

Report on a full announced inspection of

# **Colnbrook Immigration**

## **Removal Centre**

17–21 November 2008

by HM Chief Inspector of Prisons

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Printed and published by:  
Her Majesty's Inspectorate of Prisons  
1st Floor, Ashley House  
Monck Street  
London SW1P 2BQ  
England

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# Introduction

Colnbrook immigration removal centre (IRC), at Heathrow airport, is the most secure facility in the immigration detention estate. Run by Serco, it holds male detainees, many of whom have proved difficult to hold in less secure settings. The adjoining short-term holding facility (STHF) holds both men and women. On our previous visit, we found that Colnbrook was struggling to manage a difficult mix of detainees. On our return for this full announced inspection, we could find little evidence of improvement and the establishment remained at the outer limits of its capacity to cope.

Safety continued to be a significant concern. The population remained as challenging as ever, with an increased proportion of ex-prisoners, large numbers of detainees who had proved difficult to control elsewhere and many individuals who had been at the IRC for many months, or even years, and who were inevitably frustrated by the lack of progress of their cases. Colnbrook also housed some of the most vulnerable individuals in the immigration estate, but the vulnerable persons unit was a badly designed response and needed to be reviewed. On top of this, drugs posed a serious security issue, although detoxification and treatment services were much improved.

We continued to have serious concerns about the STHF. It had a restricted regime and its role remained confused: it acted as both a short-term holding facility and a first night and induction unit for the long-term facility. Contrary to our previous recommendations, it continued to hold women in wholly inappropriate conditions which could not guarantee them adequate and appropriate treatment. The UK Border Agency (UKBA) needs urgently to find suitable alternative accommodation for women.

Given the nature of the population, it was disappointing that, despite some improvement, weaknesses remained in anti-bullying work. Deficiencies were also noted in the management of suicide and self-harm, with some inappropriate separation of vulnerable detainees and examples of excessive use of demeaning anti-ligature clothing. Use of force had increased and was not always well managed. The separation unit was sometimes used inappropriately as a punishment.

Accommodation was of a good standard, but poor ventilation remained a problem. Staff generally tried hard to manage the difficult mix of detainees with patience and good humour, and a personal officer scheme was beginning to have an impact. However, staff turnover remained high and a mentoring scheme had only just been put in place. There were also weaknesses in the reward scheme and complaints were poorly managed. There was insufficient use of professional interpretation services across the centre to ensure that detainees understood what was happening to them. Faith provision was good, but there was scope to develop diversity structures further. Healthcare was generally weak.

There was a much greater quantity of paid work than at the last inspection, although the breadth of options was limited. Education remained restricted and suffered from poor take-up by detainees. Time out of room and the range of leisure activities were reasonable. Physical education provision was good and there was an adequate library.

The welfare team provided a much appreciated service, although the staff lacked training. Access to the outside world was reasonable, with generally sound visiting arrangements and good access to telephones and the internet. Detainees were usually given sufficient warning of their date of removal to allow them to prepare appropriately, but we still came across examples where this was not the case. There was a need to clarify the role of the last night centre.

Colnbrook manages the most challenging and vulnerable detainees in the immigration estate. The difficulties facing staff are compounded by the increasing length of stay of many detainees and the frustration that ensues. On top of this, the centre is required to hold women in the wholly inappropriate setting of its short-term holding facility. Overall, we found little improvement at Colnbrook since our last visit. Indeed, there was evidence of the centre taking inappropriate steps to manage some of the challenges it faces; in particular, there were examples of separation being misused and the vulnerable persons unit was not fit for purpose. Staff and managers readily admitted that Colnbrook was struggling to cope. It is to be hoped that the opening of new accommodation elsewhere in the estate will relieve some of the excessive pressure under which the centre now operates.

Anne Owers  
HM Chief Inspector of Prisons

March 2009

# Fact page

## Task of the establishment

Colnbrook is an immigration removal centre (IRC) housing male detainees, but it has an adjoining short-term holding facility (STHF), which holds both men and women. The STHF also doubles as a first night unit for the long-term facility.

## Location

Colnbrook Bypass, West Drayton

## Contractor

Serco

## Number held

355

## Certified normal accommodation (CNA)

308 IRC; 80 STHF

## Operational capacity

308 IRC; 80 STHF

## Escort provider

Group 4 Securicor

## Last inspection

Unannounced full follow-up inspection June 2007

## Brief history

Colnbrook IRC is the most secure immigration removal centre within the UK Border Agency (UKBA) estate. It is built to a category B prison standard and is designed to manage the more challenging, higher risk and volatile type of detainee within the UKBA estate, many of whom arrive directly from the prisons estate. It opened on 26 August 2004 and provides 308 spaces in the long-term facility for adult male detainees. This includes four large detainee accommodation units, a vulnerable persons unit and an enhanced unit. Within the centre there is a separate short-term holding facility, which consists of 40 twin rooms to accommodate 80 detainees. HM Revenue & Customs are contained within a separate facility, which consists of 20 cells and is operated under Revenue and Customs laws. This is not currently within the remit of HM Inspectorate of Prisons. The centre is managed and operated by Serco Home Affairs. UKBA is represented on site by a contract management team, led by a UKBA manager.

## Description of residential units

The long-term holding facility is divided into four residential units. Each unit is made up of 33 twin rooms, each with a toilet, washing facilities and a television. There is one room for detainees with disabilities on C unit. There are shower facilities for all detainees on the first and second floors of each unit. There is a laundry room on each unit.



# Healthy establishment summary

## Introduction

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HE.1 The concept of a healthy prison was introduced in our thematic review *Suicide is Everyone's Concern* (1999). The healthy prison criteria 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 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.3 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.

## Safety

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HE.4 A significant number of detainees arrived at the centre at night. Drug use was a significant problem. Detainees were locked up for nearly the whole of their time in the short-term holding facility (STHF), which continued to perform a range of disparate functions. It was unfit as a first night and induction unit, lacked an adequate regime and was wholly unsuitable for women. Some detainees had been kept in the separation unit for longer than was necessary or had been moved there for

inappropriate reasons. There were some weaknesses in the management of those at risk of self-harm, although some aspects of anti-bullying work had improved. Substance use services were developing well. The centre had attempted to provide support to vulnerable detainees, but the new vulnerable persons unit was an inappropriate environment for the mix of detainees held there. Overall, the centre was not performing sufficiently well against this healthy establishment test.

- HE.5** In our survey, detainees reported long trips and poor experience of escorts. In-country Group 4 Securicor (G4S) escorts were professional and helpful, but overseas escorts were less positive. A significant number of people were moved during the night, causing unnecessary stress and burdening the reception process.
- HE.6** Treatment in the busy reception area was friendly and relaxed, and detainees received a hot meal and free telephone call on arrival. The reception process was fragmented, with initial arrival in the long-term reception followed by secondary reception in the STHF, which also acted as a first night centre. Only about a third of detainees reported good treatment in reception. The quality of room sharing risk assessments was poor, and was hampered by some detainees arriving without prison files.
- HE.7** In the STHF, detainees were locked up for 23 hours a day, with little access to information or a regime. Contrary to previous recommendations, women were held in this wholly inappropriate environment. In our survey, less than a third of detainees said that they felt safe on their first night. Little information was given during detainees' time in the STHF and only those who subsequently moved to the long-term unit received a formal induction.
- HE.8** The centre's own anti-bullying survey largely supported our own survey findings, in which significantly more detainees than the comparator said that they had been victimised by other detainees. However, formal procedures were not used effectively to manage or tackle bullying, or support victims. Anti-bullying meetings were poorly attended. A bullying report line had been introduced, and detainees were routinely consulted about bullying through detainee information and activities committee (DIAC) meetings. Complaints, security information reports, handover books and incidents were cross-referenced for evidence of bullying. There were also some signs of recent progress. The recently appointed full-time anti-bullying coordinator was carrying out a thorough review of current practice, and was appropriately revising procedures and policy. Detailed data were being collated to develop a better picture of bullying, and the quality of sampled investigations was excellent.
- HE.9** The quality of assessment, care in detention and teamwork (ACDT) documentation was generally inadequate. Most assessments lacked detail and showed little evidence of professional interpretation. Monitoring sheets indicated some good entries, but many that were superficial. Care maps were not routinely updated at the poorly attended reviews, which had little staff consistency and were not multidisciplinary. Some detainees on open ACDT documents were held in the removal from association area, without the level of monitoring or analysis to provide reassurance that it was appropriate for them to remain there. The at-risk strategy meetings were poorly attended. Anti-ligature clothing was used inappropriately in a number of cases, for example when people had made threats to self-harm or when no ligature had been used.

- HE.10** Drug use was the security issue of most recent concern. The largest single subject of security information reports was drugs related and there had been a number of finds over the previous six months. There were more security staff than at the time of the previous inspection, but little evidence that security information contributed to intelligence assessments and informed a coherent strategic approach. There was some strip searching, but no log was kept. Despite an ostensible commitment to risk assessment, all detainees, bar a small number who were physically incapable, were handcuffed for hospital escorts. Freedom of movement around the centre was more restricted than necessary, impacting on the regime and contributing to detainees' frustration.
- HE.11** Use of force had increased, but there were examples of it being poorly managed and of insufficient de-escalation in some cases. Planned removals were routinely recorded, but there were no records to suggest that quality checks took place. UK Border Agency (UKBA) contract monitors did not routinely view sample recordings.
- HE.12** Some detainees had been inappropriately removed from association some time after the event in question had been dealt with, which is not acceptable under Detention Centre rules. Some detainees were also kept from association for longer than appropriate. Not surprisingly, detainees viewed the Rule 40 unit as a 'punishment block'.
- HE.13** Detoxification and maintenance provision were available and substance use services were developing well. Services were psychiatrist led and individualised, with one designated clinic each week, but there was no substance use nurse or dual diagnosis nurse.
- HE.14** The centre had appropriately sought to provide better care for vulnerable detainees, but the vulnerable persons unit that had been created to this end was an oppressive and degrading environment. Detainees in the eight-bed unit had no privacy; even those in the two individual rooms on the unit were constantly monitored by closed-circuit television. There was no policy setting out the unit's role and function, no assessment process, a lack of referral criteria and no gate-keeping mechanisms. There was no evidence of multidisciplinary care planning necessary to care for vulnerable detainees held there or elsewhere in the centre.
- HE.15** The centre had made efforts to improve access to legal advice and provided good facilities for communication. There were regular Legal Services Commission-funded surgeries, and a reasonable stock of legal information in the library, although occupants of the STHF did not have easy access to it. Just over half of detainees reported having a legal representative.
- HE.16** There were many long-term detainees at the centre and a continuing lack of accessible monitoring information to show the overall length of detention in different places. In many cases, prolonged detention with no end in sight reflected the indifference of home governments rather than non-cooperation on the part of detainees. Most of the Rule 35 letters we examined had no substantive replies and only one related the information provided to fitness to detain.
- HE.17** The regularity of monthly reviews from UKBA had improved, but there was still scope to improve quality and casework progress. Reviews did not always reflect individual circumstances or changing circumstances, including prolonged detention. There was evidence of efficient and thoughtful work by the on-site immigration team, but they

had little scope to progress casework. Given Colnbrook's long-term population, with complex cases that needed time-consuming consideration from experienced immigration staff, the immigration team would have benefited from more support to help progress casework.

## Respect

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- HE.18** The residential units were of a good standard, but ventilation was inadequate. Staff generally managed a frustrated and often challenging population with humanity and patience. The work of diversity staff was valued by detainees, but diversity strategy and structures had not developed sufficiently. Faith provision was good. There were weaknesses in the rewards scheme, which included some inappropriate sanctions. Many complaints were poorly managed. Although there was improved mental health provision, health services in general were a concern, with many recent policy changes yet to bed in, an over-reliance on agency staff inexperienced in IRC work, and poor medicines management. The centre had made efforts to improve access to legal advice. There was an efficient but over-stretched on-site immigration team. The food was satisfactory, but shop provision was limited. Overall, the centre was not performing sufficiently well against this healthy establishment test.
- HE.19** Most of the residential accommodation was in good repair. Rooms were reasonably well equipped and spacious, with basic screens for the toilet areas. The noisy prison-like units were not conducive to a calm atmosphere. Smokers and non-smokers were inappropriately mixed because of population pressures, and poor ventilation within rooms remained the single most pressing residential issue for many detainees. Laundry facilities were inadequate, with much broken washing and drying equipment. In contrast to the main residential areas, both the STHF and the vulnerable persons unit were cramped and claustrophobic.
- HE.20** Most detainees were on the higher level of the rewards scheme. The scheme had some inappropriate sanctions, including reduction of the basic allowance. The enhanced unit provided a reasonable incentive to detainees, but cooperation with the immigration service was an inappropriate criterion for access. A system of unit competitions and rewards was popular with detainees but inadequately managed, leading to abuses and some conflicts.
- HE.21** Just over half of detainees said that most staff treated them with respect. Staff-detainee relationships were substantially affected by detainee frustrations at lengthy detention, and there was much challenging behaviour towards staff. While there was evidence of some inappropriate staff behaviour, on the whole they managed a difficult working environment with patience and professionalism. Staff turnover was high and the mentoring scheme recommended at the previous inspection had only just been implemented for new recruits. There was a new and developing personal officer scheme, and history sheets suggested that personal officers took the role seriously.
- HE.22** Most detainees considered the food to be poor, mainly because of a lack of cultural variety. The food tasted was of a reasonable standard, with adequate portions. Catering was a standing agenda item at the weekly DIAC meeting, but there had been no food survey to establish detainees' views.

- HE.23** The centre shop stocked a limited range of items, predominantly confectionary, crisps and cereals, with limited toiletries or other substantial products.
- HE.24** The diversity manager and members of the diversity/welfare team were accessible and active on the units. Extensive use was made of telephone interpretation, but it was not routine for some key areas, such as ACDT reviews. Detainees were actively engaged in relevant discussions, and reasonable steps were taken to celebrate cultural diversity. Nationality and ethnic monitoring was minimal and there was no strategic analysis of patterns or trends. Detainees with disabilities were not systematically identified or addressed. There were few racial complaints; of those that had been submitted, some investigations were not sufficiently thorough and there were some long delays in responding.
- HE.25** Replies to complaints were poor in many cases and frequently took several weeks to complete. A significant number, including allegations of staff bullying, were inadequately investigated, and some were withdrawn without any recorded explanation. There was no evidence that replies were routinely quality checked. Complaints and replies were sent for translation when necessary.
- HE.26** Good facilities for religious worship included an attractive and well-maintained chapel, mosque and multi-faith room. Most detainees said that their religious beliefs were respected, and the religious affairs team was highly visible in the centre. Ministers visited the healthcare centre and separation unit regularly, but did not attend ACDT meetings. Detainees from the STHF were offered services in the small and inadequate STHF association room only.
- HE.27** The number of detainees describing the quality of healthcare as good was significantly lower than the comparator. There had been much recent policy development, but this was not sufficiently reflected in the delivery of patient care. The health needs assessment was not yet complete. There was an over-reliance on agency staff inexperienced in the IRC environment. They were not issued with keys and had received an inadequate induction. Standards of record keeping and medicines management were poor. Dental provision was for emergency care only and did not reflect the needs of the long-stay population. A primary mental health team was in place and provided an adequate service. Assessments were timely and a psychiatrist attended the centre for two sessions each week.

## Activities

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**HE.28** There was a limited range of education and poor take-up by detainees. There had been a substantial increase in work provision, although the range of work was narrow. Leisure facilities and access to activities overall were reasonable. The internet facility was popular and access to PE was good. Overall monitoring of activities take-up was poor. The library provided an adequate service. Overall, the centre was performing reasonably well against this healthy establishment test.

**HE.29** The range of education on offer was limited to information and computer technology training, arts and crafts, music and English for speakers of other languages. Accreditation had recently been introduced. Few activities staff had relevant qualifications or subject expertise. The centre had recently completed a self-assessment, which had identified the need to improve education, and appropriate action plans had been produced.

- HE.30** Paid work had been expanded to 135 part-time roles, funded by UKBA, with a few additional jobs funded by Serco. While the range of work was still narrow, mainly involving cleaning or food service work, detainees appreciated both the distraction and the ability to earn and save money. Work timetables ensured that working detainees could also engage in other activities.
- HE.31** The range and quality of activity for those in the STHF was poor. Access was limited to an hour a day, and detainees were not adequately informed of what they could do. No attendance records were kept to show if they had attended any activities.
- HE.32** Most detainees were able to have 14 hours a day out of their rooms, and those on the enhanced unit were always unlocked. The range of activities available for most detainees spending a short time at the centre was adequate, but the range and quality for those spending prolonged periods at the centre were inadequate. This included free access to the internet and email facilities. Detainees made extensive use of a suite of 22 modern computers in one of the activity areas. The booking system did not always ensure equitable access to the internet for all detainees.
- HE.33** The library provided an adequate service and detainees had reasonable access. A range of foreign and English language newspapers was supplemented by internet downloads. While the number of books was adequate, fewer than half were in languages other than English.
- HE.34** Access to PE for most detainees was good and included evening and weekend sessions. There were well equipped weights and cardiovascular rooms, and an adequate sports hall, but no outdoor sports facilities. Gym staff were well qualified for weights supervision, but less so for other activities. Promotion of PE was satisfactory and staff regularly visited units to encourage participation.

## Preparation for release

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**HE.35** The welfare team provided a generally well appreciated service. The visits area was reasonable, but arrangements for identifying detainees at risk to children were not sufficiently systematic. Access to telephones was good. Detainees received notice of removal, and the centre provided some practical help for those being removed without means. Overall, the centre was performing reasonably well against this healthy establishment test.

**HE.36** There was a large welfare team, which was mainly unit based. Although welfare staff had received no formal training, their work was generally appreciated by detainees. The main problems dealt with were missing property and lack of access to legal advice, both of which were difficult to resolve if people had just a short period before removal. The centre had developed a constructive relationship with the volunteer visitors group to promote support for detainees.

**HE.37** The introduction of mobile telephones, along with email access, had improved detainees' ability to maintain contact with the outside world. They also had access to fax machines, which were located on each unit.

**HE.38** Visitors could attend the centre at their own convenience and were not required to pre-book appointments. The visits room was of a sufficient size and clean, but the

environment was unwelcoming. Visits staff were polite and courteous. They were not systematically briefed on the identities of detainees who were known to have presented a risk to children, and there was no up-to-date central list.

- HE.39 The requirements for visitors to present two separate forms of identification and also have a fingerprint taken were off-putting to some visitors.
- HE.40 Detainees due for removal were usually advised of this before arriving at Colnbrook. However, a number of detainees expressed frustration that they had not had the opportunity to sort out their affairs, often because they had been held in a number of different places before coming to the centre. Staff helped with some practical problems, and provided spare clothing and bags for property. The religious affairs team also provided limited financial assistance for detainees without means. However, the pre-removal needs of those in quick transit through the STHF were not being met.

## Main recommendations

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- HE.41 Detainees should not be subjected to avoidable night-time transfers around the detention estate.
- HE.42 Colnbrook short-term holding facility should be subject to formal rules of governance and resourced accordingly.
- HE.43 Colnbrook short-term holding facility should not hold women.
- HE.44 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 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 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 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.48 Detainees should not be held in separation as a punishment.



# 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.

- 1.1 Despite efforts by staff at the establishment to provide a friendly welcome, arrival at the centre was reported in negative terms in our detainee survey. A significant number of movements took place during the night.

