be recorded, including the outcome. Throughout the process the application should be tracked and monitored effectively. (8.51)

Catering

11.136 A food survey should be conducted at the earliest opportunity, and quarterly thereafter, and action should be taken in response to key findings. (9.1)

11.137 The domestic services meeting should become an effective forum for consultation and for promoting change, and oversee an action plan to address concerns about the quality of food. (9.8)

Centre shop

11.138 A survey about the items available in the shop should be undertaken every six months and action should be taken in response to key findings. (9.10)

Welfare

11.139 The welfare team should be supported with adequate resources, including private interview space and telephones. (10.1)

11.140 Managers should plan and provide adequate welfare provision on the basis of consultation with detainees about their needs. (10.3)

Telephones and mail

11.141 Mobile telephones should always be available for loan to those unable to buy one. (10.12)

11.142 Practical information about contact with the outside world should be given in writing to non-English-speaking detainees in their own language, soon after arrival at the centre, separately from a generic information booklet. (10.13)

11.143 There should be dedicated fax lines in each wing office. The fax machines should be able to handle the faxing of large bundles of documents. (10.14)

11.144 There should be sufficient computers in the internet suite for the centre's population. (10.15)

Visits

- 11.145 A wider range of information should be displayed in the visitors' centre and in the visits area. This should include more material in different languages. (10.18)
- 11.146 More substantial refreshments should be available for visitors, with healthy options. (10.24)
- 11.147 Complaints forms should be available in the main languages spoken by visitors, and a complaints box be installed, in a discreet location, in the visits hall. (10.25)
- 11.148 Staff should promote and encourage access to visits, including volunteer visitors, to those held in the short-term holding facility. (10.26)

Removal and release

- 11.149 The unfurnished rooms in the top floor of the separation unit should be used as little as possible for those imminently to be removed, and not for those at risk of self-harm. (10.41)
- 11.150 All those preparing for departure, through removal directions or otherwise, should be asked if they need any assistance; the response should be recorded and any necessary assistance given. (10.42)
- 11.151 Multidisciplinary strategy meetings should be held to prepare for departure in the case of those who present an evidenced high risk of harm to themselves or others. (10.43)

Housekeeping points

Reception, first night, induction and the short-term holding facility

- 11.152 The exercise yard should contain a shelter. (1.26)
- 11.153 Rooms on the ground floor overlooking the exercise yard should have curtains. (1.27)
- 11.154 Detainees should be able to see and control the television sets in their rooms. (1.28)

Residential units

- 11.155 Detainees and staff should be made aware of the availability of outdoor clothing. (2.8)
- 11.156 Managers should regularly test response rates to room alarm bells. (2.14)
- 11.157 Detainees should have access to sufficient clothing and towels. (2.15)
- 11.158 Communal areas and room carpets should be deep cleaned. (2.16)
- 11.159 Leaking showers should be fixed. (2.17)

Staff–detainee relationships

- 11.160 History sheet management checks should comment on the quality of entries and specify the improvements that should be made. (2.22)

Legal rights

- 11.161 Notices, guidance and complaint forms regarding the Office of the Immigration Services Commissioner and the Legal Complaints Service should be made available around the centre and the STHF. (3.10)

Bullying

- 11.162 Representatives from all residential units and departments, including UKBA, should attend 'stay safe' meetings. (4.11)

Suicide and self-harm

- 11.163 Food refusal should be considered at stay safe meetings. (4.15)
- 11.164 The self-harm policy should include a section on the use of interpreting services, including appropriate staff. (4.19)
- 11.165 The stay safe meeting should be provided with reports on the use of interpreting services for all ACDT assessments, reviews and care planning. (4.20)
- 11.166 The telephone number of the Samaritans should be located by the telephones on each residential unit. (4.35)

Diversity

- 11.167 The fax machine should be moved from the multicultural room. (4.67)

Health services

- 11.168 Information about detainees' right to a second opinion should be clearly displayed. (5.40)
- 11.169 Responses to complaints should be appropriately focused and explain the reasons for decisions and actions. (5.53)
- 11.170 There should be a visible differentiation between registered nurses and other staff, and all nurses should wear name badges. (5.54)
- 11.171 A record-tracking system should be initiated to ensure that clinical records are available for all clinical consultations. (5.55)
- 11.172 All old clinical records should be stored securely. (5.56)
- 11.173 Condoms should be made available without detainees having to request them. (5.64)

- 11.174 The patient group directions should be formally ratified to enable their use. (5.75)
- 11.175 Patient information leaflets should be supplied to detainees with medication whenever possible. (5.76)
- 11.176 All stock should be audited regularly. (5.77)
- 11.177 All pharmacy-related procedures and policies should be formally adopted through the medicines and therapeutics committee. (5.78)
- 11.178 Approved glass graduated measures should always be used for measuring out methadone doses. (5.79)
- 11.179 Up-to-date drug reference books should be available and old versions destroyed. (5.80)
- 11.180 All staff should read and sign agreed adopted policies and procedures. (5.81)
- 11.181 The dental waiting list should include referral dates, to ensure that waiting times can be monitored appropriately. (5.84)
- 11.182 Detainees should be told about forthcoming hospital appointments unless there are clearly identified security risks. (5.95)
- 11.183 The room used by the counsellors should be soundproofed. (5.103)

Work and learning and skills

- 11.184 Printing facilities for computers in the enhanced unit should be provided. (7.19)
- 11.185 The safe use of computers should be promoted in the internet and information and communication technology (ICT) rooms. Appropriate adjustable chairs should be provided. (7.20)
- 11.186 The cataloguing and loan of DVDs should be better organised and managed through the library. (7.23)

Physical education

- 11.187 Health services staff should inform gym staff whether or not detainees are fit to participate in exercise. (7.30)

Catering

- 11.188 The kitchen should be kept hygienically clean. (9.9)

Visits

- 11.189 The notice restricting visitors to physical contact to the times of entry and departure should be replaced with more appropriate guidance. (10.28)
- 11.190 Visitors should be able to bring a pen and paper into the visits hall. (10.29)

Removal and release

11.191 Staff at the discharge desk should be able to issue clothing to detainees as required. (10.44)

Examples of good practice

Bullying

11.192 The newly appointed buddies received good support and excellent training, and in turn were providing increasingly valued support to other detainees. (4.12)

Diversity

11.193 A new multicultural room had been well equipped with soft furnishings and décor from a variety of cultures and was well used as an informal meeting place. (4.68)

Appendix I: Inspection team

Nigel Newcomen	Deputy Chief Inspector
Hindpal Singh Bhui	Team leader
Colin Carroll	Inspector
Martin Kettle	Inspector
Gordon Riach	Inspector
Ian Thomson	Inspector
Nicola Rabjohns	Healthcare inspector
Sigrid Engelen	Substance use inspector
Sheila Willis	Ofsted inspector
Louise Falshaw	Head of research, development and thematic
Michael Skidmore	Researcher
Hayley Cripps	Researcher
Samantha Booth	Researcher
Kizza Musinguzi	Consultant

Appendix II: Detainee population profile

(i) Age	No. of men	No. of women	No. of children	%
Under 1 year	0	0		0
1 to 6 years	0	0		0
7 to 11 years	0	0		0
12 to 16 years	0	0		0
16 to 17 years	0	0		0
18 years to 21 years	32	0		9
22 years to 29 years	133	1		37.6
30 years to 39 years	126	1		36
40 years to 49 years	42	3		12.7
50 years to 59 years	14	0		4
60 years to 69 years	2	0		0.6
70 or over	0	0		0
Total	349	5	0	99.9

(ii) Nationality Please add further categories if necessary	No. of men	No. of women	No. of children	%
Afghanistan	13	0		3.7
Albania	2	0		0.56
Algeria	15	0		4.2
Angola	2	0		0.56
Bangladesh	4	0		1.1
Belarus	0	0		0
Cameroon	2	0		0.56
China	21	0		5.9
Colombia	0	0		0
Congo (Brazzaville)	7	0		2
Congo Democratic Republic (Zaire)	4	0		1.1
Ecuador	0	0		0
Estonia	0	0		0
Georgia	0	0		0
Ghana	11	1		3.4
India	9	0		2.5
Iran	12	0		3.4
Iraq	48	0		13.6
Ivory Coast	1	0		0.28
Jamaica	19	0		5.37
Kenya	2	0		0.56
Kosovo	2	0		0.56
Latvia	0	0		0
Liberia	4	0		1.1
Lithuania	2	0		0.56
Malaysia	0	1		0.28
Moldova	1	0		0.28

Nigeria	24	0		6.8
Pakistan	26	0		7.3
Russia	0	0		0
Sierra Leone	10	0		2.8
Sri Lanka	8	0		2.3
Trinidad and Tobago	2	0		0.56
Turkey	4	0		1.1
Ukraine	0	0		0
Vietnam	11	1		3.4
Yugoslavia (FRY)	1	0		0.28
Zambia	2	0		0.56
Zimbabwe	7	0		2
Other (please state)	1- America 1-Burundi 2-Egypt 4-Eritrea 3-Ethiopia 3-French 4-Gambia 2-Guinea 1-Israel 1-Italy 1-Lebanon 2-Libya 4- Mauritius 5-Morocco 2-Palestine 2-Portugul 1-Romania 1-Saudi Arabia 2-Slovakia 19-Somalia 3-South Africa 1-St Vincent 2-Sudan 1-Syria 1-Tanzania 1-Tongo 1-Uganda 1-Uzbekistan 1-Yemen	1- American 1- South African		21.5
Total	349	5	0	100.17