## Escort vans and transfers

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- 1.2 The multi-purpose nature of the establishment meant that detainees arrived from multiple locations, and it was open 24 hours, every day of the year, to receive them. It was a last stop for people about to be removed from Heathrow Airport, a repository for detainees in poor health and a collecting point for former prisoners, notably those showing any propensity for disruptive behaviour. Between 80% and 90% of the immigration removal centre (IRC) population were former prisoners. More than a third in our survey reported spending more than four hours in an escort van. Vehicles often arrived late. This was partly explained by long journeys, sometimes with a number of stops collecting people one at a time from different prisons or short-term holding facilities (STHFs). There were a significant number of night-time journeys, only some of which were linked to flights. In the previous three months, there had been 1,596 movements (in and out) between 9.45pm and 7.15am – that is, around a quarter of total arrivals and discharges. In a sample of these movements, a fifth involved detainees being moved to other centres. In our survey, only 32% of respondents reported that they had been treated well by escort staff, against an IRC comparator of 50%.
- 1.3 The main escort contractor was Group 4 Securicor (G4S), whose in-country escorts were observed to be respectful towards detainees. We sometimes saw vans with incoming passengers queuing in the evening, but never more than two, and, inside the secure area, G4S escorts explained to detainees the reasons for any delay and what would happen next.
- 1.4 One G4S overseas escort vehicle we saw was dirty inside, with mud on the floor and rubbish left in the seat pockets. We saw none using interpreters to explain to non-English-speaking detainees what was happening.

## Recommendations

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- 1.5 Escort vehicles should be clean.
- 1.6 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.

## Reception and first night

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- 1.7 Only 30% of survey respondents said that they felt safe on their first night. Perceptions were affected by early experience of the STHF, which was also used as a first night centre preceding transfer to the IRC. There were long hours of lock-up in the STHF and no formal induction. The experience could be degrading for the small number of women held in isolation alongside a male population in the STHF. The STHF received the most challenging population in the detention estate, but remained without any formal rules of governance.
- 1.8 Reception dealt with approximately 1,000 detainees arriving and a similar number leaving each month. Adding to the strain on reception were the volume of night arrivals (see section on escort vans and transfers) and of arrivals from prison. Many ex-prisoners had had time to arrange for the delivery of suitcases of property before transfer from the sending prison. All arriving property was checked. Ex-prisoners usually arrived with relevant custodial history, but this was not always the case.
- 1.9 Reception staff appeared friendly and tried to put people at their ease. Most new arrivals confirmed receiving a meal and a free telephone call. They were given a telephone card described as lasting for five minutes, which could be used in different telephones around the establishment, giving them the option of using it at any time. Basic clothing was provided to those who needed it. However, only 37% of survey respondents said that they had been well treated by reception staff, which compared poorly with the IRC comparator of 59%.
- 1.10 Most detainees were initially checked in at the large IRC reception. Property and personal details were checked, including some questions relevant to room sharing risk assessment. This area had two initial holding rooms, both with informative notice boards and video playback machines (only one of which was working during the inspection). However, we rarely saw more than a couple of people in these rooms, as they were taken (one or two at a time), processed as quickly as possible, with the bulk of their property put into storage behind the reception, and then passed through reception to a large holding room. In this main holding room, people were given a hot meal and a drink. The room was equipped with tables, chairs, a television, newspapers, notice boards and rules of the centre in various languages. People were seen by health services staff. New arrivals then progressed from the long-term holding facility to the STHF, through its own reception.

## Colnbrook short-term holding facility and first night centre

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- 1.11 The STHF held up to 80 operationally and individually challenging detainees. It had no formal governance. Although used in tandem with the IRC, it was not governed by IRC Detention Centre Rules.
- 1.12 The block contained 40 cells, which, although originally intended for single occupancy, had been doubled up, on two floors. As an STHF, it could hold people for up to five days (or seven if removal was imminent). Three-quarters of arrivals entered and left the facility without a stay in the IRC. They were often located there just for removal from Heathrow Airport. Some were transferred to another removal centre. Some were moved to the IRC after a few days, and the STHF was described as a first night centre for these cases. These detainees were subject to observation, and they received some information, although formal induction took place in the IRC, which had a different regime.

- 1.13 After initial processing through the long-term IRC reception, new arrivals were interviewed individually by the detainee custody manager in the STHF. The room sharing risk assessment was reviewed and they were given some information about what to expect. The core documents were then attached to a clipboard, which was attached by magnet outside the door of each room, so that all staff could easily check and update the content. Checks were made approximately hourly. On most documents seen, completion of the room sharing risk assessment was perfunctory, with little individualised comment. To gauge risk or special needs, staff relied heavily on self-reporting and a summary in the movement notification issued by UKBA. These advance summaries had improved recently, but usually comprised only a few lines, and people sometimes arrived with problems that staff had not been forewarned of. Some people had just been picked up off the street or at the airport, with no known history, but others came from prisons with bulky history files. Reception staff told us that prison files usually arrived with them. However, not all these prison files were checked by security staff. STHF transients were likely to have their prison files simply bagged to go with them when they left. If the facility was not full, detainees could be located singly, to minimise the risk to others, but there were no designated single rooms. Only 30% in our survey reported feeling safe on their first night, well below the IRC comparator of 52%.

## Short-term holding facility environment and regime

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- 1.14 The cells were austere. All had a shower and toilet within a recess, a small sink, television, chair and a kettle. All had a call bell. New arrivals were given a tea pack, as well as basic toiletries. Curtains had been added to screen the toilet/shower recess, but ground water sometimes ebbed into the room. We saw curtains and kettles being systematically collected from rooms with occupants due to be removed, to avoid the risk of misuse. Recently, a detainee had thrown hot water at another detainee.
- 1.15 As in the rest of the accommodation on site, the windows did not open. There were no designated non-smoking rooms, but we were told that smokers and non-smokers were not normally co-located. Unlike the IRC occupants, who could leave their rooms, detainees in the STHF were locked up for nearly 23 hours a day, either alone or with another detainee. Meals were served in their rooms. A shop trolley passed from room to room. The only likely daily exit was for fresh air. On most documents we saw, this was offered twice a day, in the morning and afternoon, and took place in a small internal yard, which had two benches. Several documents on room doors recorded that time in the open air had been offered and refused.
- 1.16 Other amenities included telephones, a multi-faith/association room, a book trolley and a laundry room. Detainees could keep permitted mobile telephones (see section on preparation for release), although staff did not have many mobile telephone chargers. A centre mobile telephone could be borrowed, although the stock was limited and one was not always available. If they had money, detainees could use a general payphone in the corridor on both floors, although this was not private. A second telephone accepted incoming calls, but this required staff to have the time to answer it and let people out to take the call. Religious affairs staff held services at the weekend in the small multi-faith room, which contained tables, stacked chairs, and religious and recreational materials, but we did not come across anyone who had used it, with one exception (see section on women in the short-term holding facility). The washing machine and drier were used mainly for the STHF towels. We met only one person who had been able to get his clothes washed in the laundry. Most people did not know that they could ask to have their clothes washed, and several said that they needed to do so before they were removed. Only a few people were aware of the book trolley. A timetable had recently been published to permit access to the internet suite and gym in the IRC, although actual access was rare.

- 1.17 Detainees did not know to ask for what might be available. They absorbed little of the information given orally on initial interview, and were not out of their rooms long enough to read the notices in the corridor. There was no regular association with other detainees, other than brief sessions in the yard, a few at a time, which many did not take up and which staff had little time to encourage. If they knew to request it, they could ask to see welfare or immigration staff, or have visits in the IRC visits hall, during which visitors could deliver property. Detainees told us that staff were generally friendly, but they did not like to ask them much.
- 1.18 There were usually two staff based on each of the two floors of the STHF, with a manager in the ground floor office. Most of the staff worked regularly in the STHF. We observed respectful and considerate exchanges with detainees.

## Short-term holding facility population

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- 1.19 We were told that three-quarters of STHF entrants moved on within a few days, sometimes only stopping a few hours while vehicles were changed. The majority due for imminent removal included block removals through charter flights. These block removals put strains on staff, as they meant a sudden influx of a large number of detainees, followed in quick succession by a large outgoing number, then refilling of the vacated capacity.
- 1.20 Around a quarter of STHF entrants transferred to the long-term IRC after a few days, but it was not predictable who would so progress. There was little meaningful induction.
- 1.21 Occupants of the long-term IRC, once they had been served with removal directions, were moved to the STHF, from where they were discharged. The STHF reception was thus more likely to be discharging than receiving detainees.

## Women in the short-term holding facility

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- 1.22 The STHF accepted men and women. Up to five women were in the STHF during the inspection. During the previous three months it had held 89 women, sometimes alone in the STHF. Rather than entering through the long-term IRC reception, they entered directly into the STHF. As receiving new arrivals was not routine in the STHF, the quality of the reception was likely to vary. There was no designated area for women. They were usually allocated to a particular upstairs corridor, where the rooms could not be seen from the internal yard. Men occupied the same corridor. The centre had started applying pink signs to the door of any female-occupied room. This brought it to the attention of men in the corridor, but followed a recent incident when a male detainee had accidentally been put in a room with a female detainee. The mistake had been quickly remedied but illustrated the shortcomings of having a mixed population in the STHF.
- 1.23 Staff said that they tried to clear the area of male detainees when women entered but this was not always possible. During the inspection, while staff were still processing male transferees through the STHF reception, a young woman in the reception holding room was clearly in distress. She was concerned that her unexpected transfer to Colnbrook would deprive her of her child's visit the next day to the prison she had just left. Notably, others due to enter the same reception and STHF that day included a former male prisoner with a long offending history who had displayed 'disinhibited behaviour' involving females. We subsequently learned that this woman had been on self-harm monitoring for the previous month. Transfer from a London prison to Colnbrook frustrated the planned visit of her child to the London prison, which was in accordance with a court order, as well as the goal in the prison care map. Colnbrook staff had calmed her and were seeking authorisation to drive her back to London themselves,

but the prison was full. She was subsequently transferred further away, to Yarl's Wood IRC. Colnbrook immigration staff spent some hours trying to rearrange the child's visit with social services.

- 1.24 A woman who was a former prisoner said that she was shocked to be held in what she described as a 'man's prison'. Of five women present on one day during the inspection, only one left her room, and that was to make contact with a relative. Women could ask to go to the gym or use the internet, but staff told us that this was rare. Such an outing required a significant effort by busy staff to clear the area of male detainees.
- 1.25 One of the five women present during the inspection was five months pregnant. Another was a former prisoner, transferred without notice five days before she was due for removal. There was no further movement order to a women's IRC, so she was likely to stay in the limiting STHF environment until her flight. She was crying both days we saw her, saying that this was worse than anything she had ever experienced in prison. Another of the females being held was a young Muslim woman, who had just arrived at Heathrow Airport with her husband, but they had not been given permission to enter the UK. The couple had been sent to Colnbrook, where they were split up. Staff arranged for them to see each other in the multi-faith room, but only by making sure all that other male detainees were locked up, which meant further restriction on others' access to facilities. Subsequently, a movement order was received to move the woman to Yarl's Wood, but without her husband.

## Induction

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- 1.26 Detainees were offered a more structured induction on transfer to the IRC, usually after a few days in the STHF, where they received no induction. Our survey questions about information received on arrival received negative responses, reflecting the poor level of information in the STHF. In the IRC, welfare officers showed people around the centre and introduced them to the facilities. They were issued with a new booklet, available in several languages. The booklet contained a lot of useful information, using pictures to deliver key points about the centre.

## Recommendations

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- 1.27 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.
- 1.28 Detainees in the STHF should have daily access to a laundry and should be informed of this.
- 1.29 Detainees in the STHF should have daily association in an association room.
- 1.30 Prison files should accompany all detainees arriving from prisons.
- 1.31 Room sharing risk assessments should refer to known sources of information, including prison files, and individual circumstances.
- 1.32 All detainees in the STHF should have 24-hour access to a telephone.
- 1.33 Couples should not be split up in detention.
- 1.34 The STHF should retain single rooms for people assessed as unsuitable to share.

1.35 Some rooms in the STHF should be designated for non-smokers.

# Section 2: Environment and relationships

## Residential units

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### Expected outcomes:

Detainees are held in decent conditions in an environment that is safe and well maintained.

Family accommodation is child friendly.

2.1 The living accommodation was generally clean, and reasonably well equipped and maintained. For most detainees, overall living conditions were sound. This was not the case for detainees located in the vulnerable persons unit, where the accommodation was cramped. The longstanding unresolved problem of poor ventilation remained the most significant complaint raised by detainees. Staff frequently had difficulty trying to ensure that non-smokers were able to stay in a room without a smoker. Hygiene was good and there was adequate provision for clothing and possessions.

## Accommodation and facilities

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- 2.2 There were four main residential units, A to D, which made up the long-term IRC. Three of these units comprised 33 double rooms, while C Unit had 32 double rooms and one single for the use of detainees with disabilities. The accommodation for detainees in the long term facility was adequate. The rooms had been designed to accommodate two people and provided sufficient space. Each of the rooms had single beds, lockable wardrobes, chairs and curtains. They were all equipped with televisions and kettles. The introduction of curtains to screen off the toilets in the rooms had improved the level of privacy. Detainees were permitted to display personal pictures and photographs on their room walls. The living areas were well maintained. During the inspection, many of the showers were out of commission because of major repair work that was being carried out, mainly to improve the drainage. Almost a third of the showers which remained in use had cardboard toilet roll holders placed over the shower nozzle. Detainees told us that they put them there because the water pressure was so low that it helped to direct the spray.
- 2.3 Large plasma screen televisions had been installed in each of the main units. Detainees had access to table tennis and play station games on each of these units. They also had daily access to a well equipped games room with pool tables and table football. Each of the residential areas had a yard with bench seats attached, where detainees could take exercise until 8.30pm. Spotlights had been installed so that the yards could be used after dark. Detainees did not have access to outdoor clothing for when the weather was inclement.
- 2.4 The accommodation used to house detainees designated as vulnerable, the vulnerable persons unit (see section on vulnerable persons unit), also had serious limitations. It consisted of a dormitory with six beds in an open space, with two single-bedded rooms attached and a glass-fronted staff room. This relatively small area was cramped.
- 2.5 There was also a separate enhanced unit, known locally as the 'top end regime unit' (see section on rewards scheme).
- 2.6 At least 50% of the detainee population were smokers. Staff frequently had difficulty trying to ensure that non-smokers were able to stay in a room without a smoker.

- 2.7 Ventilation within the centre remained a serious problem. This was by far the most pressing accommodation-related matter that detainees raised with us during the inspection. Despite the fact that the centre had been equipped with a sophisticated air conditioning system, it did not always appear to allow fresh air to circulate within the rooms. We received numerous complaints from detainees about the adverse effect they felt this was having on their health. Some of the rooms which we inspected were stuffy and it would have been uncomfortable to spend long periods of time in them. The manager responsible for the system explained that sometimes malfunctions occurred because detainees had tampered with the air vents. It was clear that the longstanding complaints made by detainees regarding the ventilation had not been properly recognised or addressed.
- 2.8 The unit landings were noisy, high energy places. We met many detainees who were frustrated about their circumstances and sometimes were loud and confrontational. The noise levels in the main residential units were high, even when detainees and staff were carrying out ordinary conversations without raised voices, and appeared to be a result of the acoustics.
- 2.9 The centre was visited regularly by members of the local fire brigade, who would briefly 'walk the premises'. However, the most recent formal visit by the HM Fire Service Inspectorate had been three years earlier. The centre fire officer told us that he would welcome more in-depth involvement from these outside specialists to ensure that local practice met professional standards.
- 2.10 There were notices of general interest on display throughout the centre. Many of these were translated into the principal foreign languages, and internationally recognised symbols were also used.
- 2.11 Detainees were given the opportunity to raise any issues about residential matters at the weekly detainee information and activities committee (DIAC) meeting. We observed one of these meetings and found it to be a useful means of enabling detainees to be consulted. Some problems relating to the showers had been raised by detainees at a recent DIAC meeting, and to some extent had been acted upon.

## Clothing and possessions

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- 2.12 Detainees were able to wear their own clothes and could access t-shirts and jogging bottoms if they needed them. They could store their possessions in a store at reception. Survey results indicated that 25% of detainees experienced problems with the loss of property on arrival, which was in line with the comparator figure. Detainees were able to store small items of personal property in lockable cupboards under their beds.

## Hygiene

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- 2.13 The centre was cleaned daily by contract cleaners, and detainees were also given cleaning products and equipment to clean their rooms. The rooms were mostly kept clean and, although heavily used, the communal areas were also generally kept in a hygienic condition. Freshly laundered bedding and towels were provided for each new detainee on arrival. The cleaning contractors laundered the bedding regularly, but some detainees also used the wing laundry to clean their own linen. However, the laundry facilities were inadequate. The equipment being used was domestic grade and frequently broke down. During the inspection, we came across a number of appliances which did not appear to be working properly.

- 2.14 Detainees were supplied with free toiletries and sanitary products on admission and could obtain fresh supplies on request.

## Recommendations

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- 2.15 Non-smokers should always be allocated a non-smoking room.
- 2.16 Detainees' criticisms of the ventilation system should be effectively addressed.
- 2.17 Soundproofing should be introduced into the main residential units.
- 2.18 The centre's fire safety arrangements should be subject to specialist independent scrutiny by an outside agency.
- 2.19 Shower nozzles should be used which provide adequate spray.
- 2.20 The laundries should be fitted with suitable equipment, which is robust and kept in regular working order.
- 2.21 Detainees should have access to outdoor clothing when they wish to take exercise when the weather is inclement.

## Staff-detainee relationships

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### 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.

- 2.22 Detainees reported generally reasonable relationships with staff. Staff generally managed detainees' frustrations about their lengthy detention with professionalism, but were not given sufficient support. Staff turnover was high. A new personal officer scheme was promising but had yet to bed in fully. History sheets were of reasonable quality but showed little interaction with detainees in the short-term holding facility (STHF).
- 2.23 In our survey, 52% of detainees said that most staff treated them with respect, similar to the figure at the previous inspection but significantly lower than the IRC comparator of 70%. Staff-detainee relationships appeared to be substantially affected by detainee frustrations at lengthy detention in Colnbrook's noisy, prison-like environment. There was often a tense atmosphere on the main long-term units, and we witnessed a considerable amount of challenging behaviour from some detainees towards staff. There was some evidence of inappropriate staff behaviour in response to detainees on such occasions (see section on bullying), but on the whole staff appeared to manage these situations with patience, professionalism and humanity. In our group interviews, detainees generally reported that staff were doing their best in a bad environment.
- 2.24 Detention custody officers, who struggled with the stress and intensity of their work, were not given sufficient support. Staff turnover remained high, and the mentoring scheme recommended at the previous inspection had only recently been implemented. The scheme

applied only to the newest cohort of entrants, and few staff therefore had a formally identified mentor to whom they could turn. Mentors had occasionally been allocated to staff before the implementation of the new scheme, but only to staff perceived to be struggling, with the attendant stigma that this brought. We noted that staff numbers were artificially boosted during the inspection.

- 2.25 A new personal officer scheme had been in place for three to four months. Personal officers had clear role descriptions and were identified on notices outside each unit. Most detainees we spoke to knew who their personal officer was. However, in our survey, only 45% of detainees said that they had a member of staff they could turn to for help if they had a problem, roughly the same as at the previous inspection and significantly lower than the 55% comparator, which suggested that the personal officer scheme had yet to bed in.
- 2.26 History sheets had improved considerably and usually contained regular and detailed personal officer entries, demonstrating knowledge of detainees. However, in one case the personal officer had made no further attempt at interaction when the detainee initially showed no interest. There was also little attempt to engage with detainees held in the STHF, where history sheet comments were purely observational and demonstrated almost no interaction. Personal officers were not allocated to detainees located there. About 60% of the sampled files contained management checks, and a number of these contained useful comments, making recommendations for improvement.