(iv) Religion/belief Please add further categories if necessary	No. of men	No. of women	No. of children	%
Buddhist	18	1		5.37
Roman Catholic	12	0		3.4
Orthodox	2	0		0.6
Other Christian religion	81	3		23.7
Hindu	6	0		1.7
Muslim	193	0		54.5
Sikh	5	0		1.41
Agnostic/atheist	23	0		6.50

Unknown	8	1		2.5
Other (please state what)	1-Rastafari	0		0.28
Total	349	5	0	99.6

(v) Length of time in detention in this centre	No. of men	No. of women	No. of children	%
Less than 1 week	94	5		28
1 to 2 weeks	34	0		9.6
2 to 4 weeks	28	0		8
1 to 2 months	55	0		15.5
2 to 4 months	44	0		12
4 to 6 months	36	0		10
6 to 8 months	17	0		5
8 to 10 months	13	0		3.6
More than 10 months (please note the longest length of time)	28 1101 (35.5 months)	0		8
Total	349	5	0	99.7

(vi) Detainees' last location before detention in this centre	No. of men	No. of women	No. of children	%
Community	6	0		1.7
Another IRC	51	5		15.8
A short-term holding facility (e.g. at a port or reporting centre)	285	0		80.5
Police station	1	0		0.28
Prison	6	0		1.7
Total	349	5	0	99.98

The large number of detainees who had previously been held in a short-term holding facility reflected the fact that most detainees entered the long-term facility through Colnbrook IRC, which also acted as an induction unit.

Appendix III: Safety and staff–detainee relationship interviews

Twenty-one detainees were approached by the research team to undertake structured interviews regarding issues of safety and staff detainee relationships at Colnbrook IRC. Individuals were randomly selected.

Location of interviews

Interviews were undertaken in a private interview room, and participation was voluntary. An interview schedule was used to maintain consistency; therefore, all interviewees were asked the same questions. The interview schedule had two distinct sections, the first covering safety and the second staff–detainee relationships.

The demographic information of interviewees is detailed below, followed by the results from each section.

Demographic information

- The average length of time in detention was approximately 13.5 months and ranged from two months to 4.5 years.
- Length of time at Colnbrook ranged from three weeks to two years, five months. The average length of time spent at Colnbrook was approximately eight months.
- For 15 interviewees, this was their first time in detention.
- Ages ranged from 23 to 53 years, the average being 35 years of age.
- The nationalities of interviewees were: two Iranian, two Chinese, two Jamaican, two Pakistani and one each from Kosovo, Angola, Uganda, Eritrea, France, Albania, Algeria, Nigeria, Guinea, America, Sri Lanka, Sierra Leone and Mauritius.
- All interviewees but one spoke English but only seven spoke English as a first language.
- Eight interviewees identified their religion as Muslim, six had no religion, four were Christian, two Catholic and one a Buddhist.
- Four interviewees stated that they had a disability.

Safety

All interviewees were asked to identify areas of concern with regard to safety within Colnbrook IRC, as well as rating the problem on a scale of 1–4 (1 = a little unsafe, to 4 = extremely unsafe). A 'seriousness score' was then calculated, by multiplying the number of individuals who thought the issue was a problem by the average rating score.

	Yes, this is a problem (number of respondents)	Average rate (1 = a little unsafe, to 4 = extremely unsafe)	Seriousness score
Uncertainty/insecurity because of immigration case	15	4	60
Lack of trust in staff	13	3.46	45
Access to legal advice	11	3.91	43
Availability of drugs	12	3.5	42
Layout of the centre	10	3.8	38
Lack of confidence in staff	12	3.17	38

Staff behaviour with detainees	12	3	36
Health care facilities	9	3.78	34
Existence of an illegal market	9	3.78	34
Aggressive body language of staff	11	3	33
Lack of information about centre regime	10	3.3	33
Isolation (within the centre)	10	3.3	33
Response of staff to fights/bullying in the centre	9	3.44	31
Number of staff on duty during the day	10	2.9	29
Response of staff to self-harm in the centre	7	3.86	27
Aggressive body language from detainees	7	3.71	26
Overcrowding	7	3.71	26
The way meals are served	7	3.43	24
Gang culture	5	3.8	19
Staff members giving favours in return for something	4	3.75	15
Surveillance cameras	4	3.5	14
Lack of communication with family/friends	4	3	12
Lack of information in translation	3	3.33	10

The top five issues were:

1. Uncertainty/insecurity because of immigration case
2. Lack of trust in staff
3. Access to legal advice
4. Availability of drugs
5. Layout of the centre/lack of confidence in staff

Overall rating

Interviewees were asked to give an overall rating for safety at Colnbrook IRC, with 1 being very bad and 4 being very good. **The average rating was 1.83.**

A breakdown of the scores given are shown in the table below:

1	2	3	4
10 (48%)	5 (24%)	4 (24%)	1 (5%)

* One response was provided as 2.5 and has not been included

Staff-detainee relationships

All interviewees were asked to rate their relationship with staff for the following questions. For each question, a breakdown of responses is provided, as well as an average rating, where applicable.

1. Do you feel that staff are respectful towards you?

1 Completely	2	3	4 Not at all
1 (5%)	12 (60%)	3 (15%)	4 (20%)

* One missing response

The average rating was 2.5

2. How often are staff appropriate in their comments and attitudes to you?

1 Always	2	3	4 Never
4 (21%)	6 (32%)	6 (32%)	3 (16%)

* Two missing responses

The average rating was 2.4

3. How often do wing staff address you by your first name or by Mr?

1 Always	2	3	4 Never
10 (53%)	4 (21%)	1 (5%)	4 (21%)

* Two missing responses

The average rating was 1.9

4. How often do wing staff knock before entering your room?

1 Always	2	3	4 Never
4 (21%)	4 (21%)	8 (42%)	3 (16%)

* Two missing responses

The average rating was 2.5

5. How helpful are staff generally with questions and day to day issues?

1 Very helpful	2	3	4 Not at all helpful
2 (11%)	10 (53%)	2 (11%)	5 (26%)

* Two missing responses

The average rating was 2.6

6. How often are staff appropriate in their behaviour?

1 Always	2	3	4 Never
4 (22%)	6 (33%)	3 (17%)	5 (28%)

* Three missing responses

The average rating was 2.5

7. Do staff treat detainees fairly?

1 Completely	2	3	4 Not at all
3 (15%)	6 (30%)	2 (10%)	9 (45%)

* One missing response

The average rating was 2.9

8. Would staff take it seriously if you were being victimised or bullied?

Yes	No	Depends who you approach
9 (53%)	4 (24%)	4 (24%)

* Four missing responses

9. How often do staff interact with you?

1 Always	2	3	4 Never
4 (20%)	5 (25%)	6 (30%)	5 (25%)

* One missing response

The average rating was 2.6

10. Do you have a member of staff to turn to if you have a problem?

Seven (35%) stated that they did not. Of the 13 (65%) who said that they did, they gave the following rating of how many staff they felt they could approach:

1 Many	2	3	4 One
4 (33%)	2 (17%)	2 (17%)	4 (33%)

* One missing response

The average rating was 2.5

11. Do staff challenge inappropriate behaviour?

1 Always	2	3	4 Never
3 (19%)	5 (31%)	5 (31%)	3 (19%)

* Five missing responses

The average rating was 2.5

12. Do staff actively encourage you to take part in activities within the centre?

1 Always	2	3	4 Never
3 (16%)	3 (16%)	1 (5%)	12 (63%)

* Two missing responses

The average rating was 3.2

13. Have you ever been discriminated against by staff because of:

- Your culture or ethnicity

Yes	No
8 (42%)	11 (58%)

* Two missing responses

- Your nationality

Yes	No
8 (42%)	11 (58%)

* Two missing responses

- Your religion

Yes	No
3 (16%)	16 (84%)

* Two missing responses

- Your age

Yes	No
2 (11%)	17 (89%)

* Two missing responses

- You have a disability

Yes	No
0	100

* Two missing responses

- Your sexual orientation

Yes	No
1 (6%)	17 (94%)

* Three missing responses

Overall rating

Interviewees were asked to give an overall rating for staff detainee relationships at Colnbrook IRC, with 1 being excellent and 4 being poor. **The average rating was 2.8.**

A breakdown of the scores given is shown in the table below:

1	2	3	4
1 (5%)	7 (35%)	7 (35%)	5 (25%)

* One missing response

Appendix IV: Use of force analysis

HM Inspectorate of Prisons was provided with access to electronic use of force documentation. Twenty records were selected at random from all those completed between 1 February and 25 August 2010.

Date	Total number in files
Feb-10	3
Mar-10	3
Apr-10	4
May-10	3
Jun-10	3
Jul-10	3
Aug-10	1
Total	20

use of force

All 20 records described where the incident had taken place: eight took place in the detainee's room, three on the unit landing, two in a corridor, two in the health care unit, two in/while being escorted from an escort van, one in R40, one in the STHF exercise yard and one in a mental health hospital after the detainee had been transferred there by staff.

Re-location following incident

Fifteen (75%) were relocated during or following the incident. The majority of detainees who were relocated (n=11, 55%) were moved to R42 following the incident and four (20%) were taken to R40. One detainee went back to his room on the unit, another remained in R42 (where he was already being held), one was kept in the holding room before release, one in STHF reception and one remained in the mental health hospital he had been transferred to.

Sixteen (80%) of the detainees were relocated using control and restraint (C&R) or handcuffs.

Eight (40%) were put on an ACDT documents following the incident (all of whom were in R42).

Reasons for use of force

Three incidents (15%) were planned (two of which were to aid the arrival/removal of a detainee to/from the centre), the other 17 (85%) were spontaneous. One of the planned incidents was filmed.

The breakdown of reasons given for the use of force in each incident is shown below:

Reason	Number
Injury to self	2 (10%)
Self-harm	3 (15%)
Injury to third party	14 (70%)
Enforce removal	2 (10%)
Damage to property	3 (15%)

An escape/abscond	
Fight	1 (5%)

Most records gave a clear, detailed description of why it had been decided to use force (for example, assault on a staff member or another detainee) but there were examples of details missing from files or contradictions in the written accounts from different members of staff.

Examples of the reasons given include:

- Detainee had punched and kicked another detainee in the face, then punched an officer when being taken to room in STHF. C&R techniques then used to remove to R40.
- Detainee became aggressive because another detainee had been located in his room. Began to swing a kettle filled with water, soaking staff present.
- Both detainees in a shared room were banging and breaking property in the room and remained 'quite vocal and non-compliant' once officers had arrived. Moved to Rule 40 to calm down.
- Detainee became aggressive after unlock was several minutes late. When DCO went into his room to give him his lunch tray, he kicked it away and started to threaten staff. He was restrained, handcuffed and moved to R42 due to non-compliant behaviour.
- Became non-compliant when being escorted to the health care unit – head-butting the wall. Restrained and moved to R42.

Details of the use of force

In eight (40%) incidents, it was reported that de-escalation techniques had been used – sometimes after C&R techniques had already been applied.

Handcuffs were used in six (30%) incidents; the reason given in all six cases was 'non-compliance' and their use was always authorised. There were no reports of body belts being used.

Involvement

On average, four to five members of staff were involved in each use of force incident. The smallest number of staff involved in an incident was three.

From the records, it was sometimes not clear who had authorised the use of force and it was rare to find that two separate members of staff had authorised and certified it.

In all cases, a member of health services staff was present. While the IMB was informed within a few hours of all the incidents, IMB representatives were not present at any.

Medical assessments

One incident (5%) resulted in the detainee requiring medication (for a non-serious injury). Although a member of health services staff was present at each incident, it was not clear in all the reports that the detainee had had a medical assessment after the incident. In six (30%) reports, it was clear that there had been a medical examination, although one had taken place the following day. One detainee refused to see a member of health services staff.

Appendix V: Summary of detainee survey responses

Detainee 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.

Choosing the sample size

At the time of the survey on 17–18 August 2010, the detainee population at Colnbrook was 345. The questionnaire was offered to 230 detainees.

Selecting the sample

Respondents were randomly selected from a detainee population printout using a stratified systematic sampling method. This basically means every second person is selected from the list, which is printed in location order, if 50% of the population is to be sampled.

Completion of the questionnaire was voluntary. If a detainee was not bilingual, an interpreter was used via a telephone to communicate the purpose and aims of the survey. Questionnaires were offered in 23 different languages.

Interviews were carried out with any respondents with literacy difficulties. In total, seven respondent was interviewed.

Methodology

Every attempt was made to distribute the questionnaires to each respondent on an individual basis. This gave researchers an opportunity to explain the independence of the Inspectorate and the purpose of the questionnaire, as well as to answer questions.

All completed questionnaires were confidential – only members of the Inspectorate saw them. In order to ensure confidentiality, respondents were asked to do one of the following:

- to have their questionnaire ready to hand back to a member of the research team at a specified time;
- to seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable; or
- to seal the questionnaire in the envelope provided and leave it in their room for collection.

Respondents were not asked to put their names on their questionnaire.

Response rates

In total, 160 respondents completed and returned their questionnaires. This represented 46% of the detainee population. The response rate was 70%. In total 70 questionnaires were not returned or returned blank. One hundred and five questionnaires (66%) were returned in

English, 13 (8%) in Chinese, seven (4%) in Arabic, seven (4%) in Punjabi, five (3%) in Urdu, four (3%) in Kurdish Sorani, three (2%) in French and Tamil, two (1%) in Bengali, Farsi, Polish and Portuguese and one (1%) each in Hindi, Romanian, Somali, Turkish and Vietnamese.

Comparisons

The following details the results from the survey. Data from each centre have been weighted, in order to mimic a consistent percentage sampled in each centre.

Some questions have been filtered according to the response to a previous question. Filtered questions are clearly indented and preceded by an explanation as to which respondents are included in the filtered questions. Otherwise, percentages provided refer to the entire sample. All missing responses are excluded from the analysis.

The following analyses have been conducted:

- The current survey responses in 2010 against comparator figures for all detainees surveyed in detention centres. This comparator is based on all responses from detainee surveys carried out in ten detention centres since 2008.
- The current survey responses in 2010 against the responses of detainees surveyed at IRC in 2008.
- A comparison within the 2010 survey between the responses of non-English-speaking detainees with English speaking detainees.
- A comparison within the 2010 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 2010 survey between those detainees in the short-term holding facility and those in the main centre.

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures – that is, the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading. Orange shading has been used to show a significant difference in detainees' background details.

It should be noted that, in order for statistical comparisons to be made between the most recent survey data and that of the previous survey, both sets of data have been coded in the same way. This may result in percentages from previous surveys looking higher or lower. However, both percentages are true of the populations they were taken from, and the statistical significance is correct.

Summary

In addition, a summary of the survey results is attached. This shows a breakdown of responses for each question. Percentages have been rounded and therefore may not add up to 100%.

No questions have been filtered within the summary, so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary, for example 'Not made a complaint' options across questions, may differ slightly. This is due to different response rates across questions, meaning that the percentages have been calculated out of

different totals (all missing data are excluded). The actual numbers will match up as the data are cleaned to be consistent.

Percentages shown in the summary may differ by 1% or 2 % from that shown in the comparison data as the comparator data have been weighted for comparison purposes.

Summary of detainee survey results

Section 1: About you

Q1	Are you male or female?	
	Male.....	158 (100%)
	Female	0 (0%)
Q2	What is your age?	
	Under 18.....	3 (2%)
	18-21.....	10 (6%)
	22-29.....	62 (39%)
	30-39.....	55 (35%)
	40-49.....	23 (15%)
	50-59.....	4 (3%)
	60-69.....	0 (0%)
	70 or over.....	0 (0%)
Q3	What region are you from? (Please tick only one.)	
	Africa.....	70 (46%)
	North America	1 (1%)
	South America.....	2 (1%)
	Indian subcontinent (India, Pakistan, Bangladesh, Sri Lanka).....	25 (16%)
	China	12 (8%)
	Other Asia	8 (5%)
	Caribbean	11 (7%)
	Europe.....	13 (9%)
	Middle East.....	10 (7%)
Q5	Is English your first language?	
	Yes	58 (37%)
	No	97 (63%)
Q6	Do you understand spoken English?	
	Yes	130 (83%)
	No	27 (17%)
Q7	Do you understand written English?	
	Yes	119 (75%)
	No	39 (25%)
Q8	What would you classify, if any, as your religious group?	
	None	8 (5%)
	Church of England	20 (14%)
	Catholic	17 (12%)
	Protestant.....	9 (6%)
	Other Christian denomination	11 (8%)
	Buddhist.....	7 (5%)
	Hindu	3 (2%)

<i>Jewish</i>	0 (0%)
<i>Muslim</i>	64 (44%)
<i>Sikh</i>	7 (5%)

Section 2: Immigration detention

Q11	When being detained, were you told the reasons why in a language you could understand?	
	Yes	95 (65%)
	No	51 (35%)
Q12	Following detention, were you given written reasons why you were being detained in a language you could understand?	
	Yes	93 (64%)
	No	52 (36%)
Q13	Were you first detained in a police station?	
	Yes	78 (53%)
	No	68 (47%)
Q14	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.....	73 (49%)
	Three to five.....	56 (38%)
	Six or more.....	20 (13%)
Q15	How long have you been in detention here?	
	Less than 1 week.....	23 (15%)
	More than 1 week less than 1 month.....	21 (13%)
	More than 1 month less than 3 months	36 (23%)
	More than 3 months less than 6 months	16 (10%)
	More than 6 months less than 9 months	15 (10%)
	More than 9 months less than 12 months.....	6 (4%)
	More than 12 months.....	39 (25%)

Section 3: Transfers and escorts

Q16	Did you know where you were going when you left the last place where you were detained?	
	Yes	64 (42%)
	No	81 (54%)
	<i>Do not remember</i>	6 (4%)
Q17	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	
	Yes	34 (22%)
	No	113 (72%)
	<i>Do not remember</i>	9 (6%)

Q18	How long did you spend in the escort vehicle to get to this centre on your most recent journey?	
	<i>Less than one hour</i>	23 (15%)
	<i>One to two hours</i>	34 (22%)
	<i>Two to four hours</i>	42 (27%)
	<i>More than four hours</i>	42 (27%)
	Do not remember	12 (8%)