## Recommendations

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- 2.27 All new and inexperienced detention custody officers should have allocated mentors.
- 2.28 Personal officers should make ongoing efforts to engage with detainees in their care, even if the latter are initially reluctant.
- 2.29 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.
- 2.30 Management checks should be conducted on all history sheets.

# Section 3: Casework

## Legal rights

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### 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 Only just over half of detainees said that they had a legal representative. Detainees related access to means, and two-thirds had less than £5 in their accounts. The welfare team was not equipped to fill the gap in provision.
- 3.2 Just over half of detainees surveyed indicated that they had a solicitor, which was significantly worse than the IRC comparator of 61%. Only 38% said that they were helped under the legal aid scheme, which was not only significantly below the IRC comparator of 48%, but also below our 2007 survey finding for this IRC of 51%. Many of the detainees who said that they had received legal advice had paid privately, but following detention their money had run out. Two-thirds of detainees had less than £5 in their centre account (see section on welfare). Successive transfers also frustrated legal advice, as in the case of a detainee who had been held for a few days in a police station, moved to Colnbrook and then, within hours, moved to Dover, where he agreed a visit from a local adviser, only to be returned to Colnbrook before this took place.
- 3.3 Bail applications were heard through the on-site video suite. However, bail summaries issued by the UK Border Agency (UKBA), in English, summarising the history and reasons for opposing release, did not always arrive in good time. This limited detainees' ability to check or challenge the content or discuss the issues raised with sureties or representatives (if any) who went to the court while the detainee remained in the centre.
- 3.4 The welfare team's recent log indicated that contact with, or search for, a legal adviser was the single largest issue for detainees, representing a quarter of all requests, and the team was often asked to help with legal forms and documents, which they were not equipped to do. To help with this, the centre published a list of solicitors within reach of the establishment. Legal visits were available seven days a week, from 9am to 9pm.
- 3.5 The Legal Services Commission funded surgeries twice a week, when five slots of roughly 30 minutes could be booked.
- 3.6 In our survey, only 26% of respondents said that they had access to books about legal rights, although the library had a reasonable and accessible stock of reference materials and court forms, including bail forms. Detainees had internet access. Legal documents could be faxed, either from the library or unit offices, without charge; 100% of respondents to our survey confirmed this ease of access.

## Recommendation

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

# Immigration casework

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## 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.

- 3.8 Detainee frustration and anxiety, even when they were cooperating with removal, was fuelled by the remoteness of UKBA case holders and the perfunctory standard of UKBA reviews of detention, which did not always correspond to published UKBA policy.
- 3.9 A high proportion of detainees were long term. At the time of the inspection, nearly a quarter had been at the centre for more than six months, of whom 22 (6%) had been there more than a year. The centre only listed detention at Colnbrook, but the current population included detainees who had cumulatively been detained for well over two years. Some detainees were not cooperating with removal; others were cooperating but their home governments were not, or they had no home government to concur in removal arrangements, such as Somalis. In a recent three-month period, only 4% of discharges involved people granted temporary release subject to residence and reporting restrictions on the basis that removal was not imminent.
- 3.10 There was a great sense of frustration among detainees. In our structured safety interviews, uncertainty or insecurity arising from immigration casework was by far the most dominant cause of anxiety. Published UKBA policy, setting out the criteria for and against detention, did not easily correspond to this entrenched population. We encountered a number of intractable cases. A solicitor told us that her client was not asking for release because, without permission to work, he feared returning to a cycle of petty crime followed by imprisonment. Reasons for maintaining detention of an offender with a false passport included the circular argument that, as she had no legal status in the UK, 'there is a risk of reoffending'.
- 3.11 An on-site team of immigration staff struggled to cope with the frustrations expressed to them. There was little they could do because of the limitations of their role, which was essentially to pass messages between UKBA case holders working elsewhere and the detainees. Detainees' personal histories were complex. Some had lived in the UK since childhood, had limited recollection of, or contact with, their country of birth, and had been living in the country lawfully. As more than 80% of the population had formerly served prison sentences, the main UKBA case holder was the Criminal Casework Directorate.
- 3.12 Obligatory monthly reviews of detention were more regularly issued than was previously the case, although we still found periods of detention without review. The content of review documentation remained poor. It was often repetitive, without reference to complex histories or changes of circumstances, including prolonged detention or deteriorating health, as a consideration to be taken into account in any decision to maintain detention. Some reviews omitted to delete the standard pro-forma reasons; for example, saying 'you are likely to abscond if given temporary release' and 'you have previously failed to comply' in the case of a detainee who had presented his asylum claim on arrival and had been reporting regularly to the UKBA reporting centre at which he had been detained; or 'you have not produced satisfactory evidence of your identity, nationality or lawful basis to remain in the UK' in the case of a recognised refugee already granted permanent residence by the Home Office. Similarly, reviews did not address why continuing detention seemed to be at odds with published UKBA

policy factors against detention, such as ongoing court proceedings as an incentive to compliance, a history of torture, or physical or mental ill health.

- 3.13 Pro-forma Rule 35 letters were filed centrally with responses in the UKBA office. These were issued by the healthcare centre, to be forwarded to the UKBA case holder, when detainees alleged past torture. Rule 35 of the Detention Centre Rules also requires these notifications to be issued when detention or conditions of detention could be injurious to health, although we did not see many within this wider remit. Thirty such notifications had been issued in a recent one-month period, often including confirmation of physical marks. Of the 20 we looked at, 10 had had a response from the case holder, sometimes just an acknowledgement; there had been substantive replies to seven, but only one of these related the information provided to fitness to detain. Other replies assumed that the information was directed to an asylum claim, which had usually been determined by this stage. None reported temporary release as an alternative to detention.
- 3.14 A number of long-term cases demonstrated mental health concerns. These included a young man with a history of repeated self-harming, including cutting himself and refusing food for up to 38 days, punctuated by intake of food, followed by another refusal of food, with the day count restarted. A food refusal pro-forma recording the daily count had been faxed to the case holder. Food refusal forms seen did not enter medical concerns on the form. However, five months previously, the consultant psychiatrist appointed by Serco had reported: 'While ongoing detention is not beneficial to his mental health, it can be said that his [behaviour] is having a detrimental effect on the general safety of the unit staff and other detainees. Detention in the current environment is making him more frustrated and aggravating his significant antisocial personality difficulties and risk of impulsive violence. Consideration might be given to place Mr X in an alternative setting where his risk can be better managed'. We could not see evidence of consideration by the UKBA case holder in reaction to this medical report; health concerns were not mentioned in his pro-forma monthly reviews of detention issued by the case holder. Although erratic, this detainee largely cooperated with efforts to obtain a travel document from his embassy, but the home authority was disinterested. The most recent inquiry was if he was fit to be interviewed for a further travel document application (see also sections on health services and suicide and self-harm).
- 3.15 Immigration staff at the centre, on site seven days a week, were efficient. Detainees were seen within three days of arrival and responses to applications were prompt. It was more difficult for people passing through the short-term holding facility (STHF) to see immigration staff. This was because they were less likely to know to ask and to be moved on rapidly. Missing reviews and queries were pursued with case holders. We saw professional and respectful standards, undeterred by occasional outbursts by frustrated and challenging detainees. However, only 8% of detainees in our survey said that it was easy to see immigration staff, significantly below the IRC comparator of 24%. Detainees told us that they could see the staff on site but were frustrated by their lack of influence to affect casework.
- 3.16 The administrative officers on site had occasional help from seconded officers from another UKBA office, but this lacked continuity and roles were unclear.

## Recommendations

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- 3.17 **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.**

- 3.18 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.
- 3.19 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.

## 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.

4.1 Bullying was a significant problem and much of it was not being reported or dealt with through the formal systems. Investigations of bullying were completed to a high standard but support for victims was inadequate and little was done to address the behaviour of identified bullies. The policy on the management of detainees at risk of self-harm was not specific to the centre and the guidance was not followed by staff. Management information was insufficiently detailed and commitment to management oversight through regular and well-attended meetings was inadequate. The quality of assessment, care in detention and teamwork (ACDT) documentation was generally poor and reviews were generally not well managed. There was insufficient monitoring of detainees subject to both ACDT and Rule 40 (removal from association in the interests of security or safety). The use of anti-ligature clothing remained high and governance arrangements were weak.

### Bullying

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- 4.2 A new anti-bullying coordinator had been appointed five months before the inspection, and had spent much of her time reviewing existing practice and revising policies and procedures. Four staff representatives (one for each residential unit and two for the short-term holding facility (STHF)) had been appointed to support her but there were no detainee representatives.
- 4.3 A new model of training had been introduced at the beginning of 2008, and initial and refresher training in anti-bullying was delivered to all staff. Thirty-three per cent of staff had completed the new course, with others to be trained as part of a planned programme.
- 4.4 Greater efforts had been made to ascertain the extent and nature of bullying. A bullying report telephone line had been introduced and this was checked by the operations manager at least once a day. The anti-bullying coordinator had begun regularly to scrutinise complaints, security information reports and residential handover books to check for bullying incidents, and referrals were made by staff from other departments when they identified bullying incidents through their systems. However, we also came across examples of bullying which had not been picked up and referred on.
- 4.5 The centre had recently carried out a bullying survey. A rudimentary analysis had been completed, but a report had yet to be presented. The survey was detailed and included questions relating to the type of bullying, where bullying mostly took place, the frequency and effect of the bullying, whether the bullying had been reported and what had happened after the bullying had been reported. About three-quarters of detainees reported that they knew someone who was being bullied but had not reported it. Of those who reported bullying, more said that the bullying had continued than those who said that it had stopped, and some said that it had got worse.
- 4.6 In addition to the survey, there had been consultation about bullying through detainee information and activities committee (DIAC) meetings, which the anti-bullying coordinator attended. Two meetings had been arranged shortly before the inspection with a small group of Jamaican detainees and a small group of Somali detainees to discuss concerns about

tensions between nationalities. The minutes of the meetings indicated that individuals discussed their own problems, rather than identifying constructive action relating to bullying in general.

- 4.7 In our survey, 49% of detainees said that they had been victimised by another detainee or group of detainees, which was significantly worse than the 30% comparator and also significantly worse than the 40% figure reported at the previous inspection. Thirty-four per cent said that they had felt threatened or intimidated by a member of staff, which was significantly worse than the 23% comparator. In line with the centre's internal survey, our survey indicated a reluctance to report bullying. Only 48% of detainees who said that they had been victimised by detainees or staff said that they had reported it. This was significantly worse than the 63% comparator in the previous survey.
- 4.8 The revised anti-bullying strategy was comprehensive and set out clear guidance for staff. However, it was not followed and during the inspection there were no detainees being monitored for suspected or identified bullying. Over the previous three months, between six and 11 bullying incidents a month had been reported through a bullying incident report form. The sample of recent bullying investigation reports that we examined showed the investigations to have been thorough and the reports of a high standard. However, little was done to work with the bully to change the behaviour, and action taken following the investigation mostly involved monitoring. At the time of the inspection, two victims were being monitored and supported, and their care was underpinned by individual care plans. However, the care plans that we examined were cursory and support mechanisms inadequate, rarely involving input from personal officers. Victims were usually asked if they wanted to move location, and many took this option. There was no peer support or buddy scheme, although there was a buddy support scheme in draft.
- 4.9 The strategic management of bullying had been conducted through an anti-bullying meeting. Minutes of meetings showed that attendance had been poor. A new model for the strategic management of bullying, suicide and self-harm and other issues concerning security and safety had been developed. The first meeting of a 'safe in custody' committee took place during the inspection and the effectiveness of these new arrangements had yet to be established. Monthly data were collated and analysis included a breakdown of the reported incidents by nationality and age of the victim and the alleged bully, the type of bullying and the place where the bullying had taken place. The type of bullying most frequently cited involved verbal abuse. There was no monitoring of the data over time to identify patterns or trends.

## Recommendations

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- 4.10 **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.**
- 4.11 **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.**
- 4.12 **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.**
- 4.13 **There should be monitoring of the data relating to bullying over time, to identify patterns or trends.**

- 4.14 Interventions to tackle bullying behaviour should be developed.
- 4.15 Support for victims should be improved and include peer support which is properly managed and supported by staff.

## Suicide and self-harm

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- 4.16 A Director's Order covered the management of detainees at risk of self-harm and implementation of ACDT. The document set out detailed procedural guidance and included a brief policy statement. The policy was not based on an analysis of self-harm at Colnbrook and did not include reference to the lessons learnt from the death of a detainee in 2004. There was no acknowledgement of the unique circumstances of the detainee population. For example, while 'at risk' (ACDT) team reports confirmed that the main reason for starting ACDT procedures was anxiety about immigration concerns, the policy made no reference to this issue. Guidance set out in the policy was not followed.
- 4.17 The monthly at-risk committee meeting was generally poorly attended, although this had recently improved. The healthcare centre was routinely represented but there had been no representation from the religious affairs team or security department for six months, and immigration and welfare staff had attended only half of the meetings over the same period. Representation by staff from the residential units was particularly poor, and there was no detainee representation. The Samaritans did not attend the meetings but agreement had recently been reached that they would do so in future.
- 4.18 A range of data was routinely collected and presented monthly as a running total to the at risk team. Analysis of the data was limited and there were some gaps. For example, the number of ACDT documents opened each month was recorded but there was no separation of those involving actual harm from those which were opened owing to concerns. Patterns and trends were not identified.
- 4.19 Each month, the at-risk committee examined all incident reports relating to self-harm. Some detainees who had attempted or threatened to self-harm had been placed on Rule 40 (removal from association in the interests of security or safety). It was not possible to ascertain how many detainees had been on Rule 40 at the same time as being monitored for self-harm, as these data were not collected. Two detainees were on both Rule 40 and open ACDT documents at the time of the inspection. There was a category in the documentation of 'manipulative' self-harming behaviour. One detainee had been placed on Rule 40 for 'choosing to self-harm in order to obtain medication quicker'.
- 4.20 Around 40–55 ACDT documents were opened each month. During the inspection, there were 20 open ACDTs documents. The majority was opened in reception or the STHF, and many were closed within a day or two. The quality of the documentation was generally inadequate. In the sample we examined, most assessments lacked sufficient detail, although there were a few noteworthy exceptions. The assessments followed a standard Prison Service format, including prompts relevant for a remanded or sentenced prisoner, which was not appropriate for an assessment of a detainee. It was not possible to ascertain whether a professional interpreter had been used for assessments or reviews when required, although we were told that a good range of languages could be covered by staff interpreters, who were often called upon. Support for detainees set out in care plans usually included ongoing support from residential staff and sometimes referrals to immigration and health services staff, and food refusal was appropriately managed. Care maps were of variable quality and not routinely updated at reviews. Reviews were not multidisciplinary and usually involved only the detainee,

a case manager and a representative from the unit, and there was no consistency either in case managers or in unit representatives, who were rarely personal officers. These points had been criticised in the Prisons and Probation Ombudsman's report into the death of a detainee in 2004. We saw no evidence of attendance by health services staff in reviews, even when there had been healthcare input into the detainee's care. Reviews were not always carried out on time.

- 4.21 Some records of staff observation demonstrated a good level of engagement with detainees, but there were also some inappropriate comments recorded, which had not been challenged through the quality assurance system. In one file, an entry stated: 'X has been very annoying, keeps coming to the office for no reason'. There was no evidence of the involvement of family and friends in care plans.
- 4.22 Training records showed that 86% of centre staff had received refresher training in ACDT and others were on a list pending the next course, which would be delivered the following month. There were 19 trained assessors, but staff told us that rostering arrangements sometimes led to delays in accessing a trained assessor.
- 4.23 There were no written instructions on the use of anti-ligature clothing, and although figures were submitted to the at-risk committee, there was no interrogation of the reasons for its use and no indication of the length of time that detainees were in such clothing. Anti-ligature clothing had been used on 25 occasions in the previous 10 months, although there had been a slight reduction over the previous three months. Anti-ligature clothing appeared to be used inappropriately in some cases – for example, when detainees had simply made threats to self-harm and also when no ligature had been used. We were unable to ascertain the number of times that detainees had been placed on constant watch, but minutes of the at-risk meetings indicated that there were some concerns that it was overused.

## Recommendations

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- 4.24 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.
- 4.25 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.
- 4.26 Membership of the at-risk committee should include detainees, relevant voluntary organisations and staff from all departments in the centre.
- 4.27 The assessment document, particularly the prompts to assessors, should be revised to take account of concerns relevant to the detainee population.
- 4.28 Professional interpreters should be used for ACDT assessments and reviews for detainees who are not fluent in English.
- 4.29 ACDT assessments and care maps should be completed thoroughly and robust quality assurance procedures should comment on the quality of care offered to detainees.

- 4.30 Rostering arrangements should ensure that there are sufficient trained assessors to meet need.
- 4.31 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.
- 4.32 Family and friends should be involved in the care of detainees at risk of self-harm where appropriate.
- 4.33 There should be a buddying scheme in place for at risk detainees.
- 4.34 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.
- 4.35 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.

### The vulnerable persons unit

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- 4.36 The vulnerable persons unit offered no privacy and was an oppressive and degrading environment. There was no policy setting out the role and function of the unit. It provided a limited regime. The list of examples of vulnerability was diverse. None of the detainees located there at the time of the inspection had undergone an assessment and none had an individual care plan. The unit had been used to accommodate detainees with a mental health problem, which directly contravened the instructions about the process of placement.
- 4.37 The vulnerable persons unit provided separate accommodation for up to eight detainees. There were two bedrooms attached to the larger room but the unit was too small to provide adequate living space for eight detainees. It offered no privacy and was an oppressive and degrading environment. The two side rooms contained cameras, and staff continuously observed detainees in the large room through an office window. The regime was limited. A new core day had recently been introduced and an extra member of staff had been allocated to the unit to allow detainees who were assessed as suitable to be taken off the unit to activity or exercise during allotted sessions. However, most detainees were either unsuitable or chose not to be taken off the unit.
- 4.38 There was no policy setting out the role and function of the unit, although there was a brief Director's Order, which contained general instructions about the process of placement. The general instructions set out a requirement that detainees needed to be assessed against set criteria for entry to the vulnerable persons unit, but there were no such criteria and no assessment procedure. The list of examples of vulnerability included 'lack of social skills, lack of personal hygiene, personal protection issues related to other detainees and wheelchair-bound or other disabilities such as blindness or partial sight/deafness'. The layout of the unit was particularly unsuitable for detainees in the last category.
- 4.39 We examined the files of the eight detainees who were located on the vulnerable persons unit during the inspection. None of them had undergone an assessment and none had individual care plans outlining specialist input or resources to address their vulnerability. There was a pro-forma, described as a risk assessment, which set out any restrictions to the regime to be

applied to the individual. The risk assessments were limited in scope. There was a requirement to review the risk assessments weekly but no reviews had been conducted. Five of the detainees had mental health concerns, two had been located there for their own protection, and in one case the reason for location in the vulnerable persons unit was unclear from the records. Past records indicated that the reasons for location in this unit were diverse: they included poor coping skills, sexual orientation (for openly gay detainees), sex offences, self-harm (including food refusal), own protection and not being fit for detention–awaiting flight (this detainee apparently had a terminal condition). The Director's Order concluded: '...occasionally we will be instructed to break our rules on this unit'. The unit had been used to accommodate detainees with a mental health need (including a paranoid schizophrenic) when the healthcare centre was full, which directly contravened the instructions.

## Recommendation

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- 4.40 Detainees should have individual care plans and access to appropriate specialist input.