Q19	How did you feel you were treated by the escort staff?	
	<i>Very well</i>	17 (11%)
	<i>Well</i>	60 (39%)
	<i>Neither</i>	42 (27%)
	<i>Badly</i>	11 (7%)
	<i>Very badly</i>	19 (12%)
	Do not remember	5 (3%)

Section 4: Reception and first night

Q21	Were you seen by a member of healthcare staff in reception?	
	<i>Yes</i>	121 (79%)
	<i>No</i>	22 (14%)
	Do not remember	11 (7%)

Q22	When you were searched in reception, was this carried out in a sensitive way?	
	<i>Yes</i>	81 (56%)
	<i>No</i>	52 (36%)
	Do not remember/not applicable	11 (8%)

Q23	Overall, how well did you feel you were treated by staff in reception?	
	<i>Very well</i>	13 (8%)
	<i>Well</i>	45 (29%)
	<i>Neither</i>	46 (30%)
	<i>Badly</i>	22 (14%)
	<i>Very badly</i>	24 (16%)
	Do not remember	3 (2%)

Q24	On your day of arrival, did you receive any of the following? (Please tick all that apply to you.)	
	<i>Information about what was going to happen to you</i>	32 (25%)
	<i>Information about what support was available to people feeling depressed or suicidal</i>	14 (11%)
	<i>Information about how to make applications</i>	17 (13%)
	<i>Information about healthcare services at this centre</i>	31 (24%)
	<i>Information about the religious team</i>	19 (15%)
	<i>Information on how to make a bail application</i>	17 (13%)
	<i>Information about how people can visit you</i>	26 (20%)
	Did not receive anything	69 (54%)

Q25	Was any of this information given to you in a translated form?	
	Do not need translated material	29 (22%)
	<i>Yes</i>	16 (12%)
	<i>No</i>	87 (66%)

Q26	On your day of arrival were you given any of the following? (Please tick all that apply to you.)	
	<i>Something to eat.....</i>	121 (85%)
	<i>The opportunity to make a free telephone call.....</i>	102 (71%)
	<i>The opportunity to have a shower.....</i>	60 (42%)
	<i>The opportunity to change into clean clothing.....</i>	46 (32%)
	<i>Did not receive anything.....</i>	12 (8%)
Q27	Did you feel safe on your first night here?	
	Yes.....	33 (23%)
	No.....	97 (68%)
	<i>Do not remember.....</i>	12 (8%)
Q28	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)	
	<i>Not had any problems.....</i>	21 (15%)
	<i>Loss of property.....</i>	47 (35%)
	<i>Housing/accommodation.....</i>	25 (18%)
	<i>Contacting employers.....</i>	16 (12%)
	<i>Contacting family.....</i>	37 (27%)
	<i>Ensuring dependants were being looked after.....</i>	14 (10%)
	<i>Access to phone numbers.....</i>	24 (18%)
	<i>Access to legal advice.....</i>	31 (23%)
	<i>Access to your immigration case papers.....</i>	32 (24%)
	<i>Money/debt problems.....</i>	17 (13%)
	<i>Feeling depressed or suicidal.....</i>	59 (43%)
	<i>Drug problems.....</i>	10 (7%)
	<i>Alcohol problems.....</i>	4 (3%)
	<i>Health problems.....</i>	60 (44%)
	<i>Needing protection from other detainees.....</i>	18 (13%)
Q29	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	
	<i>Not had any problems.....</i>	21 (16%)
	Yes.....	14 (11%)
	No.....	95 (73%)

Section 5: Legal rights and immigration

Q31	Do you have a solicitor/legal representative?	
	<i>Do not need one.....</i>	5 (3%)
	Yes.....	92 (61%)
	No.....	55 (36%)
Q32	Do you get legal aid (free advice under the legal aid scheme)?	
	<i>Do not need legal advice.....</i>	13 (9%)
	Yes.....	54 (38%)
	No.....	74 (52%)
Q33	How easy or difficult is it to communicate with your solicitor or legal representative?	
	<i>Very easy.....</i>	14 (9%)
	<i>Easy.....</i>	28 (19%)

	<i>Neither</i>	19 (13%)
	<i>Difficult</i>	13 (9%)
	<i>Very difficult</i>	15 (10%)
	Not applicable	60 (40%)
Q34	Are you able to send a fax to your legal representative free of charge?	
	Yes.....	75 (49%)
	No	5 (3%)
	Do not know /not applicable	73 (48%)
Q35	Are you able to send letters to your legal representative free of charge?	
	Yes.....	45 (30%)
	No	14 (9%)
	Do not know/not applicable	90 (60%)
Q36	Have you had a visit from your solicitor/legal representative?	
	Do not have one	60 (42%)
	Yes	44 (31%)
	No	40 (28%)
Q37	Can you get hold of books about your legal rights?	
	Yes.....	24 (17%)
	No	71 (49%)
	Do not know/not applicable	50 (34%)
Q38	How easy or difficult is it for you to obtain bail information?	
	<i>Very easy</i>	4 (3%)
	<i>Easy</i>	38 (27%)
	<i>Neither</i>	19 (14%)
	<i>Difficult</i>	22 (16%)
	<i>Very difficult</i>	44 (31%)
	Not applicable	13 (9%)
Q39	Can you get access to official information reports on your country?	
	Yes	15 (11%)
	No	74 (54%)
	Do not know/not applicable	48 (35%)
Q40	How easy or difficult is it to see immigration staff when you want?	
	Do not know/have not tried	33 (23%)
	<i>Very easy</i>	4 (3%)
	<i>Easy</i>	3 (2%)
	<i>Neither</i>	21 (14%)
	<i>Difficult</i>	33 (23%)
	<i>Very difficult</i>	51 (35%)
Q41	Have you had a review of your detention every month? (You should have had a review if you have been in detention anywhere for over one month.)	
	Not been in detention for over a month	23 (17%)
	Yes	55 (40%)
	No	49 (35%)
	<i>Don't know</i>	12 (9%)

Q42	If yes, was the review written in a language you could understand?	
	<i>Have not had a review</i>	47 (48%)
	Yes	35 (36%)
	No.....	15 (15%)

Section 6: Respectful detention

Q44	Are you normally offered enough clean, suitable clothes for the week?	
	Yes	29 (21%)
	No	106 (79%)
Q45	Are you normally able to have a shower every day?	
	Yes	139 (93%)
	No	11 (7%)
Q46	Is it normally quiet enough for you to be able to relax or sleep in your room at night time?	
	Yes	58 (40%)
	No	88 (60%)
Q47	Can you normally get access to your property held by staff at the centre if you need to?	
	Yes	56 (39%)
	No	54 (38%)
	<i>Do not know</i>	33 (23%)
Q48	What is the food like here?	
	<i>Very good</i>	2 (1%)
	<i>Good</i>	17 (12%)
	<i>Neither</i>	29 (20%)
	<i>Bad</i>	34 (23%)
	<i>Very bad</i>	65 (44%)
Q49	Does the shop sell a wide enough range of goods to meet your needs?	
	<i>Have not bought anything yet</i>	19 (13%)
	Yes	23 (16%)
	No	101 (71%)
Q50	Do you feel that your religious beliefs are respected?	
	Yes	65 (47%)
	No	46 (33%)
	<i>Not applicable</i>	28 (20%)
Q51	Are you able to speak to a religious leader of your faith in private if you want to?	
	Yes	58 (41%)
	No	34 (24%)
	<i>Do not know/not applicable</i>	49 (35%)

Q52	How easy or difficult is it for you to contact the Independent Monitoring Board?			
	<i>Do not know who they are</i>	55	(39%)	
	<i>Very easy</i>	1	(1%)	
	<i>Easy</i>	8	(6%)	
	<i>Neither</i>	25	(18%)	
	<i>Difficult</i>	22	(16%)	
	<i>Very difficult</i>	30	(21%)	
Q53	How easy or difficult is it to get a complaint form?			
	<i>Very easy</i>	24	(16%)	
	<i>Easy</i>	43	(29%)	
	<i>Neither</i>	18	(12%)	
	<i>Difficult</i>	10	(7%)	
	<i>Very difficult</i>	14	(10%)	
	<i>Do not know</i>	37	(25%)	
Q54	Have you made a complaint since you have been at this centre?			
	<i>Yes</i>	70	(50%)	
	<i>No</i>	51	(36%)	
	<i>Do not know how to</i>	19	(14%)	
Q55	If yes, please answer the following questions about complaints:			
		Yes	No	Not made a complaint
	Do you feel complaints are sorted out fairly?	10 (8%)	51 (39%)	70 (53%)
	Do you feel complaints are sorted out promptly?	9 (7%)	47 (37%)	70 (56%)

Section 7: Staff

In order to assess how well you are being treated by staff, we ask that you fill in the following information. This will not affect your immigration case. Your responses to these questions will remain both confidential and anonymous. This means that we do not ask you to put your name on this questionnaire and centre staff will not have access to them.

Q57	Do you have a member of staff at the centre that you can turn to for help if you have a problem?		
	<i>Yes</i>	72	(52%)
	<i>No</i>	67	(48%)
Q58	Do most staff at the centre treat you with respect?		
	<i>Yes</i>	71	(51%)
	<i>No</i>	67	(49%)
Q59	How often do staff normally speak to you?		
	<i>Never</i>	11	(8%)
	<i>Rarely</i>	46	(32%)
	<i>Some of the time</i>	63	(43%)
	<i>Most of the time</i>	16	(11%)
	<i>All of the time</i>	10	(7%)

Q60 Have any members of staff physically restrained you (C&R) in the last six months?
 Yes 26 (21%)
 No 100 (79%)

Q61 Have you spent a night in the separation/isolation unit in the last six months?
 Yes 41 (31%)
 No 93 (69%)

Section 8: Safety

In order to assess how safe this centre is, we ask that you fill in the following information. This will not affect your immigration case. Your responses to these questions will remain both confidential and anonymous. This means that we do not ask you to put your name on this questionnaire and centre staff will not have access to them.

Q63 Have you ever felt unsafe in this centre?
 Yes 96 (67%)
 No 48 (33%)

Q64 Do you feel unsafe in this centre at the moment?
 Yes 79 (56%)
 No 61 (44%)

Q65 Has another detainee or group of detainees victimised (insulted or assaulted) you here?
 Yes 60 (44%)
 No 76 (56%)

Q66 If you have felt victimised by a detainee/group of detainees, what did the incident(s) involve?
(Please tick all that apply to you.)

- Insulting remarks (about you or your family or friends)* 33 (24%)
- Physical abuse (being hit, kicked or assaulted)* 23 (17%)
- Unwanted sexual attention* 6 (4%)
- Your cultural or ethnic origin* 13 (10%)
- Because of your nationality* 16 (12%)
- Having your property taken* 19 (14%)
- Because you were new here* 13 (10%)
- Drugs* 11 (8%)
- Because of your sexuality* 7 (5%)
- Because you have a disability* 8 (6%)
- Because of your religion/religious beliefs* 8 (6%)

Q67 Has a member of staff or group of staff victimised (insulted or assaulted) you here?
 Yes 49 (36%)
 No 89 (64%)

Q68 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.)

- Insulting remarks (about you or your family or friends)* 23 (17%)
- Physical abuse (being hit, kicked or assaulted)* 15 (11%)
- Unwanted sexual attention* 5 (4%)

Your cultural or ethnic origin.....	13 (9%)
Because of your nationality	15 (11%)
Because you were new here	6 (4%)
Drugs	6 (4%)
Because of your sexuality.....	3 (2%)
Because you have a disability.....	7 (5%)
Because of your religion/religious beliefs	8 (6%)

Q69	If you have been victimised by detainees or staff, did you report it?	
	Yes	43 (33%)
	No	24 (18%)
	Not been victimised	63 (48%)

Q70	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	
	Yes	50 (38%)
	No	82 (62%)

Q71	Have you ever felt threatened or intimidated by a member of staff in here?	
	Yes	43 (33%)
	No	89 (67%)

Section 9: Healthcare

Q73	Is health information available in your own language?	
	Yes	51 (36%)
	No	66 (46%)
	Do not know	26 (18%)

Q74	Do you know whether counselling is available at this centre?	
	Yes	37 (27%)
	No	100 (73%)

Q75	Are you able to see a doctor of your own gender?	
	Yes	44 (31%)
	No	55 (38%)
	Do not know	45 (31%)

Q76	Is a qualified interpreter available if you need one during healthcare assessments?	
	Do not need an interpreter/do not know	67 (52%)
	Yes	16 (12%)
	No	47 (36%)

Q77	Are you currently taking medication?	
	Yes	68 (48%)
	No	75 (52%)

Q78	If you are taking medication, are you allowed to keep possession of your medication in your own room?	
	Not taking medication	75 (54%)
	Yes	22 (16%)
	No	41 (30%)

Q79	What do you think of the overall quality of the healthcare here?	
	<i>Have not been to healthcare</i>	20 (14%)
	<i>Very good</i>	5 (4%)
	<i>Good</i>	11 (8%)
	<i>Neither</i>	31 (22%)
	<i>Bad</i>	20 (14%)
	<i>Very bad</i>	52 (37%)

Section 10: Activities

Q81	Do you have unrestricted access to the centre facilities for at least 12 hours each day?	
	<i>Yes</i>	40 (31%)
	<i>No</i>	90 (69%)
Q82	Are you doing any education here?	
	<i>Yes</i>	24 (16%)
	<i>No</i>	124 (84%)
Q83	Is the education helpful?	
	<i>Not doing any education</i>	124 (85%)
	<i>Yes</i>	16 (11%)
	<i>No</i>	6 (4%)
Q84	Can you work here if you want to?	
	<i>Do not want to work</i>	31 (22%)
	<i>Yes</i>	60 (43%)
	<i>No</i>	48 (35%)
Q85	Is there enough to do here to fill your time?	
	<i>Yes</i>	18 (13%)
	<i>No</i>	120 (87%)
Q86	How easy or difficult is it to go to the library?	
	<i>Do not know/do not want to go</i>	17 (12%)
	<i>Very easy</i>	25 (17%)
	<i>Easy</i>	35 (24%)
	<i>Neither</i>	26 (18%)
	<i>Difficult</i>	22 (15%)
	<i>Very difficult</i>	19 (13%)
Q87	How easy or difficult is it to go to the gym?	
	<i>Do not know/do not want to go</i>	30 (21%)
	<i>Very easy</i>	21 (15%)
	<i>Easy</i>	26 (18%)
	<i>Neither</i>	33 (23%)
	<i>Difficult</i>	20 (14%)
	<i>Very difficult</i>	14 (10%)

Section 11: Keeping in touch with family and friends

Q89	How easy or difficult is it to receive incoming calls?	
	<i>Do not know/have not tried</i>	27 (20%)
	<i>Very easy</i>	23 (17%)
	<i>Easy</i>	24 (18%)
	<i>Neither</i>	25 (19%)
	<i>Difficult</i>	15 (11%)
	<i>Very difficult</i>	21 (16%)
Q90	How easy or difficult is it to make outgoing calls?	
	<i>Do not know/have not tried</i>	18 (14%)
	<i>Very easy</i>	15 (11%)
	<i>Easy</i>	32 (24%)
	<i>Neither</i>	22 (17%)
	<i>Difficult</i>	19 (14%)
	<i>Very difficult</i>	26 (20%)
Q91	Have you had any problems with sending or receiving mail?	
	<i>Yes</i>	34 (25%)
	<i>No</i>	54 (40%)
	<i>Do not know</i>	46 (34%)
Q92	Have you had a visit since you have been here from your family or friends?	
	<i>Yes</i>	71 (51%)
	<i>No</i>	67 (49%)
Q93	Have you had a visit since you have been here from volunteer visitors?	
	<i>Do not know who they are</i>	32 (24%)
	<i>Yes</i>	16 (12%)
	<i>No</i>	87 (64%)
Q94	How do you feel you are treated by visits staff?	
	<i>Not had any visits</i>	46 (34%)
	<i>Very well</i>	11 (8%)
	<i>Well</i>	21 (16%)
	<i>Neither</i>	29 (22%)
	<i>Badly</i>	11 (8%)
	<i>Very Badly</i>	16 (12%)

Main comparator and comparator to last time



Detainee survey responses Colnbrook 2010

Detainee survey responses(missing data has 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 2010	IRC comparator	Colnbrook 2010	Colnbrook 2008
	Any numbers highlighted in green are significantly better				
	Any numbers highlighted in blue are significantly worse				
	Any percent highlighted in orange shows a significant difference in detainees' background details				
	Numbers which are not highlighted show there is no significant difference				
SECTION 1: General information					
Number of completed questionnaires returned		160	1016	160	132
1	Are you male?	100%	86%	100%	100%
2	Are you aged under 21 years?	8%	12%	8%	11%
5	Is English your first language?	37%	25%	37%	34%
6	Do you understand spoken English?	83%	73%	83%	85%
7	Do you understand written English?	75%	67%	75%	78%
8	Are you Muslim?	44%	36%	44%	53%
9	Do you consider yourself to have a disability?	26%	17%	26%	31%
10	Do you have any children under the age of 18?	38%	41%	38%	42%
SECTION 2: Immigration detention					
11	When being detained, were you told the reasons why in a language you could understand?	65%	71%	65%	62%
12	Following detention, were you given written reasons why you were being detained in a language you could understand?	64%	62%	64%	66%
13	Were you first detained in a police station?	53%	64%	53%	50%
14	Including this Centre, have you been held in six or more places as an immigration detainee since being detained?	13%	12%	13%	10%
15	Have you been here for more than one month?	72%	67%	72%	79%
SECTION 3: Transfers and escorts					
16	Did you know where you were going when you left the last place where you were detained?	42%	43%	42%	41%
17	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	22%	32%	22%	22%
18	Did you spend more than four hours in the escort van to get to this centre?	28%	28%	28%	35%
19	Were you treated well/very well by the escort staff?	50%	53%	50%	32%