## Diversity

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### Expected outcomes:

**There is understanding of the diverse backgrounds of detainees and 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.**

4.41 A race relations policy had been produced but there was no overall diversity policy. The manager responsible for diversity was the assistant director for culture and had a team of welfare officers, although they had received no specialist training. The team provided support on a day-to-day basis to detainees who requested it, but little attention was paid to meeting the distinctive needs of minority 'hidden' groups, such as detainees with disabilities and women. Insufficient data about diversity were collected and little analysis was carried out. Investigations into race related complaints were not always adequate.

4.42 A race relations policy had been produced but there was no overall diversity policy. The manager responsible for diversity was the assistant director for culture. He had been in this post since the centre opened and was a member of the senior management team. He was highly experienced in this area and acted as a race relations consultant for other organisations. He had a team of eight welfare officers. These staff had recently become unit based and devoted approximately half of their time to diversity matters. They worked office hours between Monday to Friday and were not normally required to carry out operational duties. Like all staff, they had received basic training in diversity during their induction, but no specialist training. All staff received refresher training once a year. This training had been developed in conjunction with staff from Slough Council for Race Equality, specifically to meet the needs of staff working at the centre.

4.43 The assistant director for culture had an open door policy for detainees and he walked around the units daily. Photograph boards, identifying the members of the welfare team, were displayed in reception and throughout the centre. Detainees also learned about the role of the welfare officers through word of mouth.

- 4.44 Reasonable steps were taken to celebrate religious and cultural diversity. A calendar of events was published and activities involving relevant community-based agencies took place each month. Detainees were normally actively involved in helping to organise these.
- 4.45 Over 50% of staff working at the centre were from a black and minority ethnic background. The diversity of the staff group helped to reduce the problems associated with communication between people from different backgrounds. Extensive use was made of Language Line, particularly by staff working in the healthcare unit. Welfare staff also often used this resource, although it was not routinely used for certain key areas such as ACDT reviews or planned removals.
- 4.46 Detainees were able to attend weekly DIAC meetings and the monthly diversity meeting. We observed one of the DIAC meetings, in which there were detainees representing each of the residential areas present, along with the Muslim chaplain, one of the Anglican chaplains and the catering manager. Matters relating to culture and religion were routine agenda items. The meeting was normally chaired by the assistant director for culture, but on this occasion this was done by one of the welfare officers. The meeting was well conducted and detainees were given the opportunity to express themselves openly. There was mutual respect between the staff and detainees present. The issues discussed at the monthly diversity meeting were similar to those dealt with at the DIAC meeting and focused on day-to-day domestic matters. The Director had become involved in the two most recent diversity meetings because he felt that some issues were being allowed to 'drift' and that there was a need for more of a senior management presence, to enable decisions to be taken more quickly when necessary.
- 4.47 Apart from these meetings, there was no forum to deal with strategic matters relating to diversity. Data collection was limited, and monitoring by nationality and ethnicity was minimal. This meant that it was not possible to carry out an analysis of patterns or trends. No diversity impact assessments had been carried out.
- 4.48 In practice, little attention was paid to meeting the distinctive needs of minority 'hidden' groups, such as detainees with disabilities and women. There was one room on the mainstream residential units which had been adapted for wheelchair access, but apart from this there seemed to be no awareness about the extra help that a detainee with a disability might need. Twenty-six per cent of respondents in our survey reported that they considered they had a disability. There was no specialist or separate provision for women, and their particular needs were largely ignored. The number of female detainees admitted over the previous three months was 89.
- 4.49 Detainees were able to make complaints about racist incidents by using the complaints boxes, which were located on each of the residential areas. Complaint forms were available next to the boxes, in a wide range of languages. Over the previous two months, eight complaints had been made, usually about staff verbally abusing detainees. A recent case involving alleged misconduct by a member of staff had been reported by colleagues and resulted in disciplinary action. The investigations were not always sufficiently thorough and almost half had not been completed because of difficulties in identifying the individual against whom the complaint was alleged. It was not clear from the records that detainees always received answers to their complaints.

## Recommendations

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

- 4.51 Welfare and diversity officers should receive specialist diversity training.
- 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.
- 4.53 Racist complaints should be investigated thoroughly. Where necessary, greater effort should be made to identify individuals against whom complaints are made.

## Faith

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### 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.

- 4.54 Most detainees felt that their religious beliefs were respected, and the work of the chaplaincy team was appreciated by detainees. Ministers were highly visible in the centre but did not attend ACDT review meetings. Facilities for religious worship were good for most detainees, but those in the STHF were not allowed to worship with detainees in the main centre.
- 4.55 Just over half of detainees were registered as Muslim and about a third as Christian. Their needs were met by a full-time Muslim chaplain, a part-time Roman Catholic chaplain and a wide range of visiting chaplains. One of the senior managers was the overall coordinator of religious and cultural affairs provision. He convened well-attended quarterly religious affairs meetings, which allowed staff to discuss relevant issues and plan a range of cultural and religious events.
- 4.56 In our survey, 59% of detainees, significantly fewer than the 71% comparator but significantly more than at the previous inspection (40%), said that their religious beliefs were respected. Most detainees in our group interviews said that they appreciated the service provided by the highly visible religious affairs team. Chaplains visited the healthcare centre, the STHF and the separation unit daily. They did not attend, and were generally not invited to, ACDT review meetings.
- 4.57 Facilities for religious worship were good and included an attractive and well-maintained chapel, a welcoming mosque with attached washing facilities, and a multi-faith room used mainly by Hindus and Sikhs. Detainees generally reported reasonable access to faith provision, except when staff were not available to supervise the corridor in which the rooms for religious worship were located. At such times, the intervening doors were locked and detainees had to wait for a member of staff to open them.
- 4.58 Detainees in the STHF were not allowed to worship with detainees in the main centre, for unspecified 'security reasons'. Instead, they were offered Muslim prayers and Christian services in a small and inadequate association room located in the STHF.
- 4.59 The religious affairs team had access to a small fund, provided by the Jesuit Refugee Service, which was used to assist detainees without means before removal. A limited but increasing number of classes was offered, including Bible and Qu'ranic studies.

## Recommendations

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- 4.60 Detainees in the STHF should be able to worship with detainees in the long-term centre.
- 4.61 There should be sufficient supervisory staff to allow detainees quick access to the facilities for worship.
- 4.62 Chaplaincy staff should be invited to, and regularly attend, ACDT meetings.



## 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 There had been a lot of recent policy development, but this had not been reflected in the delivery of patient care, and permanent staff did not appear to have been fully involved in the change process. The health needs assessment lacked local data and was descriptive rather than analytical. There were a number of nursing vacancies, resulting in a reliance on agency staff, and induction of agency staff was insufficient. Agency staff did not carry keys, which limited their ability to carry out nursing duties. Standards of record keeping were poor. A number of errors had occurred in medicines management and some of the practice we observed was poor. Dental provision was for emergency care only and did not reflect the needs of the current population of the centre. Primary mental health services were adequate, as were mental health services.

### General

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- 5.2 Only 29% of detainees in our survey said that the quality of healthcare was good or very good, which was significantly worse than the 36% comparator. Health services had been provided by Serco Health since January 2008. A health needs assessment had recently been undertaken, but the document was largely descriptive of the service provided rather than analytical. It did not identify the specific health needs of the detainee population. Health services staff and detainees were interviewed as part of the health needs assessment, but there did not appear to have been any systematic collection of clinical data. The introduction to the health needs assessment identified the lack of a computerised records system, causing difficulties in the collection of clinical data. There did not appear to be a close strategic working relationship between the local primary care trust and the centre. The centre was awaiting confirmation of registration with the Healthcare Commission.
- 5.3 The healthcare centre was located on the first and second floors of the main building. Primary care services were delivered from the first floor and the six-bedded inpatient unit was on the second floor. Both levels were accessible by lift and suitable for those with limited mobility. The primary care centre included consultation rooms, a treatment room, a room in which medication was stored in locked metal cupboards and medicine trolleys for medication rounds were chained to the walls, an administration room where the clinical records were stored, a dental surgery and offices. During the inspection, the door to the medication storage room was open for most of the time, and the room was sometimes also unattended. Patients waited for their appointments in a large open-plan area in the middle of the primary care centre, where there was comfortable seating and health promotion information available, some of it in a variety of languages.
- 5.4 There were also healthcare rooms in the detainee reception and the short-term holding facility. There was a room at the end of A and B units which was used only to administer medication, and it appeared isolated. A sectioned-off area of corridor between C and D units was also used to administer medication; there were no hand washing facilities in this area and the location provided little confidentiality for detainees. There was a separate room where old clinical records were stored. All healthcare rooms were generally clean and tidy.

- 5.5 There was a protocol for the clinical management of detainees refusing food and fluids, which included guidance on re-feeding, and all refusals were logged. Health services staff told us that they were confident that they would be made aware of anyone in the centre who had refused food.
- 5.6 A telephone interpreting service was used to assist in consultations with detainees who were not able to communicate in English; health services staff were able to explain when and how this was used, and invoices for this service illustrated frequent use. There was a policy which outlined how healthcare communication needs should be managed for detainees unable to communicate effectively in English. Health services staff were clear that family, friends and other detainees would not be used as interpreters for healthcare interviews.
- 5.7 If a detainee was waiting for an external appointment for acute care, they were placed on a medical hold.
- 5.8 If a detainee disclosed information about previous mistreatment, torture or cruelty to a member of health services staff, this was reported to immigration staff on a Rule 35 letter (notification to the UK Border Agency if a detainee's health is likely to be injuriously affected by detention, including if they may have been the victim of torture). However, not all agency staff were aware of Rule 35, and the visiting psychiatrist was unaware of this process. Permanent health services staff told us that they received little information about the outcome of Rule 35 letters submitted.
- 5.9 There was no palliative and end-of-life policy, and anyone requiring such care would be returned to the community.

## Clinical governance

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- 5.10 The clinical governance structure was developing but not yet embedded. Although we were told that the Serco clinical governance group had been meeting for some time, the minutes of the meeting held on 6 October 2008 described it as the first meeting of the group. It was understood that the plan was for this group to meet monthly and include reports from local clinical governance meetings held in individual establishments. Some of the staff we talked to told us that they did not feel involved in the recent development and introduction of some new policies. There was a process for reporting medical incidents, accidents or near-death incidents; these were discussed within the staff group, as well as being reported to the clinical governance committee. There was no specific system for the management of healthcare complaints; the general complaints system was used, which did not provide medical confidentiality. We found an example of a healthcare complaint which had been answered by a detainee custody officer (DCO), rather than a member of health services staff.
- 5.11 The new head of healthcare, who was a paramedic, started his employment on the first day of the inspection. An interim healthcare manager had been in place for a few months previously. The deputy healthcare manager was a registered general nurse (RGN) and there were two senior nurses, one RGN and one registered mental health nurse (RMN). There were an additional four RMNs and six RGNs in post. There were eight nurse vacancies at the time of the inspection, six of which were for existing posts and two for new posts, for which funding had recently been agreed. There were also four healthcare assistants, with one further vacancy.
- 5.12 Agency staff were reluctant to cover for the shortfall in nursing staff, which impacted on the care delivered to detainees. Although we were told that all agency staff received an induction

before working independently, some agency staff we spoke to could not describe any kind of induction. Most, but not all, of the agency staff had experience of working in other secure environments, but had not necessarily been inducted into the specific health needs of detainees.

- 5.13 On one day of the inspection, there were three new agency nurses working in the centre for the first time. One had never worked in a secure environment before and was taken to the room where detainees from A and B units collected their medication, and was left there to carry out this task alone. Following the administration of medication, she was left for a considerable time before anyone came to escort her and the medication trolley back to the healthcare centre. One of the other agency nurses on her first shift undertook the clinic with the visiting psychiatrist, but did not know any of the patients that the psychiatrist was seeing, and so was unable to contribute information on how they were progressing. The psychiatrist was also concerned how information would be fed back to other nurses to ensure continuity of care, as she did not know when the agency nurse would be likely to work at the centre next. Agency staff did not carry keys and so were limited in the duties they could perform independently, and could not provide emergency response.
- 5.14 General practitioner (GP) services were provided by a local practice, and GPs visited the centre seven days a week. There were two GP sessions on Monday to Saturday and one or two sessions on a Sunday, depending on the number of new receptions. Out-of-hours GP services were provided by the same provider that covered the local community.
- 5.15 A psychiatrist provided three sessions a week (two of general psychiatry and one session for substance use patients). A dentist provided two sessions each week, a physiotherapist provided one session a week and an optician visited monthly. Other services were accessed in the community if required.
- 5.16 Pharmacy services were provided by a local pharmacy. A pharmacy technician made regular visits to date-check stock, but visits by a trained pharmacist were less frequent and detainees were unable to consult directly with a pharmacist.
- 5.17 Staff had not received essential training in the previous 12 months, and a number of staff had not received basic life support (resuscitation and defibrillation) training, although we were told that this had been booked, and very few health services staff had been trained in assessment, care in detention and teamwork (ACDT). Only two staff had received training in recognising and supporting detainees who had been subject to torture and trauma. Plans were being developed with a local young offenders institution to provide clinical supervision across the two sites, giving staff at the centre an opportunity to access supervision at the other site. Staff meetings were held weekly and included peer discussion of clinical issues.
- 5.18 The emergency bag, portable oxygen and an automated external defibrillator were located in the treatment room and were checked every week, and records of this maintained. We were told that it was usually possible to obtain aids to daily living from the local hospital when needed, and that an occupational therapist had attended the centre to carry out assessments, although there was no formal arrangement. If detainees attended external medical appointments, they returned to the centre with any necessary equipment. If a detainee required continence aids, these were purchased through the pharmacy, but a continence adviser was not available.
- 5.19 Current clinical records were stored in filing drawers in the healthcare administration office. They were filed by detainee number and we were able to locate all the records we looked for. There was no electronic system for clinical information, although spreadsheets were being

developed to identify detainees who had life-long conditions and to monitor the reception process. A bid had been submitted for an electronic clinical records system, but the outcome of this was not yet known. Some entries in the hand-written records were difficult to read, signatures were difficult to read and not all staff included their designation or printed their names. The clinical records were held in flimsy paper folders, with many loose sheets of paper, including clinical results, which could easily become mixed up in the wrong notes. If a detainee returned to the centre, their previous clinical notes were retrieved. Records from GPs in the community were not routinely requested by the centre unless a doctor identified a specific need for this.

## Primary care

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- 5.20 All detainees arriving at or returning to the centre were seen by a nurse in reception. Telephone interpreting services were used if a detainee was not able to communicate effectively in English. Self-completion screening questionnaires were available in a range of languages, but staff preferred to use a telephone translation service if a detainee was not able to communicate in English, as this provided them with more accurate information. The reception screening pro-forma in use did not include a question about detainees' experiences of torture or trauma. We were told that this question had been omitted during a recent amendment to the screening tool. The tool was amended to include this question as soon as the problem was brought to the attention of health services staff. We met one agency nurse working in reception who was unaware of the Rule 35 letters and was also unclear about the process that should be followed if detainees required first night medication or medical review.
- 5.21 Detainees were given a handout in reception that was available in a number of different languages. This comprised a collection of information sheets, rather than a leaflet outlining services. Information included a 'notice for detainees' regarding how their personal information was managed, an information sheet advising detainees that patient information leaflets were available and that they could request to see a doctor of the same gender, a timetable of healthcare clinics (but no explanation of what the clinics provided or how these could be accessed) and a copy of the healthcare statement of purpose. None of the information was presented in an accessible format and did not provide information about how to make a complaint about the service.
- 5.22 All detainees were offered an appointment with one of the visiting GPs for the day after their arrival; these consultations took place in the short-term holding facility (STHF). If detainees declined this appointment, this was recorded. The GP review was thorough. At the beginning of the consultation, the doctor explained that the healthcare services available at the centre were independent of the immigration system and were there to support and care for detainees.
- 5.23 Two DCOs were allocated to the primary care centre each day, which meant that one could assist with detainee movement to the centre while the other assisted in the waiting area.
- 5.24 Triage algorithms were available but they were not consistently used by all staff, and agency staff did not appear to be aware of them. The waiting list to see a GP was short, with most people receiving appointments in less than 48 hours. Some detainees told us that they had waited significantly longer than this for appointments, but this was not reflected on the waiting lists we reviewed. Detainees were allocated timed appointments and did not appear to spend long periods in the healthcare centre. If detainees did not attend their booked appointments, the house block was contacted to try to find out the reason for this.

- 5.25 One nurse was the lead for all life-long conditions (except epilepsy, which was managed by the mental health team), as well as for older detainees. Although she had received post-registration training in all the areas she covered, this was too large a workload for one person to undertake. These clinics were sometimes run by other nurses, and it was not clear that these nurses had specialist experience in these areas. Barrier protection was available without request in the primary care centre and the gym.
- 5.26 When a detainee left the centre, they were provided with a discharge summary to take to their GP if they had received treatment while at the centre. They were also provided with any medication that was currently being prescribed. We were told that there were occasionally problems when a detainee received bail and there was little advance notice that they were leaving the centre.
- 5.27 There were no specific health services provided for women, and no formal arrangements for the provision of midwifery services, although we were told that midwives were available if needed.

## Pharmacy

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- 5.28 The prescription charts we reviewed were not all clearly written, and did not all include a diagnosis. At treatment times, we saw that some charts were not available and some detainees had more than one chart. When charts had been re-written, the previous chart sometimes remained with the new one. A new chart would be started for detainees attending for pain relief who did not have a chart and were not taking regular medication. If a detainee did not attend to collect his medication, this was recorded on the chart. Although staff told us that the charts were checked after each administration time and non-attendees followed up, we were not confident that this happened. We found examples where detainees had not attended for medication and there was no evidence that they had been followed up, including one detainee who had not attended to collect his psychiatric medication for over two weeks; there was no evidence in his notes that he had been followed up or reviewed by a doctor during this time.
- 5.29 A policy and risk assessment had recently been introduced for the issuing of medication in-possession. Detainees in the main centre had lockable storage in their rooms and we were told that lockers were on order for the STHF so that detainees would be able to store their medication safely.
- 5.30 Detainees who did not have their medication in-possession collected it from health services staff. Trolleys were used in a blocked-off corridor area for C and D units and a room at the end of a corridor for A and B units. Despite the presence of a DCO in this area, detainees were sometimes confrontational towards health services staff if they refused to comply with requests for medication not prescribed for that treatment time. We also observed detainees crowding around the stable door of the room used for A and B unit medication administration and confrontation between staff and detainees. Although DCOs eventually became involved, situations appeared to be allowed to escalate before any support was offered to health services staff, and in one instance the DCO only became involved when asked to by a nurse.
- 5.31 Detainees from the enhanced unit attended the primary care centre for medication, and detainees on the vulnerable persons unit and in the STHF had medications delivered to their rooms by medicine trolleys. Most medication that was not in-possession was administered from stock, rather than patient named. All controlled drugs were administered from the primary

care centre. When not in use, medicine trolleys were locked and secured to the fabric of the building.

- 5.32 There was a Serco medicines and therapeutics committee, which was strategic, but no local committee, although there were plans to introduce one. There were no patient group directions and no formulary. Pharmacy stock levels and dates were regularly checked by a pharmacy technician. Medicine cupboards were in good order, with no out-of-date medication.
- 5.33 There had been a number of reported incidents relating to the management and administration of medication. We also identified a further incident where a nurse had administered medication without a prescription; she had been unable to find the prescription chart, so had given the medication and recorded in the patient's notes that someone needed to ask the GP to write a new chart.

## Dentistry

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- 5.34 The dental surgery was clean and tidy and appeared well maintained. There were two dental sessions each week, and detainees were usually offered an appointment within a week of their application. However, dentists provided emergency care only, which did not meet the needs of the changing population of the centre.