Main comparator and comparator to last time

Key to tables

		Colnbrook 2010	IRC comparator	Colnbrook 2010	Colnbrook 2008
	Any numbers highlighted in green are significantly better				
	Any numbers highlighted in blue are significantly worse				
	Any percent highlighted in orange shows a significant difference in detainees' background details				
	Numbers which are not highlighted show there is no significant difference				
SECTION 4: Reception and first night					
21	Were you seen by a member of healthcare staff in reception?	79%	87%	79%	86%
22	When you were searched in reception was this carried out in a sensitive way?	56%	68%	56%	50%
23	Were you treated well/very well by staff in reception?	38%	59%	38%	37%
24a	Did you receive information about what was going to happen to you on your day of arrival?	25%	33%	25%	23%
24b	Did you receive information about what support was available to people feeling depressed or suicidal on your day of arrival?	11%	23%	11%	14%
24c	Did you receive information about how to make applications on your day of arrival?	13%	25%	13%	14%
24d	Did you receive information about healthcare services at the centre on your day of arrival?	24%	45%	24%	20%
24e	Did you receive information about the religious team on your day of arrival?	15%	34%	15%	16%
24f	Did you receive information on how to make a bail application on your day of arrival?	13%	24%	13%	14%
24g	Did you receive information about how people can visit you on your day of arrival?	20%	42%	20%	19%
For those who required information in a translated form:					
25	Was any of this information provided in a translated form?	16%	29%	16%	12%
26a	Did you receive something to eat on your day of arrival?	85%	73%	85%	70%
26b	Did you get the opportunity to make a free telephone call on your day of arrival?	71%	57%	71%	62%
26c	Did you get the opportunity to have a shower on your day of arrival?	42%	59%	42%	45%
26d	Did you get the opportunity to change into clean clothing on your day of arrival?	32%	53%	32%	39%
27	Did you feel safe on your first night here?	23%	49%	23%	30%
28a	Did you have any problems when you first arrived?	85%	71%	85%	87%
28b	Did you have any problems with loss of transferred property when you first arrived?	35%	24%	35%	25%
28c	Did you have any housing problems when you first arrived?	18%	12%	18%	16%
28d	Did you have any problems contacting employers when you first arrived?	12%	7%	12%	14%
28e	Did you have any problems contacting family when you first arrived?	27%	20%	27%	26%
28f	Did you have any problems ensuring dependants were being looked after when you first arrived?	10%	9%	10%	14%
28g	Did you have any problems accessing your phone numbers when you first arrived?	18%	14%	18%	21%

Main comparator and comparator to last time

Key to tables

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	Any numbers highlighted in blue are significantly worse				
	Any percent highlighted in orange shows a significant difference in detainees' background details				
	Numbers which are not highlighted show there is no significant difference				
SECTION 4: Reception and first night continued					
28h	Did you have any problems accessing legal advice when you first arrived?	23%	20%	23%	23%
28i	Did you have any problems getting access to your immigration case papers when you first arrived?	24%	20%	24%	26%
28j	Did you have any money/debt worries when you first arrived?	13%	14%	13%	13%
28k	Did you have any problems with feeling depressed or suicidal when you first arrived?	43%	26%	43%	38%
28l	Did you have any drug problems when you first arrived?	8%	4%	8%	8%
28m	Did you have any alcohol problems when you first arrived?	3%	2%	3%	5%
28n	Did you have any health problems when you first arrived?	44%	29%	44%	32%
28o	Did you have any problems with needing protection from other detainees when you first arrived?	13%	8%	13%	15%
For those who had problems on arrival:					
29	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	13%	32%	13%	18%
SECTION 5: Legal rights and immigration					
31	Do you have a solicitor or legal representative?	61%	67%	61%	54%
For those who have a solicitor or legal representative:					
33	Is it easy/very easy to communicate with your solicitor or legal representative?	47%	45%	47%	43%
34	Are you able to send a fax to your legal representative free of charge?	94%	95%	94%	91%
35	Are you able to send letters to your legal representative free of charge?	76%	77%	76%	74%
36	Have you had a visit from your solicitor/legal representative?	53%	56%	53%	57%
32	Do you get legal aid (free advice under the legal aid scheme)?	38%	45%	38%	38%
37	Can you get access to books about your legal rights?	17%	26%	17%	26%
38	Is it easy/very easy for you to obtain bail information?	30%	26%	30%	32%
39	Can you get access to official information reports on your country?	11%	15%	11%	19%
40	Is it easy/very easy to see immigration staff when you want?	5%	20%	5%	8%
41	Have you had a review of your detention every month?	40%	43%	40%	38%
For those who have had a written review:					
42	Was the review written in a language you could understand?	70%	65%	70%	61%

Main comparator and comparator to last time

Key to tables

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	Any numbers highlighted in blue are significantly worse				
	Any percent highlighted in orange shows a significant difference in detainees' background details				
	Numbers which are not highlighted show there is no significant difference				
SECTION 6: Respectful detention					
44	Are you normally offered enough clean, suitable clothes for the week?	22%	49%	22%	45%
45	Are you normally able to have a shower every day?	93%	94%	93%	90%
46	Is it normally quiet enough for you to be able to sleep in your room at night?	40%	53%	40%	43%
47	Can you normally get access to your property held by staff at the centre, if you need to?	39%	54%	39%	38%
48	Is the food good/very good?	13%	24%	13%	18%
49	Does the shop sell a wide enough range of goods to meet your needs?	16%	30%	16%	18%
50	Do you feel that your religious beliefs are respected?	47%	68%	47%	59%
51	Are you able to speak to a religious leader of your own faith if you want to?	41%	55%	41%	47%
52	Is it easy/very easy to contact the independent monitoring board?	6%	16%	6%	9%
53	Is it easy/very easy to get a complaint form?	46%	46%	46%	49%
54	Have you made a complaint since you have been at this centre?	50%	31%	50%	50%
For those who have made a complaint:					
55a	Do you feel complaints are sorted out fairly?	17%	20%	17%	18%
55b	Do you feel complaints are sorted out promptly?	16%	16%	16%	12%
SECTION 7: Staff					
57	Do you have a member of staff you can turn to for help if you have a problem?	52%	54%	52%	45%
58	Do most staff treat you with respect?	51%	66%	51%	52%
59	Do staff speak to you most of the time/all of the time?	18%	26%	18%	21%
60	Have any members of staff physically restrained you in the last six months?	21%	14%	21%	22%
61	Have you spent a night in the segregation unit in the last six months?	31%	14%	31%	27%
SECTION 8: Safety					
63	Have you ever felt unsafe in this Centre?	67%	49%	67%	65%
64	Do you feel unsafe in this Centre at the moment?	56%	41%	56%	56%

Main comparator and comparator to last time

Key to tables

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	Any percent highlighted in orange shows a significant difference in detainees' background details				
	Numbers which are not highlighted show there is no significant difference				
SECTION 8: Safety continued					
65	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	44%	30%	44%	49%
66a	Have you had insulting remarks made about you, your family or friends since you have been here? (By detainees)	24%	12%	24%	20%
66b	Have you been hit, kicked or assaulted since you have been here? (By detainees)	17%	6%	17%	18%
66c	Have you experienced unwanted sexual attention here from another detainee?	4%	4%	4%	5%
66d	Have you been victimised because of your cultural or ethnic origin since you have been here? (By detainees)	10%	7%	10%	7%
66e	Have you been victimised because of your nationality since you have been here? (By detainees)	12%	8%	12%	8%
66f	Have you ever had your property taken since you have been here? (By detainees)	14%	7%	14%	13%
66g	Have you ever been victimised because you were new here? (By detainees)	10%	5%	10%	7%
66h	Have you been victimised because of drugs since you have been here? (By detainees)	8%	2%	8%	5%
66i	Have you been victimised here because of your sexuality? (By detainees)	5%	2%	5%	2%
66j	Have you ever been victimised here because you have a disability? (By detainees)	6%	2%	6%	3%
66k	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	6%	4%	6%	9%
67	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	36%	25%	36%	37%
68a	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	17%	10%	17%	15%
68b	Have you been hit, kicked or assaulted since you have been here? (By staff)	11%	3%	11%	10%
68c	Have you experienced unwanted sexual attention here from staff?	4%	3%	4%	4%
68d	Have you been victimised because of your cultural or ethnic origin since you have been here? (By staff)	9%	6%	9%	6%
68e	Have you been victimised because of your nationality since you have been here? (By staff)	11%	8%	11%	9%
68f	Have you ever been victimised because you were new here? (By staff)	4%	4%	4%	5%
68g	Have you been victimised because of drugs since you have been here? (By staff)	4%	1%	4%	1%
68h	Have you been victimised here because of your sexuality? (By staff)	2%	1%	2%	1%
68i	Have you ever been victimised here because you have a disability? (By staff)	5%	1%	5%	3%
68j	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	6%	3%	6%	6%

Main comparator and comparator to last time

Key to tables

		Colnbrook 2010	IRC comparator	Colnbrook 2010	Colnbrook 2008
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	Any numbers highlighted in blue are significantly worse				
	Any percent highlighted in orange shows a significant difference in detainees' background details				
	Numbers which are not highlighted show there is no significant difference				
SECTION 8: Safety continued					
For those who have been victimised by detainees or staff:					
69	Did you report it?	64%	39%	64%	48%
70	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	38%	21%	38%	33%
71	Have you ever felt threatened or intimidated by a member of staff in here?	33%	19%	33%	34%
SECTION 9: Health care					
73	Is health information available in your own language?	36%	35%	36%	30%
74	Do you know whether counselling is available at this centre?	27%	24%	27%	27%
75	Are you able to see a doctor of your own gender?	31%	40%	31%	36%
76	Is a qualified interpreter available if you need one during health care assessments?	13%	15%	13%	10%
77	Are you currently taking medication?	48%	45%	48%	51%
For those who are currently taking medication:					
78	Are you allowed to keep possession of your medication in your own room?	35%	62%	35%	29%
For those who have been to health care:					
79	Do you think the overall quality of health care in this centre good/very good?	14%	34%	14%	29%
SECTION 10: Activities					
81	Do you have unrestricted access to the Centre facilities for at least 12 hours each day?	31%	49%	31%	27%
82	Are you doing any education here?	16%	29%	16%	20%
For those doing education here:					
83	Is the education helpful?	73%	84%	73%	77%
84	Can you work here if you want to?	43%	50%	43%	54%
85	Is there enough to do here to fill your time?	13%	37%	13%	18%
86	Is it easy/very easy to go to the library?	42%	76%	42%	56%
87	Is it easy/very easy to go to the gym?	33%	70%	33%	58%