## Inpatient care

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- 5.35 The inpatient unit contained six beds, all of which were occupied at the time of the inspection; we were told that it was usual for the unit to be full. The unit accommodated detainees with physical and mental health needs requiring additional support, and was usually staffed by a mental health nurse, although other nurses visited if required. Two DCOs were allocated to the unit each day and one or two at night. Although we were told that a nurse was located there throughout the day, we observed that this was not always the case, with a nurse attending the unit at medication times and if requested by the DCOs. The DCOs who regularly worked on the unit told us that this was not unusual. Interaction between the DCOs and inpatients appeared good and appropriate.
- 5.36 Patients' clinical records were not kept on the inpatient unit, which meant that care plans, which were in the clinical notes, were not shared with the DCOs based on this unit. If inpatients were well enough, they could attend activities in the main centre. The lead RMN had developed a mental health nursing assessment and care plan, which was shortly to be implemented.

## Secondary care

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- 5.37 If a detainee had an outstanding medical appointment when he arrived at the centre, he would be told that the appointment needed to be rebooked. However, appointments were not necessarily rebooked, with detainees sometimes attending their original appointments. This practice did not help to develop a trusting relationship between health services staff and detainees. If an appointment had been made by another centre, we were told that efforts would be made for the detainee either to attend the appointment from Colnbrook or to be returned to the original establishment to enable him to attend the appointment.
- 5.38 If a detainee was identified as requiring an external appointment, this was arranged, and information entered in the appointment diary. The relationship between the local hospital and

centre appeared to be good, with a good system for booking appointments and fast-track arrangements for some services, such as tuberculosis services and the genitourinary medicine department clinic. Once appointments had been made, detainees were not told of the date of their appointment until the day they were due to attend; this practice was contrary to Detention Service Order 1/2008, issued by the UK Border Agency to contractors.

## Mental health

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- 5.39 There were five full-time RMNs, including a senior member of staff. One RMN was allocated to the inpatient unit each day. The mental health nurses received referrals from anyone and conducted initial assessments in a timely manner, with urgent referrals being assessed within 24 hours and other referrals seen within seven days.
- 5.40 Each of the mental health nurses carried their own caseload. If detainees were under the care of mental health services in the community, the mental health nurses in the centre contacted their care providers to request information about treatment. If a detainee with mental health problems was released back into the community, contact was made with his community team before discharge. Relationships were developing with mental health services in the local community, although we were told that there could be delays of three to four weeks to locate a bed following completion of assessments.
- 5.41 Three counsellors visited the centre (one whole-time equivalent); one visited during the day, one in evenings and one at weekends, providing a range of cover. A psychiatrist provided two sessions of general psychiatry each week.

## Recommendations

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- 5.42 Nursing vacancies should be filled as soon as possible.
- 5.43 The health needs assessment should include local information.
- 5.44 The specific health needs of women held at the centre should be recognised and arrangements put in place to meet their needs.
- 5.45 Clinical records should be maintained in line with professional guidelines.
- 5.46 Medications should only be administered from appropriate safe and secure areas, and hand washing facilities should be available.
- 5.47 There should be a palliative care and end-of-life policy.
- 5.48 There should be a system for detainees to make confidential healthcare complaints, and detainees should be aware of this system.
- 5.49 Agency staff should receive induction before undertaking nursing duties at the centre, and should only carry out duties they have demonstrated competency in.
- 5.50 All nurses should receive clinical supervision, and records of this should be maintained.
- 5.51 All staff should have at least annual resuscitation and defibrillation training, and records of this should be maintained.

- 5.52 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.
- 5.53 A comprehensive, accurate healthcare information leaflet should be given to all detainees in reception.
- 5.54 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.
- 5.55 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.
- 5.56 Detainees should have direct access to advice by appropriately trained pharmacy staff.
- 5.57 All detainees should have prescription charts and these should be correctly completed by medical staff.
- 5.58 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.
- 5.59 All health services staff who administer medications should adhere to Nursing and Midwifery Council guidelines for the safe administration of medications at all times.
- 5.60 Triage algorithms should be used to provide consistency of advice and treatment to all detainees.
- 5.61 Detainees should receive dental checks and treatment at least to a standard and range equivalent to that in the community.

## Housekeeping points

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- 5.62 All loose sheets and results should be securely filed in clinical records.
- 5.63 Once prescription charts have been re-written, the old chart should be filed in the patient's notes and not left in the file with charts that are in use.
- 5.64 The door to the room where medication is stored should be kept locked at all times when the room is unattended.
- 5.65 Following induction, regular agency staff should be allocated keys, so they can undertake their nursing duties more effectively.
- 5.66 There should be formal arrangements with local health and social care agencies for the loan of occupational therapy equipment.
- 5.67 Detainees should be informed of forthcoming medical appointments.

# 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 Substance use services had recently been introduced and were psychiatrist led, but there was no substance use nurse or dual diagnosis nurse.
- 6.2 Substance use services had recently been introduced. Maintenance therapy was available, but when assessments were carried out, the likelihood of an individual being removed was considered when deciding on the most appropriate treatment plan.
- 6.3 The service was psychiatrist led, and there was one designated substance use clinic each week. There was no substance use nurse or dual diagnosis nurse. At the time of the inspection, there were five detainees maintained on buprenorphine and two on methadone.

## Recommendation

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- 6.4 A dual diagnosis nurse should be available to detainees.



# Section 7: Activities

## Expected outcomes:

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

7.1 The centre had made good progress in providing paid work to detainees. It offered highly popular internet and email facilities. The range of activities and leisure facilities for most detainees spending a short time at the centre was adequate, but the centre did not provide sufficient purposeful activity for long-term detainees. Take-up of activities and education was generally low. The range of education was limited and the quality mainly poor. Monitoring of the take-up and use of activity and education was inadequate. Although most quality improvement arrangements were weak, the centre had recently completed a self-assessment of the activity it offered. The library provided a suitable service. Access to physical education (PE) was good.

## Work

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7.2 The centre had made good progress in providing paid work to detainees. It offered 135 paid work roles, funded by the UK Border Agency (UKBA), usually of 15 hours a week. This was supplemented by around 10 additional short-term posts funded by the centre. Detainees were told about the work roles available during induction, and also through daily visits to the residential units by the manager responsible for organising paid work. Waiting lists for vacancies were long, with around 50 detainees waiting for work at any one time, but the length of time that detainees waited before starting work was short, usually no more than two weeks after their application. Arrangements to appoint to work roles, or exclude detainees from work, were appropriate. Detainees were able to combine part-time work with participation in other activities, such as education and PE. They received an appropriate induction to their role, including brief coverage of health and safety procedures, and to food hygiene if working in food service areas. The range and variety of work available was narrow. Most detainees worked as cleaners or served food in the residential units. Short-term posts comprised temporary jobs as painters, and as orderlies in the library and gym. The centre planned a modest increase in the number and range of work roles offered.

## Education and skills

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7.3 Most detainees in the main centre could spend 14 hours a day out of their rooms, and those on the enhanced unit were always unlocked. However, detainees in the short-term holding facility (STHF) spent most of their time locked up.

7.4 The range of activities available for most detainees spending a short time at the centre was adequate. Leisure facilities included multi-channel television in detainees' rooms, electronic and board games in each residential unit, and recently installed pool tables and table football in the central activities area. Recreational activity included competitions with prizes. Access to the two floors accommodating the main activity area was satisfactory, at 7.5 hours a day spread over three sessions, but restrictions on movements between floors meant that detainees only had access to half the activity available in any one session.

- 7.5 The centre offered highly popular access to the internet and email. Detainees made extensive use of the suite of 22 modern computers located on one of the two floors housing activities. Availability generally followed the timetabling of activities. Supervision of the facility was appropriate. Monitoring to prevent access to unsuitable websites was mainly effective. However, arrangements for detainees to book time on the computers were not sufficiently formalised and did not consistently ensure fair access. Users who encountered computer problems received help from staff supervising the facility, but the centre did not provide structured training in using the internet or email for detainees needing it. Detainees mainly understood the centre's rules and sanctions applying to internet users.
- 7.6 For detainees in the STHF, the range of activity available was poor. Access was limited to an hour a day. Information for detainees on what was available was inadequate. The centre did not keep detailed records of attendance at activities.
- 7.7 Overall, the centre did not provide sufficient purposeful activity for detainees spending prolonged periods at the centre. In our survey, more than four out of five detainees felt that they did not have enough to fill their time. The range of education on offer was limited to information and computer technology (ICT) training, arts and crafts, music and English for speakers of other languages (ESOL). This was supplemented by occasional events – for example, to celebrate Black History month.
- 7.8 Only one in five of the detainees responding to our survey took part in education, and attendance during the inspection was poor. Promotion of education was weak, relying too heavily on information given during induction and posters.
- 7.9 The quality of education was variable, but mainly poor. Satisfactory ICT training was organised around recently introduced short units of accreditation. However, uptake of the classes was low, typically with no more than two detainees attending at a time. The computers used were not connected to the internet. Arts and craft activity was not sufficiently structured, and did not offer adequate instruction, appropriate challenge or suitable opportunities for detainees usefully to develop their skills. Music tuition was not organised to develop detainees' individual or collective musical skills. In ESOL classes, detainees received good individual attention but spent too much of their time on reading and writing. There was no systematic training to develop their speaking and listening skills. Learning materials were poorly matched to their needs.
- 7.10 The relationships between detainees and activities staff were good, generally informal but characterised by mutual respect. However, few activities staff had teaching qualifications or the subject expertise needed for their role.
- 7.11 Most quality improvement arrangements were weak. Monitoring of the take-up and use of activity and education to establish how well it met detainees' needs was inadequate. There were no mechanisms to monitor or support improvement in teaching, although the centre had recently produced a self-assessment report. This accurately identified most of the strengths and weaknesses of activity and education, although it did not include consideration of paid work. The centre and UKBA had identified the need to improve education, and the centre had recently developed action plans to increase provision, including, for example, a programme leading to a qualification in retailing.

## Library

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- 7.12 The library provided a reasonable service to detainees in the main centre. It was managed by an enthusiastic librarian working towards a relevant national vocational qualification at level three, assisted by centre officers. Access was good for most detainees, at between three and four and a half hours a day. A good range of newspapers in English and other languages was supplemented by additional foreign language titles downloaded from the internet. At 3,500, the number of books stocked was adequate, but fewer than half of these were in languages other than English, and the range did not sufficiently reflect the diversity of the detainee population. However, recently introduced arrangements to hire books from a specialist foreign language book supplier had started to remedy this. The stock of audio-tapes and CDs was small. Films in foreign languages were not available for loan on DVD, but were regularly shown on one of the television channels available in detainees' rooms.
- 7.13 Detainees in the STHF had no access to the library. A trolley with around 50 books was sited in the facility, but few detainees were aware of its existence.

## Physical education

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- 7.14 Access to PE for detainees in the main residential and enhanced units was good. Well-planned schedules provided access for two or three sessions each weekday and one or two sessions on Saturdays and Sundays. Morning, afternoon and evening sessions were offered. The range of indoor activity was adequate. The centre provided a consistently popular weights room and a well-equipped cardiovascular exercise room. A sports hall was sufficiently large for team games, such as five-a-side football and racquet sports. Recently introduced sessions in zimbatics, an African exercise routine, were well attended. The centre also offered some yoga sessions. There were no outdoor sports facilities.
- 7.15 PE staff were well qualified to offer weight training. Between them, they had a useful range of skills and expertise in other sporting activities, but the overall range they were qualified to lead and coach was limited. Promotion of PE was satisfactory, although promotional posters displayed around the centre were complicated and confusing. Staff regularly visited residential units to encourage participation. Induction to the facilities made effective use of demonstration, but a health questionnaire that detainees completed during this process was superficial and not translated into languages other than English. Communication with health services professionals to ensure detainees' fitness for PE was flawed, with no formal system for informing PE staff that detainees were unfit. The centre supplied detainees with suitable PE clothing and footwear when necessary. Appropriate access to showers was available in residential units after PE sessions.
- 7.16 Monitoring of attendance at PE was inadequate. Staff recorded only the number of detainees attending each session. Records did not indicate who was using the facilities and how often, or allow analysis of whether usage adequately reflected the centre's population and its needs.
- 7.17 Access for detainees in the healthcare centre and the vulnerable persons unit was adequate but take-up was low. Although detainees in the STHF could attend for 45 minutes a day, few realised that this was available. The centre had arrangements for women held in the facility to have PE sessions, but take-up was rare.

## Recommendations

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- 7.18 The range and variety of work available to detainees should be increased.
- 7.19 The centre should establish suitable booking arrangements for the internet facility and offer training in email and internet use.
- 7.20 The promotion, range and quality of education should be improved. Education classes should provide good quality, systematic tuition in the subjects offered.
- 7.21 Education staff should have appropriate training and expertise to carry out their roles effectively, and receive effective monitoring and support.
- 7.22 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.
- 7.23 PE staff training and qualifications should enable them to lead and coach a good range of PE activities effectively.
- 7.24 Detainees in the short-term holding facility should have regular and substantial access to activity, library facilities and PE.

## Housekeeping point

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- 7.25 Detainees' fitness to participate in PE should be communicated to PE staff in a timely and clear manner.

# Section 8: Rules and management of the centre

## Expected outcomes:

Detainees feel secure in a predictable and ordered environment.

8.1 Drugs were the most significant security issue. Good security intelligence was received through security information reports (SIRs) and immediate concerns were acted on, but the monitoring and analysis of the intelligence was underdeveloped and not used to inform strategy. The rewards scheme had some significant shortcomings. There were few incentives to encourage detainees to maintain a high standard of behaviour and the scheme was applied inconsistently. There was insufficient de-escalation of use of force incidents, and the monitoring of these incidents was inadequate. The use of temporary confinement under Rule 42 was correctly authorised but detainees were held on the temporary confinement unit for long periods after they had become compliant. The Rule 40 removal from association rooms were unfurnished and detainees were placed on Rule 40 several hours after the inciting incident had been resolved. Complaints were inadequately investigated. The standard of replies was poor, many were not answered within the prescribed timescale and the standard of replies was insufficiently monitored.

## Rules of the centre

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- 8.2 The rules of the centre were explained during induction. Detainees were also issued with an induction booklet which included details of the centre rules and was available in 20 languages. The rules were also set out in a compact which detainees were asked to sign on arrival at the centre.
- 8.3 Staff appeared to apply the rules consistently and we saw no evidence of unofficial or collective punishments.

## Security

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- 8.4 At the time of the inspection, there was no local security strategy, but one was being developed. There was also no drugs strategy. Physical and procedural security appeared to be sound and there had been no escapes or attempted escapes recorded in 2008.
- 8.5 A security meeting was held monthly and was generally well attended, although representation from residential areas was inconsistent, with residential managers only attending three of the previous six meetings. The meeting produced monthly security strategy objectives, but some of these were vague and progress on these and other action points were not always reviewed at subsequent meetings.
- 8.6 The security department produced a weekly intelligence report, summarising the SIRs received during the previous week, and this was circulated to staff. Details of prominent and development nominals were displayed outside the security department in a staff-only area to keep staff informed of detainees who posed a security risk to the centre.
- 8.7 The elements of dynamic security were in place but were fragile. There was an understanding of the importance to security of good staff–detainee relationships, and these were generally

positive. However, high staff turnover and the stress of long detention placed strain on these relationships (see section on staff–detainee relationships). The recent increases in work (see section on activities) had resulted in an improvement in the amount of constructive activity available to detainees.

- 8.8 The security department received a substantial amount of good quality intelligence through SIRs. In the year up to the end of October 2008, there had been 701 SIRs, an average of 70 a month. This was fewer than at the time of the previous inspection, when there had been approximately 88 a month. There was no explanation for the apparent decrease in the numbers of SIRs, as qualitative information from staff and detainees indicated that the security issues had increased since the previous inspection.
- 8.9 Drugs were the most frequently mentioned security issue, with 182 SIRs on this topic and a further 19 relating to alcohol. There had been 29 suspected cannabis finds and 13 other drug-related finds in the previous three and a half months.
- 8.10 The centre responded to the issue of drugs being smuggled in by the use of drugs dogs, closed visits and banned visitors, and by the recent netting of the exercise yards to prevent drugs and other contraband being thrown over the perimeter fence.
- 8.11 The security team had been expanded since the previous inspection but there was still little detailed analysis of trends, and information was not used to inform a strategic approach to the security issues faced by the centre.
- 8.12 Detainees did not have freedom of movement between residential areas and activity areas. This hampered the regime and caused frustration among the detainees. As at the previous inspection, we observed staff struggling to deal with confrontational detainees who crowded into unit offices demanding attention or pushed past staff controlling access to areas.
- 8.13 There was no routine strip searching. All strip searching was authorised by the Director or, in his absence, the duty director. Although an incident report was completed on every occasion a strip search was conducted, there was no separate log. A review of incident reports did not reveal inappropriate use of strip searching. However, it was difficult to reach any firm conclusions without examining paperwork relating to each instance of strip searching; this was not possible, as no comprehensive record was kept of the occasions on which it had been authorised.
- 8.14 Routine searching involved a rub-down search. The searching we observed was conducted by two members of staff of the same gender as the detainee, in a relaxed and professional manner. The centre also conducted intelligence-led target searching of individuals and accommodation. Details of the target searches were recorded. In a three-month period to the end of September 2008, there had been 27 target searches; 22 of these searches resulted in finds relating to drugs, mobile telephones, weapons or hooch. This indicated that good quality intelligence was being received.
- 8.15 The centre did not log whether required outcomes from SIRs, particularly target searches, were completed, and within what time span. This meant that, although it was clear that the target searches conducted produced good results, we could not establish whether the intelligence received was always acted on and within a reasonable timeframe.
- 8.16 Staff did not carry staves or batons.

- 8.17 Although detainees attending hospital appointments were risk assessed, poor security at the local hospital, which was the destination for most escorts, was cited as sufficient cause for the use of handcuffs. This meant that, unless a detainee was physically incapacitated and unable to escape, he was always assessed as requiring the use of handcuffs.

## Rewards scheme

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- 8.18 The rewards scheme was known locally as the incentives and earned privileges (IEP) management scheme. The IEP policy was largely unchanged since the previous inspection. There were two levels to the scheme, which the policy stated were standard and basic, but were commonly referred to as enhanced and standard.
- 8.19 The scheme was explained to detainees during their induction and every detainee was asked to sign a compact which set out the standards of behaviour expected. At the time of the inspection, there were only eight detainees on the lower level of the scheme.
- 8.20 The policy stated that a detainee could be downgraded after two warnings within a seven-day period. We noted that some detainees had been downgraded after one warning and others had received five or more warnings before they were downgraded. Managers told us that a single serious incident could result in a detainee being reduced to the lower level of the scheme. However, no explanation was given for the instances when detainees had received numerous warnings before a review had taken place.
- 8.21 When a detainee had received two or more warnings, unit staff referred their file to an operational manager, who would review the detainee's file and make a decision about whether to take no action, issue a warning or downgrade the individual. Despite a note in the policy document indicating that detainees should be invited to contribute to the review, detainees were not present at downgrading reviews and were not given the opportunity to contribute. They were, however, notified of the outcome of the review and their right to appeal any decision.
- 8.22 Following downgrading, the detainee's status was reviewed by managers weekly. At this stage, detainees were able to contribute to the reviews, and if it was decided that they should remain on the lower level of the scheme, they were given behaviour targets to assist them in achieving the required level of behaviour.
- 8.23 The privilege level for the higher regime was described in the policy as: '£1 per day to be spent in the shop; opportunity to enter competitions and win shop vouchers'. The lower regime was described as: 'loss of privileges; restricted regime'. In practice, we were told that the main difference between the two levels was that those on the higher level received £1 a day, while those on the lower level received 50 pence a day. Neither reduction of an allowance that might be crucial for maintaining family contact, nor restriction of regime was appropriate for a rewards scheme applied to detainees.
- 8.24 There was a separate enhanced unit, which could hold 27 detainees in nine rooms, with three detainees in each room. The sleeping areas were cramped, with little space between the beds. Each room had a television. There was no in-room sanitation but the unit had separate toilet and shower facilities, to which detainees had 24-hour access, as their rooms were always unlocked.
- 8.25 The unit provided a quieter environment than on the main residential units and was equipped with additional facilities. There was a small computer room, equipped with four desktop

computers with internet access. There was also a kitchen with a microwave oven, toaster and refrigerator. The microwave oven was of little use to the detainees, as no microwavable food was available from the shop and, for sound health and safety reasons, detainees were not allowed to re-heat food supplied by the kitchen. In the central association area, there were two plasma screen televisions, along with computer games, a pool table, table football and a soft seating area.

- 8.26 Detainees could apply to move onto the unit, but we were told that there was no waiting list. When a vacancy on the unit arose, operational managers would speak to staff on the main residential units to obtain their recommendations for detainees who might be suitable for the unit. This did not appear to be an obviously fair or transparent system. Once a detainee had been recommended and had indicated that they were interested in moving onto the enhanced unit, they went through a vetting process. This included approval by the security department and also by immigration staff, who would only authorise detainees they considered to be cooperating with the immigration service. In addition, the unit compact stated that failure to comply with immigration at all times would mean immediate removal from the unit. Neither were appropriate criteria and failed to recognise the importance of separating the roles of detention and immigration staff. Detainees could also be removed from the unit if they received a single behaviour warning under the IEP scheme.
- 8.27 In addition to the IEP scheme, the centre operated a system of competitions, as a result of which detainees could win vouchers that they could spend in the shop. Although these competitions were popular with detainees, they were poorly managed and there was widespread abuse. The issuing of vouchers by staff allowed too much discretion and there were many complaints of favouritism by staff.

## The use of force and single separation

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- 8.28 Force had been used on 120 occasions in the six months before the inspection. Fifty-one of those incidents were planned. This represented an increase since the previous inspection. In our survey, 22% of detainees said that they had been restrained by staff in the previous six months, significantly more than the comparator of 15%.
- 8.29 Planned removals were routinely recorded on DVD, and any closed-circuit television coverage of spontaneous incidents was downloaded by the investigations officer. We were told that the investigations officer and a control and restraint (C&R) instructor regularly checked a number of recordings, but there were no records to indicate that this happened.
- 8.30 The UK Border Agency (UKBA) contract monitors did not routinely monitor a sample of recordings of incidents for quality assurance purposes, although recordings were checked if a detainee made a complaint. We reviewed the recordings from 13 randomly selected planned removals, nine of which involved the use of force. On two occasions, use of force had been instigated when further dialogue with the detainee might have avoided its use, and in other incidents there were insufficient efforts to communicate with the detainee and de-escalate the incident once force had been instigated. We also noted two examples where the detainee involved had indicated their willingness to cooperate after force was applied, but staff continued to apply C&R locks to the detainee's wrists throughout, and failed to de-escalate. On one occasion, when the detainee stated that he would comply, he was told 'it's too late for that'. In the examples we viewed, the force used was not excessive, and correct techniques were used, but the lack of de-escalation, before and after use of force had been initiated, indicated deficiencies in the management of incidents by supervising managers.

- 8.31 Use of force paperwork was completed each time that force was used, and was filed with the relevant incident report. In the sample that we checked, the standard of the reports was variable. All records of planned incidents said that they had been appropriately authorised and recorded on DVD. In the case of spontaneous incidents, records showed that the duty director, contract monitor and Independent Monitoring Board (IMB) were all informed of the incident as soon as possible after the incident had occurred, but in some reports sections were not fully completed or signatures were missing. The quality of the officer reports was also variable; many lacked detail, particularly of the efforts that had been made to de-escalate the incident.
- 8.32 Health services staff were present at all planned incidents, and all detainees subject to use of force during spontaneous incidents were seen by health services staff after the incident. The use of force paperwork did not indicate the time of the examination or the full name or grade of the member of health services staff conducting the examination. It was therefore not possible to establish whether the detainee had been examined as soon as possible after the incident had occurred.
- 8.33 All custody staff had been trained in the use of C&R techniques. There was also a regular programme of annual refresher training and most staff were 'in date', having been trained or received refresher training in the previous 12 months.
- 8.34 There was no use of force meeting. The new draft terms of reference for the security committee meeting included use of force incidents as a standard agenda item, but use of force had not been discussed at any security meetings during the previous six months.
- 8.35 The separation unit was arranged over three landings. The ground floor landing was the Rule 42 (temporary confinement) unit. It contained six rooms, each with an alcove containing a toilet and sink of safer moulded design. The rooms were unfurnished, with a plinth bed and mattress. There was a separate shower room and a telephone. The first floor contained the Rule 40 (removal from association) rooms; these were also unfurnished and only differed from the Rule 42 rooms by virtue of having the plinth bed located across the width of the room under the window, and a small, low shelf. They were equipped with a sink, toilet and showers, but the showers were not used owing to flooding and condensation problems. Detainees in these rooms used a separate shower room on the unit. The exercise yard used by detainees on Rule 42 and Rule 40 was small and surrounded by sheet metal fencing, which made it particularly austere. There was no seating.
- 8.36 The second floor was a last night unit, which was used to house detainees due to be removed the following day. Detainees on this unit could dine out of their rooms and could associate in the association area on the main residential unit. The unit appeared to be used for detainees considered likely to resist removal or to self-harm. There was no evidence that detainees moved onto this unit were subjected to a care plan and there was no detailed log of the use of the unit.
- 8.37 Detainees had been placed on Rule 42 on 59 occasions in the six months before the inspection, with an average stay of 0.73 days. Some incident reports and Rule 42 records indicated that detainees had continued to be held under Rule 42 after they had become compliant. A detainee located to the Rule 42 unit at 1pm was not relocated to the Rule 40 unit until 11am the following morning, despite being compliant for the whole period. We also came across an example of a detainee who had pushed past an officer and then been persuaded to return to his room, who was later moved to the Rule 42 unit because of his earlier behaviour. Detainees in the Rule 42 unit had daily access to exercise in the fresh air, a shower and the telephone.

- 8.38 The average length of stay in the Rule 40 unit over the previous six months was 1.35 days. Detainees held in the Rule 40 unit had daily access to outside exercise, showers and the telephone. They were sometimes left unlocked to use the telephone and to eat their meals at the fixed table and chairs located on the landing, but usually only one at a time, which restricted the time they were able to spend out of their rooms.
- 8.39 Detainees on Rule 40 and Rule 42 had no access to education, but there was a library trolley stocked with a small supply of books.
- 8.40 A review of the paperwork indicated that in most cases detainees had been appropriately placed on Rule 40. However, there were some exceptions. We noted an incident where a detainee had been aggressive towards a member of staff and had damaged a notice board. The situation was calmed by another detainee custody officer and the detainee returned to his room at 2.45pm. Despite no further issues arising, he was removed onto Rule 40 at 6.15pm. We could find no reason for the detainee to be moved, except to punish his earlier poor behaviour. There were also some occasions when detainees appeared to have been held on Rule 40 for several days, with no apparent reason for the extended separation. These examples appeared to indicate that separation was sometimes used to punish poor behaviour by detainees, which is not the intention of separation as set out in the Detention Centre Rules. This view was supported by discussions with some staff and managers, who felt that they had no other sanctions they could use to deter bad behaviour. Detainees also told us that separation was used to punish poor behaviour.
- 8.41 The reasons for single separation under both Rule 40 and Rule 42 were available in 20 languages and were given to detainees on arrival on the units. Detainees were routinely searched on arrival on either unit; this was usually a rub-down search, unless intelligence indicated that they were in possession of items that might put them or staff at risk, in which case authority would be given by the Director or duty director to conduct a strip search.
- 8.42 Separation for detainees in both units was appropriately authorised by centre managers and the UKBA contract manager at the times and intervals specified by Detention Centre Rules. All the statutory visits from the contract manager, duty director and health services staff took place daily and the IMB also regularly visited the unit. Detainees held on the units were regularly monitored by staff, who kept detailed records of their time on the units, including information on their behaviour and mood. Handovers between day and night staff demonstrated a good understanding of the relevant issues for each detainee.

## Complaints

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- 8.43 In the three months before the inspection, there had been 179 complaints, an average of just under 60 a month. In our survey, 50% of detainees said that they had made a complaint at the centre, against a comparator of 29%.
- 8.44 Many of the complaints appeared to be requests or straightforward complaints that could have been more easily and speedily dealt with informally by staff on the residential units. Many detainees indicated on the complaint forms that they had already spoken to staff before making their complaint. Complaint forms were available in a number of different languages, and complaints and replies were sent for translation when necessary, without causing any significant additional delay.
- 8.45 All complaints were collected from the complaints boxes by UKBA staff and logged. Most complaints were then given to the centre to deal with. Only the most serious allegations,

usually relating to assaults or racism, were retained by UKBA and investigated by their professional standards unit.

- 8.46 The IMB had access to all areas of the centre, but only 9% of detainees in our survey indicated that it was easy or very easy to see a member of the IMB, against a comparator of 16%.
- 8.47 The quality of the replies to complaints that we sampled was poor; many were not addressed to the detainee and some were written in language that would not be easy for detainees to understand. In addition, the handwriting on some of the replies was barely legible. A significant number of complaints, including allegations of staff bullying, were not adequately investigated and many replies lacked detail. We saw two examples of complaints against staff being withdrawn with no explanation recorded. Some complaints had a withdrawal form signed by the detainee but there had been no subsequent investigation to establish why the complaint had been withdrawn.
- 8.48 In our survey, only 18% felt that their complaints had been sorted out fairly, against a comparator of 31%. A large number of complaints had not been responded to within the specified timescales in the three months before the inspection; approximately 49% had been answered on time, with many taking several weeks. In our survey, only 12% of respondents said that they felt their complaints were sorted out promptly, against a comparator of 29%. Despite the recommendation made after the previous inspection, there was no formal system to quality check replies to complaints.

## Recommendations

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- 8.49 There should be free flow of movement to activity areas within the centre.
- 8.50 Residential managers should attend the monthly security meeting.
- 8.51 Progress on security objectives and action points set at security meetings should be monitored and reviewed at subsequent meetings.
- 8.52 The centre should keep a log of strip searches, indicating who authorised the search, the reason and details of any finds.
- 8.53 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.
- 8.54 The centre should develop a local security strategy.
- 8.55 The centre should develop a drugs strategy.
- 8.56 Restraints should not be used during visits to outside medical or dental facilities unless in exceptional circumstances following an individual risk assessment.
- 8.57 The rewards scheme should be applied consistently to all detainees.
- 8.58 Detainees should not be downgraded without the opportunity to attend and contribute to a review.

- 8.59 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.
- 8.60 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.
- 8.61 Detainees should be encouraged to apply to the enhanced unit, and a waiting list of suitable detainees should be maintained and adhered to.
- 8.62 Cooperation with the immigration service should not be a criterion for the enhanced unit.
- 8.63 Detainees should not be removed from the enhanced unit without a review, which they can attend and contribute to.
- 8.64 The system of competitions and vouchers should be reviewed to ensure that it is fair and appropriately monitored by managers.
- 8.65 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.
- 8.66 A sample of recordings of incidents should be checked by UK Border Agency staff to monitor standards.
- 8.67 Use of force incidents and statistics should be reviewed and discussed at the security committee meeting or other suitable meeting.
- 8.68 Rule 40 rooms should be fully furnished, and furniture removed only if necessary for good order and safety.
- 8.69 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.
- 8.70 Complaints should be answered within three days.
- 8.71 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.
- 8.72 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.
- 8.73 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.

## Housekeeping point

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- 8.74 The practice of downgrading a detainee as a result of a single serious incident should be reflected in the rewards scheme policy.

## 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.

- 9.1 Food was of good quality, with plentiful portions and a variety of choices on offer each day, but there was a high level of discontent among detainees. Consultation arrangements were in place but responsiveness to detainees' requests was inconsistent. Access to the shop was good, but the range of items on offer was limited.

### Catering

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- 9.2 The kitchen was small but clean. However, when we inspected the kitchen during the night visit, we found some ingredients (spices, flour and cornflour) left out uncovered.
- 9.3 Halal and all other meats were stored in the same freezer, but were clearly separated. The Muslim chaplain conducted a monthly check and signed a register to confirm that he was satisfied with the storage arrangements.
- 9.4 Two detainees were due to begin working in the kitchen, a new development at the centre, but it appeared that there would be no formal training during their induction, as they had provided verbal assurances that they had undergone the basic food handling courses before being detained. The catering manager indicated that they would have to undertake a hygiene questionnaire, after which he would monitor them to ensure that they worked in accordance with health and safety requirements.
- 9.5 Our survey indicated that only 18% of detainees at the centre felt that the food was good or very good, which was similar to the comparator for the IRC estate, but significantly worse than at the previous inspection (25%). We found the food to be of a good quality, with good portion sizes. Fresh fruit and vegetables were provided, and the variety of options appeared satisfactory. The source of detainees' dissatisfaction appeared to be a lack of cultural variety. For example, Chinese detainees complained about the fact that there were no pork-based options. This issue had been raised at the weekly detainee information and activities committee (DIAC) meeting, but there was no evidence that the centre had responded adequately; for example, there had been no survey commissioned to ascertain the preferences and views of the detainee population as a whole. A suggestion that detainees might be invited to submit recipes to the kitchen had been ratified at the DIAC meetings, but had not been sufficiently advertised on the units.
- 9.6 Menus operated on a four-week cycle, incorporating halal and vegetarian options daily. Detainees were not required to pre-select their meals, instead choosing straight from the hotplate. Meals were clearly and appropriately labeled – pictures were used to indicate the primary ingredient in each meal – and staff maintained appropriate supervision at the servery while the food was served. Staff made a note of any detainees who did not attend and subsequently checked to see why they had not done so. Two hot meals were served each day: lunch and dinner on Monday to Saturday, and breakfast and dinner on Sunday.
- 9.7 All medical diets were catered for, provided that written confirmation had been sent by the healthcare centre to the kitchen. Unit staff confirmed that they would contact the kitchen if a

detainee arrived at the hot plate and a choice meeting their special dietary requirement was not available. Detainees we spoke to confirmed that this was the case and expressed no concerns in relation to this area.

- 9.8 Detainees queued for all three meals after being unlocked from their rooms, with the landing unlocked first rotating daily. There was not enough seating available for all detainees to eat outside of their rooms, but few of the available seats were used.
- 9.9 Consultation regularly took place on catering issues, with food and catering being a standing agenda item at the weekly DIAC meetings. Some issues raised by detainees appeared to have been responded to appropriately. For example, a complaint that vegetarians had no hot option at Sunday breakfast had been rectified by offering vegetarian sausages. However, there were numerous issues that had been raised consistently by detainees which did not appear to have been addressed, the most obvious example being a lack of variety.
- 9.10 There was a complaints book on each servery. Examination of the books had begun only recently and generally resulted in a 'comments noted' entry. Detainees expressed frustration at the lack of any meaningful feedback and felt that they were being ignored. The catering manager told us that he was setting up a new system of replying to each individual complaint by letter, translated into the complainant's own language, but this had yet to be implemented.
- 9.11 Provision for detainees arriving outside of the catering department's working hours was basic, with a poor selection of frozen 'ready meals' kept in reception, and no options for vegetarians.

## Shop

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- 9.12 Access to the centre's shop was good, with detainees able to visit it daily. Shop staff were professional and friendly. The items on offer were reasonably priced and were listed, along with photographs, on the wall adjacent to the shop.
- 9.13 The range of items, consisting mainly of confectionary, crisps, biscuits, cereals and a small range of toiletries, seemed poor, and this was reflected in our survey, which indicated that only 18% of detainees felt there was a wide enough range of goods available to meet their needs, significantly worse than the 32% comparator. Provision for black and minority ethnic detainees appeared especially poor, with only a few hair and skincare products on offer, eliciting a number of complaints from black and minority ethnic detainees that we spoke to.
- 9.14 Shop staff indicated that they would attempt to stock an item if enough detainees informally requested it over the counter, but all goods available in jars, tins, cans and foil packs had been banned by the security department. The detainee information and activities committee minutes reflected that consultation in relation to the shop was poor.

## Recommendations

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- 9.15 **A food survey should be conducted at the earliest opportunity, and quarterly thereafter, and action should be taken in response to key findings.**
- 9.16 **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.**

- 9.17 The stock of meals stored in reception for newly arrived detainees should meet varied cultural and religious requirements, and include vegetarian options.
- 9.18 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.

### Housekeeping points

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- 9.19 The weekly detainee information and activities committee minutes should indicate the action that is to be taken to address the issues raised by detainees about catering, when the action will be completed and by whom.
- 9.20 All foodstuffs should be correctly packaged and stored at all times.



# 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.

10.1 The centre had developed its own welfare team and detainees spoke highly of the willingness of welfare officers to help. The visiting arrangements were adequate, but visitors were subjected to high levels of checking. The visits environment was austere and unwelcoming. Detainees were able to use their own mobile telephones and had access to free postage and a fax machine. People due for imminent removal were usually housed in the short-term holding facility (STHF). Few detainees were released from Colnbrook.

## Welfare

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- 10.2 The centre had developed its own welfare team and engaged with the voluntary sector in the interests of detainees. There had been some recent changes; whereas detainees had previously been encouraged to present themselves to a welfare office, a team of seven designated staff were now based on the units. They were overseen by the assistant director in charge of cultural affairs, diversity and welfare. There was a published timetable to show which welfare officer was on duty on residential units, including the STHF, at specified times. They were identifiable by wearing red shirts, and their pictures were on photograph boards around the centre. However, they had no offices, desks or telephones on the units. They used the unit offices regularly, but these were busy, the office telephones were much in demand, and this arrangement did not guarantee privacy during interview. Issue of a separate mobile telephone was planned, although this did not resolve the lack of privacy on the units. Some detainees preferred the former arrangement and still turned up at the welfare office, where at least the interview was private.
- 10.3 Detainees spoke highly of the willingness of welfare officers to help. There was no formal training for the post and the inquiries they received were wide-ranging, requiring expertise as well as time. The job description was for full-time posts, but combining diversity, race relations, disability and welfare matters. In a recent month, welfare officers had logged 731 inquiries, some of which were repeats. Discounting the large number referred to the UK Border Agency (UKBA), just over a third related to legal matters, of which three-quarters involved telephone calls to find or communicate with solicitors. The legal enquiries category included seeking help with bail and judicial review documentation, or explaining court letters, for which welfare staff were not best equipped. Property was the subject of 10% of inquiries, half of these about property left behind at detainees' previous custodial establishment.
- 10.4 The assistant director for culture had forged links with various external voluntary agencies. In particular, the centre had sought to facilitate the volunteer visitors work carried out by the London Detainee Support Group, affiliated to the Association of Visitors to Immigration Detainees.
- 10.5 Except for those in the STHF, detainees were paid an allowance of £1 a day, and centre accounts were opened for them. They were discouraged from keeping more than £30 in-possession for security reasons. In a snapshot of detainees' accounts at the centre, only 13%

had more than £100; 5% had between £50 and £100; 12% had between £10 and £50; 6% had £5 to £10; and 64% had less than £5.