Main comparator and comparator to last time

Key to tables

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	Any numbers highlighted in blue are significantly worse				
	Any percent highlighted in orange shows a significant difference in detainees' background details				
	Numbers which are not highlighted show there is no significant difference				
SECTION 11: Keeping in touch with family and friends					
89	Is it easy/very easy to receive incoming calls?	35%	54%	35%	42%
90	Is it easy/very easy to make outgoing calls?	36%	51%	36%	35%
91	Have you had any problems with sending or receiving mail?	25%	26%	25%	38%
92	Have you had a visit since you have been in here from your family or friends?	51%	48%	51%	60%
93	Have you had a visit since you have been here from volunteer visitors?	12%	22%	12%	21%
For those who have had visits:					
94	Do you feel you are treated well/very well by visits staff?	36%	67%	36%	58%



Main comparator and comparator to last time

Detainee survey responses Colnbrook STHF vs Colnbrook IRC 2010

Detainee survey responses (missing data has 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 STHF 2010	Colnbrook IRC 2010
	Any numbers highlighted in green are significantly better		
	Any numbers highlighted in blue are significantly worse		
	Any percent highlighted in orange shows a significant difference in detainees' background details		
	Numbers which are not highlighted show there is no significant difference		
SECTION 1: General information			
Number of completed questionnaires returned		21	139
1	Are you male?	100%	100%
2	Are you aged under 21 years?	20%	7%
5	Is English your first language?	21%	40%
6	Do you understand spoken English?	76%	84%
7	Do you understand written English?	67%	77%
8	Are you Muslim?	35%	45%
9	Do you consider yourself to have a disability?	5%	29%
10	Do you have any children under the age of 18?	33%	38%
SECTION 2: Immigration detention			
11	When being detained, were you told the reasons why in a language you could understand?	78%	63%
12	Following detention, were you given written reasons why you were being detained in a language you could understand?	72%	63%
13	Were you first detained in a police station?	40%	56%
14	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	5%	15%
15	Have you been here for more than one month?	9%	82%
SECTION 3: Transfers and escorts			
16	Did you know where you were going when you left the last place where you were detained?	65%	39%
17	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	13%	23%
18	Did you spend more than four hours in the escort van to get to this centre?	26%	28%
19	Were you treated well/very well by the escort staff?	85%	45%

Main comparator and comparator to last time

Key to tables

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	Any numbers highlighted in blue are significantly worse		
	Any percent highlighted in orange shows a significant difference in detainees' background details		
	Numbers which are not highlighted show there is no significant difference		
SECTION 4: Reception and first night			
21	Were you seen by a member of health care staff in reception?	91%	77%
22	When you were searched in reception was this carried out in a sensitive way?	85%	52%
23	Were you treated well/very well by staff in reception?	74%	32%
24a	Did you receive information about what was going to happen to you on your day of arrival?	13%	27%
24b	Did you receive information about what support was available to people feeling depressed or suicidal on your day of arrival?	0%	12%
24c	Did you receive information about how to make applications on your day of arrival?	19%	12%
24d	Did you receive information about healthcare services at the centre on your day of arrival?	27%	24%
24e	Did you receive information about the religious team on your day of arrival?	6%	16%
24f	Did you receive information on how to make a bail application on your day of arrival?	6%	14%
24g	Did you receive information about how people can visit you on your day of arrival?	19%	21%
For those who required information in a translated form:			
25	Was any of this information provided in a translated form?	15%	15%
26a	Did you receive something to eat on your day of arrival?	90%	84%
26b	Did you get the opportunity to make a free telephone call on your day of arrival?	77%	70%
26c	Did you get the opportunity to have a shower on your day of arrival?	67%	39%
26d	Did you get the opportunity to change into clean clothing on your day of arrival?	62%	28%
27	Did you feel safe on your first night here?	46%	20%
28a	Did you have any problems when you first arrived?	69%	87%
28b	Did you have any problems with loss of transferred property when you first arrived?	18%	37%
28c	Did you have any housing problems when you first arrived?	12%	19%
28d	Did you have any problems contacting employers when you first arrived?	0%	14%
28e	Did you have any problems contacting family when you first arrived?	12%	29%
28f	Did you have any problems ensuring dependants were being looked after when you first arrived?	0%	12%

Main comparator and comparator to last time

Key to tables

	Any numbers highlighted in green are significantly better	Colnbrook STHF 2010	Colnbrook IRC 2010
	Any numbers highlighted in blue are significantly worse		
	Any percent highlighted in orange shows a significant difference in detainees' background details		
	Numbers which are not highlighted show there is no significant difference		
28g	Did you have any problems accessing your phone numbers when you first arrived?	12%	19%

Key to tables

Main comparator and comparator to last time

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	Numbers which are not highlighted show there is no significant difference		
SECTION 4: Reception and first night continued			
28h	Did you have any problems accessing legal advice when you first arrived?	18%	23%
28i	Did you have any problems getting access to your immigration case papers when you first arrived?	12%	25%
28j	Did you have any money/debt worries when you first arrived?	12%	12%
28k	Did you have any problems with feeling depressed or suicidal when you first arrived?	12%	48%
28l	Did you have any drug problems when you first arrived?	0%	9%
28m	Did you have any alcohol problems when you first arrived?	0%	4%
28n	Did you have any health problems when you first arrived?	12%	48%
28o	Did you have any problems with needing protection from other detainees when you first arrived?	0%	15%
For those who had problems on arrival:			
29	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	19%	12%
SECTION 5: Legal rights and immigration			
31	Do you have a solicitor or legal representative?	52%	62%
For those who have a solicitor or legal representative:			
33	Is it easy/very easy to communicate with your solicitor or legal representative?	45%	47%
34	Are you able to send a fax to your legal representative free of charge?	100%	93%
35	Are you able to send letters to your legal representative free of charge?	100%	76%
36	Have you had a visit from your solicitor/legal representative?	32%	55%
32	Do you get legal aid (free advice under the legal aid scheme)?	5%	43%
37	Can you get access to books about your legal rights?	10%	18%
38	Is it easy/very easy for you to obtain bail information?	28%	30%
39	Can you get access to official information reports on your country?	5%	12%
40	Is it easy/very easy to see immigration staff when you want?	0%	6%
41	Have you had a review of your detention every month?	12%	43%
For those who have had a written review:			
42	Was the review written in a language you could understand?	100%	69%

Main comparator and comparator to last time

Key to tables

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	Numbers which are not highlighted show there is no significant difference		
SECTION 6: Respectful detention			
44	Are you normally offered enough clean, suitable clothes for the week?	68%	16%
45	Are you normally able to have a shower every day?	100%	92%
46	Is it normally quiet enough for you to be able to sleep in your room at night?	80%	34%
47	Can you normally get access to your property held by staff at the centre, if you need to?	24%	41%
48	Is the food good/very good?	46%	8%
49	Does the shop sell a wide enough range of goods to meet your needs?	5%	18%
50	Do you feel that your religious beliefs are respected?	67%	44%
51	Are you able to speak to a religious leader of your own faith if you want to?	10%	46%
52	Is it easy/very easy to contact the independent monitoring board?	6%	6%
53	Is it easy/very easy to get a complaint form?	28%	48%
54	Have you made a complaint since you have been at this centre?	5%	56%
For those who have made a complaint:			
55a	Do you feel complaints are sorted out fairly?	0%	17%
55b	Do you feel complaints are sorted out promptly?	0%	16%
SECTION 7: Staff			
57	Do you have a member of staff you can turn to for help if you have a problem?	59%	51%
58	Do most staff treat you with respect?	67%	49%
59	Do staff speak to you most of the time/all of the time?	5%	20%
60	Have any members of staff physically restrained you in the last six months?	0%	23%
61	Have you spent a night in the segregation unit in the last six months?	13%	33%
SECTION 8: Safety			
63	Have you ever felt unsafe in this centre?	33%	71%
64	Do you feel unsafe in this centre at the moment?	10%	63%

Main comparator and comparator to last time

Key to tables

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	Any percent highlighted in orange shows a significant difference in detainees' background details		
	Numbers which are not highlighted show there is no significant difference		
SECTION 8: Safety continued			
65	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	6%	49%
66a	Have you had insulting remarks made about you, your family or friends since you have been here? (By detainees)	0%	27%
66b	Have you been hit, kicked or assaulted since you have been here? (By detainees)	6%	19%
66c	Have you experienced unwanted sexual attention here from another detainee?	0%	5%
66d	Have you been victimised because of your cultural or ethnic origin since you have been here? (By detainees)	0%	11%
66e	Have you been victimised because of your nationality since you have been here? (By detainees)	0%	14%
66f	Have you ever had your property taken since you have been here? (By detainees)	0%	16%
66g	Have you ever been victimised because you were new here? (By detainees)	0%	11%
66h	Have you been victimised because of drugs since you have been here? (By detainees)	0%	9%
66i	Have you been victimised here because of your sexuality? (By detainees)	0%	6%
66j	Have you ever been victimised here because you have a disability? (By detainees)	0%	7%
66k	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	0%	7%
67	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	5%	40%
68a	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	0%	19%
68b	Have you been hit, kicked or assaulted since you have been here? (By staff)	0%	12%
68c	Have you experienced unwanted sexual attention here from staff?	0%	4%
68d	Have you been victimised because of your cultural or ethnic origin since you have been here? (By staff)	0%	11%
68e	Have you been victimised because of your nationality since you have been here? (By staff)	0%	12%
68f	Have you ever been victimised because you were new here? (By staff)	0%	5%
68g	Have you been victimised because of drugs since you have been here? (By staff)	0%	5%
68h	Have you been victimised here because of your sexuality? (By staff)	0%	2%
68i	Have you ever been victimised here because you have a disability? (By staff)	0%	6%
68j	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	0%	7%

Main comparator and comparator to last time

Key to tables

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	Any numbers highlighted in blue are significantly worse		
	Any percent highlighted in orange shows a significant difference in detainees' background details		
	Numbers which are not highlighted show there is no significant difference		
SECTION 8: Safety continued			
For those who have been victimised by detainees or staff:			
69	Did you report it?	33%	66%
70	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	6%	42%
71	Have you ever felt threatened or intimidated by a member of staff in here?	0%	38%
SECTION 9: Health care			
73	Is health information available in your own language?	35%	36%
74	Do you know whether counselling is available at this centre?	23%	28%
75	Are you able to see a doctor of your own gender?	37%	30%
76	Is a qualified interpreter available if you need one during health care assessments?	5%	13%
77	Are you currently taking medication?	30%	50%
For those who are currently taking medication:			
78	Are you allowed to keep possession of your medication in your own room?	40%	34%
For those who have been to healthcare:			
79	Do you think the overall quality of health care in this centre good/very good?	19%	13%
SECTION 10: Activities			
81	Do you have unrestricted access to the centre facilities for at least 12 hours each day?	18%	33%
82	Are you doing any education here?	0%	19%
For those doing education here:			
83	Is the education helpful?	N/A	73%
84	Can you work here if you want to?	40%	44%
85	Is there enough to do here to fill your time?	17%	12%
86	Is it easy/very easy to go to the library?	10%	46%
87	Is it easy/very easy to go to the gym?	14%	35%

Main comparator and comparator to last time

Key to tables

	Any numbers highlighted in green are significantly better	Colnbrook STHF 2010	Colnbrook IRC 2010
	Any numbers highlighted in blue are significantly worse		
	Any percent highlighted in orange shows a significant difference in detainees' background details		
	Numbers which are not highlighted show there is no significant difference		
SECTION 11: Keeping in touch with family and friends			
89	Is it easy/very easy to receive incoming calls?	32%	36%
90	Is it easy/very easy to make outgoing calls?	28%	37%
91	Have you had any problems with sending or receiving mail?	5%	28%
92	Have you had a visit since you have been in here from your family or friends?	9%	58%
93	Have you had a visit since you have been here from volunteer visitors?	0%	14%
For those who have had visits:			
94	Do you feel you are treated well/very well by visits staff?	35%	36%



Key questions (non-English speakers) Colnbrook IRC 2010

Detainee survey responses (missing data has 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 percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent 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		27	130
11	When being detained, were you told the reasons why in a language you could understand?	39%	69%
12	Following detention, were you given written reasons why you were being detained in a language you could understand?	28%	71%
14	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	11%	14%
15	Have you been here for more than one month?	74%	71%
16	Did you know where you were going when you left the last place where you were detained?	20%	47%
17	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	4%	26%
19	Were you treated well/very well by the escort staff?	41%	53%
23	Were you treated well/very well by staff in reception?	32%	39%
24a	Did you receive information about what was going to happen to you on your day of arrival?	10%	28%
24b	Did you receive information about what support was available to people feeling depressed or suicidal on your day of arrival?	5%	12%
24c	Did you receive information about how to make applications on your day of arrival?	0%	16%
24d	Did you receive information about health care services at the centre on your day of arrival?	10%	27%
24e	Did you receive information about the religious team on your day of arrival?	0%	18%
24f	Did you receive information on how to make a bail application on your day of arrival?	5%	15%
24g	Did you receive information about how people can visit you on your day of arrival?	5%	23%
27	Did you feel safe on your first night here?	11%	26%
28a	Did you have any problems when you first arrived?	88%	84%
31	Do you have a solicitor or legal representative?	41%	65%
40	Is it easy/very easy to see immigration staff when you want?	0%	6%

Key to tables

		Non-English speakers	English speakers
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
41	Have you had a review of your detention every month?	36%	40%
44	Are you normally offered enough clean, suitable clothes for the week?	22%	21%
45	Are you normally able to have a shower every day?	93%	93%
53	Is it easy/very easy to get a complaint form?	24%	51%
54	Have you made a complaint since you have been at this centre?	29%	53%
57	Do you have a member of staff you can turn to for help if you have a problem?	58%	52%
58	Do most staff treat you with respect?	54%	52%
59	Do staff speak to you most of the time/all of the time?	7%	20%
63	Have you ever felt unsafe in this centre?	71%	66%
64	Do you feel unsafe in this centre at the moment?	50%	57%
65	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	38%	44%
67	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	24%	36%
70	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	13%	42%
71	Have you ever felt threatened or intimidated by a member of staff in here?	21%	34%
73	Is health information available in your own language?	22%	38%
76	Is a qualified interpreter available if you need one during health care assessments?	30%	9%
82	Are you doing any education here?	7%	17%
84	Can you work here if you want to?	33%	45%
85	Is there enough to do here to fill your time?	18%	12%
86	Is it easy/very easy to go to the library?	32%	44%
87	Is it easy/very easy to go to the gym?	21%	36%
89	Is it easy/very easy to receive incoming calls?	12%	38%
90	Is it easy/very easy to make outgoing calls?	9%	39%
91	Have you had any problems with sending or receiving mail?	10%	28%

Key to tables

	Any percent highlighted in green is significantly better	Non-English speakers	English speakers
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
92	Have you had a visit since you have been in here from your family or friends?	30%	55%



Diversity Analysis - Disability

Key questions (disability analysis) Colnbrook IRC 2010

Detainee survey responses (missing data has 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 percent highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse		
	Any percent 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		35	100
5	Is English your first language?	54%	36%
6	Do you understand spoken English?	97%	84%
13	Were you first detained in a police station?	53%	50%
14	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	21%	9%
15	Have you been here for more than one month?	83%	69%
19	Were you treated well/very well by the escort staff?	32%	59%
21	Were you seen by a member of health care staff in reception?	71%	82%
22	When you were searched in reception was this carried out in a sensitive way?	46%	62%
23	Were you treated well/very well by staff in reception?	13%	49%
24b	Did you receive information about what support was available to people feeling depressed or suicidal on your day of arrival?	17%	10%
24d	Did you receive information about healthcare services at the centre on your day of arrival?	26%	23%
27	Did you feel safe on your first night here?	13%	29%
28a	Did you have any problems when you first arrived?	97%	81%
28k	Did you have any problems with feeling depressed or suicidal when you first arrived?	58%	37%
28n	Did you have any health problems when you first arrived?	72%	40%
28o	Did you have any problems with needing protection from other detainees when you first arrived?	16%	12%
31	Do you have a solicitor or legal representative?	61%	63%
40	Is it easy/very easy to see immigration staff when you want?	0%	7%
41	Have you had a review of your detention every month?	50%	37%
44	Are you normally offered enough clean, suitable clothes for the week?	9%	24%

Diversity Analysis - Disability

Key to tables

	Any percent highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
45	Are you normally able to have a shower every day?	87%	93%
53	Is it easy/very easy to get a complaint form?	48%	53%
54	Have you made a complaint since you have been at this centre?	79%	47%
57	Do you have a member of staff you can turn to for help if you have a problem?	56%	52%
58	Do most staff treat you with respect?	37%	54%
60	Have any members of staff physically restrained you in the last six months?	24%	18%
61	Have you spent a night in the segregation unit in the last six months?	41%	27%
63	Have you ever felt unsafe in this centre?	86%	61%
64	Do you feel unsafe in this centre at the moment?	80%	50%
65	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	61%	44%
67	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	63%	32%
70	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	44%	40%
71	Have you ever felt threatened or intimidated by a member of staff in here?	56%	29%
74	Do you know whether counselling is available at this centre?	30%	28%
76	Is a qualified interpreter available if you need one during health care assessments?	4%	15%
77	Are you currently taking medication?	77%	41%
81	Do you have unrestricted access to the centre facilities for at least 12 hours each day?	26%	31%
82	Are you doing any education here?	15%	17%
85	Is there enough to do here to fill your time?	3%	17%
86	Is it easy/very easy to go to the library?	39%	43%
87	Is it easy/very easy to go to the gym?	27%	38%
89	Is it easy/very easy to receive incoming calls?	43%	38%
90	Is it easy/very easy to make outgoing calls?	30%	43%
91	Have you had any problems with sending or receiving mail?	39%	24%

Diversity Analysis - Disability

Key to tables

	Any percent highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
92	Have you had a visit since you have been in here from your family or friends?	74%	51%