## Visits

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- 10.6 The visiting arrangements were adequate and remained largely the same as they had been at the previous inspection. The arrangements were functional but the environment was not sufficiently welcoming for visitors, and they were subject to high levels of checking on arrival.
- 10.7 Visitors were required to check in at the visitors' centre, which was located immediately outside the main centre. The visitors' centre was clean and tidy. It consisted of a waiting room with toilets. The information displayed was mainly related to centre rules and routines, and was in English only.
- 10.8 The staff working in the visitors' centre were efficient and friendly towards visitors. Visitors were issued with a numbered ticket on arrival and asked to wait in turn to be dealt with. Two forms of identification were required and visitors also had to have a fingerprint taken. Each month, there were a few cases where visitors were not admitted because they were unable to supply the required identification. We were told of a recent situation where a visitor had decided not to continue with the checking-in procedure because they found the finger check off-putting.
- 10.9 Visitors were not required to book visits in advance and this flexibility allowed them to attend at their own convenience. The visits took place daily between 2pm and 9pm. Although the weekends, in particular, were busy, there was always sufficient space to cater for the demand. Staff supervising the visits area maintained a low-key and discreet approach. They permitted detainees to embrace briefly at the start of a visit and then again at the end. Visits were permitted to last as long as detainees wanted, within the set hours. They had the opportunity to take a break during their visit and return to the unit to have dinner if they chose.
- 10.10 The visits area was clean and tidy, but was austere and unwelcoming. There was some artwork displayed but most of the material related to formal procedures and was mainly in English. There were vending machines in the visits area which sold hot and cold drinks and chocolate bars, but there was no canteen where food could be purchased. This was inconvenient for visitors who had travelled long distances. There was a small play area, which provided an adequate resource for children.
- 10.11 Visitors were able to complete 'satisfaction forms', which were held in the visitors' centre, but we found no evidence that this procedure had resulted in any practical changes.
- 10.12 When staff were aware that a detainee who might present a risk to children was receiving a visit, they would ensure that he was seated apart from any children visiting, and kept under observation. However, staff working in the visits area were not always aware about who these detainees were. Although information about such detainees was displayed outside the security department, there were no other means of ensuring that all staff who needed to know of these individuals were kept informed.

## Telephones

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- 10.13 Detainees were able to use their own mobile telephones. This initiative had considerably improved detainees' ability to maintain contact with family members and friends outside the

centre. Access to fax machines had improved and detainees also had the option of using free postage. Staff estimated that at least 90% of detainees held their own mobile telephones.

- 10.14 Detainees were able to purchase reasonably cheap telephone cards from the shop. The use of mobile telephones had resulted in a significant reduction in the use of the payphones on the unit. Detainees without means were permitted to use mobile telephones from a stock kept on each of the units. However, they were not issued with credit and had to use their daily £1 allowance to purchase this.
- 10.15 Survey results in relation to telephone contact were surprisingly poor, with only 42% of detainees reporting that they found it easy or very easy to receive incoming calls and 35% saying that they found it easy or very easy to make outgoing calls, both figures being significantly worse than the comparators. We could find no straightforward explanation for this finding.

## Mail

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- 10.16 Detainees were offered one free second class letter each week. On request to staff, they also had access to fax machines, which were located on each of the units. This service was free of charge and there was no limit on the amount of material that could be sent. However, in our survey 38% of respondents said that they had problems sending or receiving mail, which was significantly poorer than the 20% comparator.

## Removal and release

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- 10.17 In a recent three-month period, of nearly 3,000 discharges, 45% were removed (with a third accompanied by escorts during removal), 45% were transferred, 6.5% were released on bail and 4% were granted temporary release with restrictions. Detainees had usually been given their removal directions before their arrival at Colnbrook. UKBA policy was to issue removal directions with at least three days' notice. The purpose of the notice period was to give time to arrange legal and social visitors or delivery of property. However, this was ineffective for those who were moved around between detention and removal, thus frustrating visits. These included an individual who had initially been detained in Scotland, where he had his home, family and a solicitor. On transfer across the border, to a different jurisdiction, his solicitor could no longer represent him and he had no time to make alternative arrangements before being removed.
- 10.18 When UKBA staff on site received removal directions to be served on people in the long-term holding facility, they notified the healthcare centre and a duty manager. People due for imminent removal were usually housed in the STHF. As they were locked up approximately 23 hours a day in the STHF, there were limitations on their ability to contact or make arrangements to see anyone. Troubled detainees could be subject to self-harm monitoring, and anyone identified as likely to be non-compliant would be moved to one of the four single rooms comprising the last night centre (see section on rules and management of the centre). There was little integrated care planning for difficult cases.
- 10.19 People due to be escorted during removal were often located at the establishment. A third of the removals travelled back to their country of origin with overseas escorts because of anticipated problems relating to health or behaviour.
- 10.20 A G4S overseas escort operation was collecting 18 detainees due to be removed on a special charter flight to Afghanistan. A number were distressed but compliant. One indicated

unwillingness to leave his room but eventually complied after long conversations with various Serco staff. Another, compliant throughout the process, was anxious about some documents that he had with him in his room. Earlier, he had asked staff if they could post some of them for him. However, with so many detainees arriving and due to leave on the block removal flight in a short space of time, staff were very busy. This detainee wanted to know what had happened to his documents and if they had been taken for posting or bagged with the rest of his property. G4S overseas escort staff were not prepared to wait for him to check his bag, or even while Serco staff returned to check his vacated room. They forced him off the premises and into the vehicle. No use of force forms were submitted in respect of this incident.

- 10.21 The only use of force documentation supplied for this block removal related to a series of incidents involving another Colnbrook detainee, who was attempting to self-harm. He was subjected to control and restraint while boarding the aircraft and during the flight, including use of leg restraints (fabric bands fixed around the upper and lower legs). This was authorised retrospectively by a UK Border Agency (UKBA) inspector located at the Detainee Escorting and Population Management Unit (DEPMU). The reports should have provided more detail – for example, about the type of handcuffs applied, why the detainee was led backwards up the aircraft steps and the timing of all events. Although the detainee custody officer who applied the leg restraint wrote a report, details of restraints applied by others during this procedure were missing, and no medical check during or after use of the restraints was recorded.
- 10.22 Many individuals were detained with only the clothing they had on. The centre provided spare basic clothing, including an outer jacket if appropriate, and canvas bags for the journey if they only had plastic bags to hold their belongings.
- 10.23 Few detainees were released from Colnbrook (see above). To help people seeking release, the centre facilitated meetings with the London Detainee Support Group, which advised on asylum support arrangements for those with no means.

## Recommendations

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- 10.24 The welfare team should be supported with adequate resources, including private interview space and telephones.
- 10.25 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.
- 10.26 The level of identification checking required for visitors should be reviewed to ensure that it is kept to the necessary minimum.
- 10.27 The visitors' centre and the visits area should be redecorated and furnished more comfortably to make them more welcoming.
- 10.28 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.
- 10.29 Visits staff should have access to an up-to-date list of all detainees who could present a risk to children.
- 10.30 Centre managers should investigate why detainees are reporting difficulty using the telephones and mail services, and take remedial action as appropriate.

- 10.31 When detainees without means are loaned a mobile telephone, they should also be given credit to use it.
- 10.32 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.
- 10.33 Detainees being removed should be afforded reasonable opportunity to check their documentation and property before departure.
- 10.34 Every use of force incident should be fully recorded by all participating staff.
- 10.35 Use of force reports should include the type of handcuffs used and the timing of all events.
- 10.36 Medical checks should be recorded after every incident of control and restraint.



# Section 11: Recommendations, housekeeping and good practice

*The following is a listing of recommendations and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report.*

## Main recommendations

To the Chief Executive, UKBA

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- 11.1 Detainees should not be subjected to avoidable night-time transfers around the detention estate. (HE.41)
- 11.2 Colnbrook short-term holding facility should be subject to formal rules of governance and resourced accordingly. (HE.42)
- 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. (HE.44)

## Main recommendation

To UKBA and the centre manager

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

## Main recommendations

To the centre manager

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- 11.5 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.45)
- 11.6 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.46)
- 11.7 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)
- 11.8 Detainees should not be held in separation as a punishment. (HE.48)

## Recommendations

To the Chief Executive, UKBA

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- 11.9 Prison files should accompany all detainees arriving from prisons. (1.30)
- 11.10 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)

- 11.11 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)
- 11.12 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)
- 11.13 Cooperation with the immigration service should not be a criterion for the enhanced unit. (8.62)
- 11.14 A sample of recordings of incidents should be checked by UK Border Agency staff to monitor standards. (8.66)
- 11.15 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)

**Recommendation**

To UKBA & Centre Manager

- 11.16 Couples should not be split up in detention. (1.25)

**Recommendations**

To Escort Contract

- 11.17 Escort vehicles should be clean. (1.5)
- 11.18 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)

**Recommendations**

To the centre manager

**Arrival in detention**

- 11.19 The STHF should retain single rooms for people assessed as unsuitable to share. (1.13)
- 11.20 Some rooms in the STHF should be designated for non-smokers. (1.15)
- 11.21 All detainees in the STHF should have 24-hour access to a telephone. (1.16)
- 11.22 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)
- 11.23 Detainees in the STHF should have daily access to a laundry and should be informed of this. (1.28)
- 11.24 Detainees in the STHF should have daily association in an association room. (1.29)
- 11.25 Room sharing risk assessments should refer to known sources of information, including prison files, and individual circumstances. (1.31)

## **Environment and relationships**

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- 11.26 Non-smokers should always be allocated a non-smoking room. (2.15)
- 11.27 Detainees' criticisms of the ventilation system should be effectively addressed. (2.16)
- 11.28 Soundproofing should be introduced into the main residential units. (2.17)
- 11.29 The centre's fire safety arrangements should be subject to specialist independent scrutiny by an outside agency. (2.18)
- 11.30 Shower nozzles should be used which provide adequate spray. (2.19)
- 11.31 The laundries should be fitted with suitable equipment, which is robust and kept in regular working order. (2.20)
- 11.32 Detainees should have access to outdoor clothing when they wish to take exercise when the weather is inclement. (2.21)
- 11.33 All new and inexperienced detention custody officers should have allocated mentors. (2.27)
- 11.34 Personal officers should make ongoing efforts to engage with detainees in their care, even if the latter are initially reluctant. (2.28)
- 11.35 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)
- 11.36 Management checks should be conducted on all history sheets. (2.30)

## **Casework**

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

## **Duty of care**

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- 11.38 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)
- 11.39 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)
- 11.40 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)
- 11.41 There should be monitoring of the data relating to bullying over time, to identify patterns or trends. (4.13)
- 11.42 Interventions to tackle bullying behaviour should be developed. (4.14)

- 11.43 Support for victims should be improved and include peer support which is properly managed and supported by staff. (4.15)
- 11.44 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)
- 11.45 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)
- 11.46 Membership of the at-risk committee should include detainees, relevant voluntary organisations and staff from all departments in the centre. (4.26)
- 11.47 The assessment document, particularly the prompts to assessors, should be revised to take account of concerns relevant to the detainee population. (4.27)
- 11.48 Professional interpreters should be used for ACDT assessments and reviews for detainees who are not fluent in English. (4.28)
- 11.49 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)
- 11.50 Rostering arrangements should ensure that there are sufficient trained assessors to meet need. (4.30)
- 11.51 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)
- 11.52 Family and friends should be involved in the care of detainees at risk of self-harm where appropriate. (4.32)
- 11.53 There should be a buddying scheme in place for at risk detainees. (4.33)
- 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. (4.34)
- 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. (4.35)
- 11.56 Detainees should have individual care plans and access to appropriate specialist input. (4.40)
- 11.57 A comprehensive diversity policy should be produced and implemented. (4.50)
- 11.58 Welfare and diversity officers should receive specialist diversity training. (4.51)
- 11.59 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)
- 11.60 Racist complaints should be investigated thoroughly. Where necessary, greater effort should be made to identify individuals against whom complaints are made. (4.53)

- 11.61 Detainees in the STHF should be able to worship with detainees in the long-term centre. (4.60)
- 11.62 There should be sufficient supervisory staff to allow detainees quick access to the facilities for worship. (4.61)
- 11.63 Chaplaincy staff should be invited to, and regularly attend, ACDT meetings. (4.62)

### **Health services**

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- 11.64 Nursing vacancies should be filled as soon as possible. (5.42)
- 11.65 The health needs assessment should include local information. (5.43)
- 11.66 The specific health needs of women held at the centre should be recognised and arrangements put in place to meet their needs. (5.44)
- 11.67 Clinical records should be maintained in line with professional guidelines. (5.45)
- 11.68 Medications should only be administered from appropriate safe and secure areas, and hand washing facilities should be available. (5.46)
- 11.69 There should be a palliative care and end-of-life policy. (5.47)
- 11.70 There should be a system for detainees to make confidential healthcare complaints, and detainees should be aware of this system. (5.48)
- 11.71 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)
- 11.72 All nurses should receive clinical supervision, and records of this should be maintained. (5.50)
- 11.73 All staff should have at least annual resuscitation and defibrillation training, and records of this should be maintained. (5.51)
- 11.74 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)
- 11.75 A comprehensive, accurate healthcare information leaflet should be given to all detainees in reception. (5.53)
- 11.76 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)
- 11.77 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)
- 11.78 Detainees should have direct access to advice by appropriately trained pharmacy staff. (5.56)
- 11.79 All detainees should have prescription charts and these should be correctly completed by medical staff. (5.57)

- 11.80 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)
- 11.81 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)
- 11.82 Triage algorithms should be used to provide consistency of advice and treatment to all detainees. (5.60)
- 11.83 Detainees should receive dental checks and treatment at least to a standard and range equivalent to that in the community. (5.61)

### **Substance use**

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

### **Activities**

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- 11.85 The range and variety of work available to detainees should be increased. (7.18)
- 11.86 The centre should establish suitable booking arrangements for the internet facility and offer training in email and internet use. (7.19)
- 11.87 The promotion, range and quality of education should be improved. Education classes should provide good quality, systematic tuition in the subjects offered. (7.20)
- 11.88 Education staff should have appropriate training and expertise to carry out their roles effectively, and receive effective monitoring and support. (7.21)
- 11.89 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)
- 11.90 PE staff training and qualifications should to enable them to lead and coach a good range of PE activities effectively. (7.23)
- 11.91 Detainees in the short-term holding facility should have regular and substantial access to activity, library facilities and PE. (7.24)

### **Rules and management of the centre**

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- 11.92 There should be free flow of movement to activity areas within the centre. (8.49)
- 11.93 Residential managers should attend the monthly security meeting. (8.50)
- 11.94 Progress on security objectives and action points set at security meetings should be monitored and reviewed at subsequent meetings. (8.51)
- 11.95 The centre should keep a log of strip searches, indicating who authorised the search, the reason and details of any finds. (8.52)

- 11.96 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)
- 11.97 The centre should develop a local security strategy. (8.54)
- 11.98 The centre should develop a drugs strategy. (8.55)
- 11.99 Restraints should not be used during visits to outside medical or dental facilities unless in exceptional circumstances following an individual risk assessment. (8.56)
- 11.100 The rewards scheme should be applied consistently to all detainees. (8.57)
- 11.101 Detainees should not be downgraded without the opportunity to attend and contribute to a review. (8.58)
- 11.102 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)
- 11.103 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)
- 11.104 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)
- 11.105 Detainees should not be removed from the enhanced unit without a review, which they can attend and contribute to. (8.63)
- 11.106 The system of competitions and vouchers should be reviewed to ensure that it is fair and appropriately monitored by managers. (8.64)
- 11.107 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)
- 11.108 Use of force incidents and statistics should be reviewed and discussed at the security committee meeting or other suitable meeting. (8.67)
- 11.109 Rule 40 rooms should be fully furnished, and furniture removed only if necessary for good order and safety. (8.68)
- 11.110 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)
- 11.111 Complaints should be answered within three days. (8.70)
- 11.112 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)
- 11.113 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)

- 11.114 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)

## **Services**

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- 11.115 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)
- 11.116 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)
- 11.117 The stock of meals stored in reception for newly arrived detainees should meet varied cultural and religious requirements, and include vegetarian options. (9.17)
- 11.118 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)

## **Preparation for release**

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- 11.119 The welfare team should be supported with adequate resources, including private interview space and telephones. (10.24)
- 11.120 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)
- 11.121 The level of identification checking required for visitors should be reviewed to ensure that it is kept to the necessary minimum. (10.26)
- 11.122 The visitors' centre and the visits area should be redecorated and furnished more comfortably to make them more welcoming. (10.27)
- 11.123 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)
- 11.124 Visits staff should have access to an up-to-date list of all detainees who could present a risk to children. (10.29)
- 11.125 Centre managers should investigate why detainees are reporting difficulty using the telephones and mail services, and take remedial action as appropriate. (10.30)
- 11.126 When detainees without means are loaned a mobile telephone, they should also be given credit to use it. (10.31)
- 11.127 Detainees being removed should be afforded reasonable opportunity to check their documentation and property before departure. (10.33)
- 11.128 Every use of force incident should be fully recorded by all participating staff. (10.34)
- 11.129 Use of force reports should include the type of handcuffs used and the timing of all events. (10.35)

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

## **Housekeeping points**

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### **Health services**

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11.131 All loose sheets and results should be securely filed in clinical records.(5.62)

11.132 Once prescription charts have been re-written, the old chart should be filed in the patient's notes and not left in the file with charts that are in use. (5.63)

11.133 The door to the room where medication is stored should be kept locked at all times when the room is unattended. (5.64)

11.134 Following induction, regular agency staff should be allocated keys, so they can undertake their nursing duties more effectively. (5.65)

11.135 There should be formal arrangements with local health and social care agencies for the loan of occupational therapy equipment. (5.66)

11.136 Detainees should be informed of forthcoming medical appointments. (5.67)

### **Activities**

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11.137 Detainees' fitness to participate in PE should be communicated to PE staff in a timely and clear manner. (7.25)

### **Rules and management of the centre**

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11.138 The practice of downgrading a detainee as a result of a single serious incident should be reflected in the rewards scheme policy. (8.74)

### **Services**

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11.139 The weekly detainee information and activities committee minutes should indicate the action that is to be taken to address the issues raised by detainees about catering, when the action will be completed and by whom. (9.19)

11.140 All foodstuffs should correctly packaged and stored at all times. (9.20)



## Appendix I: Inspection team

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Nigel Newcomen	Deputy Chief Inspector
Hindpal Singh Bhui	Team leader
Fay Deadman	Inspector
Eileen Bye	Inspector
Ian Macfadyen	Inspector
Lucy Young	Inspector
Martin Owens	Inspector
Martin Kettle	Inspector
Mandy Whittingham	Healthcare inspector

Louise Falshaw	Researcher
Samantha Booth	Researcher
Rachel Murray	Researcher

Alastair Pearson	Ofsted team leader
Rosy Belton	Ofsted inspector

## Appendix II: Detainee population profile

(i) Age	No. of men	No. of women	No. of children	%
Under 1 year	0			0
1 to 6 years	0			0
7 to 11 years	0			0
12 to 16 years	0			0
16 to 17 years	0			0
18 years to 21 years	38			10.70
22 years to 29 years	131			36.90
30 years to 39 years	129	1		36.61
40 years to 49 years	42			11.83
50 years to 59 years	12			3.38
60 years to 69 years	2			0.56
70 or over	0			0
<b>Total</b>	<b>354</b>	<b>1</b>		<b>99.98</b>

(ii) Nationality	No. of men	No. of women	No. of children	%
Afghanistan	20			5.65
Albania	1			0.28
Algeria	23			6.50
America		1		0.28
Angola	4			1.13
Bangladesh	2			0.56
Barbadian	1			0.28
Brazil	2			0.56
Burundian	2			0.56
Cameroon	4			1.13
China	15			4.24
Colombia	2			0.56
Congo	14			3.95
Eritrea	4			1.13
Ethiopia	2			0.56
Gambia	5			1.41
Ghana	7			1.98
Georgia	1			0.28
Guinean	2			0.56
Guinean/Bissau	1			0.28
Guyanese	1			0.28

India	9			2.54
Iran	18			5.08
Iraq	21			5.93
Ivory Coast	2			0.56
Jamaica	31			8.76
Jordanian	1			0.28
Kenya	5			1.41
Kosovo	1			0.28
Lebanon	1			0.28
Liberia	5			1.41
Libya	5			1.41
Malawi	1			0.28
Morocco	3			0.85
Mozambique	1			0.28
Namibia	1			0.28
Nepal	1			0.28
Nigeria	32			9.04
Pakistan	12			3.39
Palestine	7			1.98
Rwandan	1			0.28
Saudi Arabia	1			0.28
Sierra Leone	6			1.69
Somali	27			7.63
South African	3			0.85
Sri Lanka	13			3.67
St Lucia	1			0.28
St Vincent	1			0.28
Sudan	4			1.13
Trinidad & Tobago	2			0.56
Turkey	6			1.69
Uganda	5			1.41
Ukraine	2			0.56
Vietnam	8			2.26
Zambia	1			0.28
Zimbabwe	3			0.85
<b>Total</b>	<b>354</b>	<b>1</b>		<b>100.18</b>

(iv) Religion/belief	No. of men	No. of women	No. of children	%
Buddhist	9			2.54
Roman Catholic	23			6.50
Orthodox	2			0.56
Other Christian religion	91	1		25.98
Hindu	13			3.67
Muslim	183			51.70
Sikh	6			1.69
Agnostic/atheist	21			5.93
Unknown	0			0
Rastafarian	6			1.69
Mormon	0			0
<b>Total</b>	<b>354</b>	<b>1</b>		<b>100.26</b>

(v) Length of time in detention in this centre	No. of men	No. of women	No. of children	%
<i>Less than 1 week</i>	91	1		25.92
1 to 2 weeks	34			9.58
2 to 4 weeks	44			12.39
1 to 2 months	98			27.61
2 to 4 months	39			10.98
4 to 6 months	18			5.07
6 to 8 months	12			3.38
8 to 10 months	6			1.70
More than 10 months	12			3.38
<b>Total</b>	<b>354</b>	<b>1</b>		<b>100.01</b>

(vi) Detainee's last location before detention in this centre	No. of men	No. of women	No. of children	%
Community				
Another detention centre				
A short-term holding facility (e.g. at a port or reporting centre)				
Police station				
Prison				
<b>Total</b>				

## Appendix III: Safety interviews

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Twenty detainees were interviewed regarding issues of safety at Colnbrook on 17 and 18 November 2008. This is a small sample (6%) of the total long-term population: approximately 355 detainees. Random individuals were approached on the units and in the association areas of the centre. Participation in the interview process was voluntary.

An interview schedule was used in order to maintain consistency, so all interviewees were asked the same questions.

### Demographic information

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- The average length of time in detention was 14 months and ranged from two months to 28 months.
- The length of time at Colnbrook ranged from one week to 28 months. The average length of time spent at Colnbrook was approx. eight months.
- For 11 interviewees, this was their first time in detention.
- Ages ranged from 26 to 55 years, the average being 37 years of age.
- Two interviewees were from Somalia, two were from Sri Lanka, two from Nigeria, two from Iraq, and one from each of Gambia, India, Pakistan, Kenya, Afghanistan, Libya, Iran, Jamaica, the Congo, Asia, Angola, and Columbia was also interviewed.
- All interviewees spoke English but only seven spoke English as a first language.
- Ten interviewees identified their religion as Muslim, eight as Christian, one as Hindu and one as Sikh.
- Five interviewees stated that they felt they had a disability.

### Safety

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

	2008		
	Yes, this is a safety problem	Average rate	Seriousness score
Uncertainty/insecurity because of immigration case	11	3.72	41
Lack of trust in centre staff	10	3.3	33
Not enough staff during the day	10	3.1	31
Aggressive body language with other detainees	8	3.88	31
Lack of confidence in the staff	9	3.33	30

Healthcare facilities	8	3.63	29
The way meals are served	8	3.5	28
Availability of drugs	7	3.57	25
The way staff behave with detainees	8	3	24
Not enough staff on duty at nights	7	3.29	23
Aggressive body language of staff	7	3.14	22
Information about the centre regime (lack of it)	6	3.68	22
Response of staff to fights and bullying	6	3.67	22
Overcrowding	7	2.86	20
Access to legal advice	5	3.8	19
Gang culture	4	4	16
Staff giving favours in return for something	4	3.75	13
Procedures for discipline	4	3.25	13
Lack of communication with family / friends	4	3	12
Isolation	3	3.67	11
Lack of translated information	3	3	9
Discrimination by staff: culture or ethnicity	2	3	6
Response of staff to self harm incidents	1	4	4
Discrimination by detainees: culture or ethnicity	1	4	4

Discrimination by staff: religion	2	1.5	3
Surveillance cameras on residential units	1	2	2
Surveillance cameras elsewhere in the centre	1	2	2
Layout of the centre	1	2	2
Discrimination by staff: age	1	1	1
Discrimination by detainees: disability	0	0	0
Existence of an illegal market	0	0	0
Discrimination by detainees: religion	0	0	0
Discrimination by staff: sexual orientation	0	0	0
Discrimination by detainees: sexual orientation	0	0	0
Discrimination by staff: disability	0	0	0
Discrimination by detainees: age	0	0	0

***Overall safety rating:***

In 2008, interviewees rated Colnbrook at 2.1 (rounded to one decimal place) on a scale from 1 ('very unsafe') to 4 ('very safe').

# Appendix IV: Summary of survey responses

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## Detainee survey methodology

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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*

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At the time of the survey on 3–4 November 2008, the detainee population at Colnbrook was 338. The questionnaire was offered to each detainee on the long-term unit and short-term holding facility.

### *Selecting the sample*

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Questionnaires were offered to all adult detainees available at the time of the visit. Completion of the questionnaire was voluntary. Questionnaires were offered in 23 different languages.

### *Methodology*

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Every attempt was made to distribute the questionnaires to each respondent. 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*

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In total, 132 respondents completed and returned their questionnaires. This represented 39% of the detainee population. Therefore, the response rate was 39%. In total, 206 questionnaires were not returned, were returned blank or detainees refused to complete a survey. One hundred and four questionnaires (79%) were returned in English, five (4%) in Punjabi and Arabic, three (2%) in Kurdish Sorani and Chinese, two (2%) in Turkish, Urdu and Pushto, and one (1%) each in Russian, Tamil, Farsi, Vietnamese, Spanish and Somalian.

## *Comparisons*

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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.

Presented alongside the results from this survey are the comparator figures for all detainees surveyed in detention centres. This comparator is based on all responses from detainee surveys carried out in nine detention centres since April 2003.

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 prisoners' background details.

## *Summary*

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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.



## Detainee Survey Responses Colnbrook 2008

**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 IRC	IRC Comparator
	Any numbers highlighted in green are significantly better than the IRC comparator		
	Any numbers highlighted in blue are significantly worse than the IRC comparator		
	Any percent highlighted in orange shows a significant difference in detainees' background details		
	Numbers which are not highlighted show there is no significant difference between the 2008 survey and the IRC comparator		
<b>SECTION 1: General Information</b>			
Number of completed questionnaires returned		<b>132</b>	<b>867</b>
<b>1</b>	Are you male?	<b>100%</b>	<b>81%</b>
<b>2</b>	Are you aged under 21 years?	<b>11%</b>	<b>15%</b>
<b>5</b>	Is English your first language?	<b>34%</b>	<b>28%</b>
<b>6</b>	Do you understand spoken English?	<b>85%</b>	<b>73%</b>
<b>7</b>	Do you understand written English?	<b>78%</b>	<b>68%</b>
<b>8</b>	Are you Muslim?	<b>53%</b>	<b>34%</b>
<b>9</b>	Do you consider yourself to have a disability?	<b>26%</b>	<b>15%</b>
<b>10</b>	Do you have any children under the age of 18?	<b>42%</b>	<b>42%</b>
<b>SECTION 2: Immigration Detention</b>			
<b>11</b>	When being detained, were you told the reasons why in a language you could understand?	<b>62%</b>	<b>70%</b>
<b>12</b>	Following detention, were you given written reasons why you were being detained in a language you could understand?	<b>66%</b>	<b>57%</b>
<b>13</b>	Were you first detained in a police station?	<b>50%</b>	<b>65%</b>
<b>14</b>	Including this Centre, have you been held in six or more places as an immigration detainee since being detained?	<b>10%</b>	<b>9%</b>
<b>15</b>	Have you been here for more than one month?	<b>79%</b>	<b>62%</b>
<b>SECTION 3: Transfers and Escorts</b>			
<b>16</b>	Did you know where you were going when you left the last place where you were detained?	<b>41%</b>	<b>42%</b>
<b>17</b>	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	<b>22%</b>	<b>33%</b>
<b>18</b>	Did you spend more than four hours in the escort van to get to this centre?	<b>35%</b>	<b>28%</b>
<b>19</b>	Were you treated well/very well by the escort staff?	<b>32%</b>	<b>50%</b>

## Key to tables

	Any numbers highlighted in green are significantly better than the IRC comparator	<b>Colinbrook IRC</b>	<b>IRC Comparator</b>
	Any numbers highlighted in blue are significantly worse than the IRC comparator		
	Any percent highlighted in orange shows a significant difference in detainees' background details		
	Numbers which are not highlighted show there is no significant difference between the 2008 survey and the IRC comparator		
<b>SECTION 4: Reception and First Night</b>			
<b>21</b>	Were you seen by a member of healthcare staff in reception?	<b>86%</b>	<b>87%</b>
<b>22</b>	When you were searched in reception was this carried out in a sensitive way?	<b>50%</b>	<b>66%</b>
<b>23</b>	Were you treated well/very well by staff in reception?	<b>37%</b>	<b>59%</b>
<b>24a</b>	Did you receive information about what was going to happen to you on your day of arrival?	<b>23%</b>	<b>32%</b>
<b>24b</b>	Did you receive information about what support was available to people feeling depressed or suicidal on your day of arrival?	<b>14%</b>	<b>26%</b>
<b>24c</b>	Did you receive information about how to make applications on your day of arrival?	<b>14%</b>	<b>28%</b>
<b>24d</b>	Did you receive information about healthcare services at the Centre on your day of arrival?	<b>20%</b>	<b>43%</b>
<b>24e</b>	Did you receive information about the religious team on your day of arrival?	<b>16%</b>	<b>35%</b>
<b>24f</b>	Did you receive information on how to make a bail application on your day of arrival?	<b>14%</b>	<b>24%</b>
<b>24g</b>	Did you receive information about how people can visit you on your day of arrival?	<b>19%</b>	<b>43%</b>
For those who required information in a translated form:			
<b>25</b>	Was any of this information provided in a translated form?	<b>12%</b>	<b>36%</b>
<b>26a</b>	Did you receive something to eat on your day of arrival?	<b>70%</b>	<b>69%</b>
<b>26b</b>	Did you get the opportunity to make a free telephone call on your day of arrival?	<b>62%</b>	<b>60%</b>
<b>26c</b>	Did you get the opportunity to have a shower on your day of arrival?	<b>45%</b>	<b>56%</b>
<b>26d</b>	Did you get the opportunity to change into clean clothing on your day of arrival?	<b>39%</b>	<b>50%</b>
<b>27</b>	Did you feel safe on your first night here?	<b>30%</b>	<b>52%</b>
<b>28a</b>	Did you have any problems when you first arrived?	<b>87%</b>	<b>78%</b>
<b>28b</b>	Did you have any problems with loss of transferred property when you first arrived?	<b>25%</b>	<b>21%</b>
<b>28c</b>	Did you have any housing problems when you first arrived?	<b>16%</b>	<b>12%</b>
<b>28d</b>	Did you have any problems contacting employers when you first arrived?	<b>14%</b>	<b>6%</b>
<b>28e</b>	Did you have any problems contacting family when you first arrived?	<b>26%</b>	<b>19%</b>
<b>28f</b>	Did you have any problems ensuring dependents were being looked after when you first arrived?	<b>14%</b>	<b>9%</b>
<b>28g</b>	Did you have any problems accessing your phone numbers when you first arrived?	<b>21%</b>	<b>13%</b>

## Key to tables

	Any numbers highlighted in green are significantly better than the IRC comparator	<b>Colnbrook IRC</b>	<b>IRC Comparator</b>
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	Numbers which are not highlighted show there is no significant difference between the 2008 survey and the IRC comparator		
<b>SECTION 4: Reception and First Night continued</b>			
<b>28h</b>	Did you have any problems accessing legal advice when you first arrived?	<b>23%</b>	<b>23%</b>
<b>28i</b>	Did you have any problems getting access to your immigration case papers when you first arrived?	<b>26%</b>	<b>21%</b>
<b>28j</b>	Did you have any money/debt worries when you first arrived?	<b>13%</b>	<b>13%</b>
<b>28k</b>	Did you have any problems with feeling depressed or suicidal when you first arrived?	<b>38%</b>	<b>31%</b>
<b>28l</b>	Did you have any drug problems when you first arrived?	<b>8%</b>	<b>4%</b>
<b>28m</b>	Did you have any alcohol problems when you first arrived?	<b>5%</b>	<b>3%</b>
<b>28n</b>	Did you have any health problems when you first arrived?	<b>32%</b>	<b>32%</b>
<b>28o</b>	Did you have any problems with needing protection from other detainees when you first arrived?	<b>15%</b>	<b>7%</b>
For those who had problems on arrival:			
<b>29</b>	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	<b>18%</b>	<b>33%</b>
<b>SECTION 5: Legal Rights and Immigration</b>			
<b>31</b>	Do you have a solicitor or legal representative?	<b>54%</b>	<b>61%</b>
For those who have a solicitor or legal representative:			
<b>33</b>	Is it easy/very easy to communicate with your solicitor or legal representative?	<b>43%</b>	<b>39%</b>
<b>34</b>	Are you able to send a fax to your legal representative free of charge?	<b>100%</b>	<b>90%</b>
<b>35</b>	Are you able to send letters to your legal representative free of charge?	<b>50%</b>	<b>80%</b>
<b>36</b>	Have you had a visit from your solicitor/legal representative?	<b>57%</b>	<b>53%</b>
<b>32</b>	Do you get legal aid (free advice under the legal aid scheme)?	<b>38%</b>	<b>48%</b>
<b>37</b>	Can you get access to books about your legal rights?	<b>26%</b>	<b>32%</b>
<b>38</b>	Is it easy/very easy for you to obtain bail information?	<b>32%</b>	<b>23%</b>
<b>39</b>	Can you get access to official information reports on your country?	<b>19%</b>	<b>18%</b>
<b>40</b>	Is it easy/very easy to see immigration staff when you want?	<b>8%</b>	<b>24%</b>
<b>41</b>	Have you had a review of your detention every month?	<b>38%</b>	<b>37%</b>
For those who have had a written review:			
<b>42</b>	Was the review written in a language you could understand?	<b>61%</b>	<b>65%</b>

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<b>SECTION 6: Respectful Detention</b>			
44	Are you normally offered enough clean, suitable clothes for the week?	45%	52%
45	Are you normally able to have a shower every day?	90%	91%
46	Is it normally quiet enough for you to be able to sleep in your room at night?	43%	55%
47	Can you normally get access to your property held by staff at the Centre, if you need to?	38%	51%
48	Is the food good/very good?	18%	21%
49	Does the shop sell a wide enough range of goods to meet your needs?	18%	32%
50	Do you feel that your religious beliefs are respected?	59%	71%
51	Are you able to speak to a religious leader of your own faith if you want to?	47%	58%
52	Is it easy/very easy to contact the Independent Monitoring Board?	9%	16%
53	Is it easy/very easy to get a complaint form?	49%	49%
54	Have you made a complaint since you have been at this Centre?	50%	29%
For those who have made a complaint:			
55a	Do you feel complaints are sorted out fairly?	18%	31%
55b	Do you feel complaints are sorted out promptly?	12%	29%
<b>SECTION 7: Staff</b>			
57	Do you have a member of staff you can turn to for help if you have a problem?	45%	55%
58	Do most staff treat you with respect?	52%	70%
59	Do staff speak to you most of the time/all of the time?	21%	19%
60	Have any members of staff physically restrained you in the last six months?	22%	15%
61	Have you spent a night in the segregation unit in the last six months?	27%	15%
<b>SECTION 8: Safety</b>			
63	Have you ever felt unsafe in this Centre?	65%	47%
64	Do you feel unsafe in this Centre at the moment?	56%	43%

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	Numbers which are not highlighted show there is no significant difference between the 2008 survey and the IRC comparator		
<b>SECTION 8: Safety continued</b>			
<b>65</b>	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	49%	30%
<b>66a</b>	Have you had insulting remarks made about you, your family or friends since you have been here? (By detainees)	20%	10%
<b>66b</b>	Have you been hit, kicked or assaulted since you have been here? (By detainees)	18%	4%
<b>66c</b>	Have you experienced unwanted sexual attention here from another detainee?	5%	2%
<b>66d</b>	Have you been victimised because of your cultural or ethnic origin since you have been here? (By detainees)	7%	7%
<b>66e</b>	Have you been victimised because of your nationality since you have been here? (By detainees)	8%	6%
<b>66f</b>	Have you ever had your property taken since you have been here? (By detainees)	13%	6%
<b>66g</b>	Have you ever been victimised because you were new here? (By detainees)	7%	5%
<b>66h</b>	Have you been victimised because of drugs since you have been here? (By detainees)	5%	1%
<b>66i</b>	Have you been victimised here because of your sexuality? (By detainees)	2%	2%
<b>66j</b>	Have you ever been victimised here because you have a disability? (By detainees)	3%	2%
<b>66k</b>	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	9%	5%
<b>67</b>	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	37%	25%
<b>68a</b>	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	15%	7%
<b>68b</b>	Have you been hit, kicked or assaulted since you have been here? (By staff)	10%	3%
<b>68c</b>	Have you experienced unwanted sexual attention here from staff?	4%	2%
<b>68d</b>	Have you been victimised because of your cultural or ethnic origin since you have been here? (By staff)	6%	6%
<b>68e</b>	Have you been victimised because of your nationality since you have been here? (By staff)	9%	6%
<b>68f</b>	Have you ever been victimised because you were new here? (By staff)	5%	5%
<b>68g</b>	Have you been victimised because of drugs since you have been here? (By staff)	1%	1%
<b>68h</b>	Have you been victimised here because of your sexuality? (By staff)	1%	3%
<b>68i</b>	Have you ever been victimised here because you have a disability? (By staff)	3%	2%
<b>68j</b>	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	6%	5%

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<b>SECTION 8: Safety continued</b>			
For those who have been victimised by detainees or staff:			
<b>69</b>	Did you report it?	<b>48%</b>	<b>45%</b>
<b>70</b>	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	<b>33%</b>	<b>20%</b>
<b>71</b>	Have you ever felt threatened or intimidated by a member of staff in here?	<b>34%</b>	<b>23%</b>
<b>SECTION 9: Healthcare</b>			
<b>73</b>	Is health information available in your own language?	<b>30%</b>	<b>29%</b>
<b>74</b>	Do you know whether counselling is available at this Centre?	<b>27%</b>	<b>23%</b>
<b>75</b>	Are you able to see a doctor of your own gender?	<b>36%</b>	<b>34%</b>
<b>76</b>	Is a qualified interpreter available if you need one during healthcare assessments?	<b>10%</b>	<b>15%</b>
<b>77</b>	Are you currently taking medication?	<b>51%</b>	<b>42%</b>
For those who are currently taking medication:			
<b>78</b>	Are you allowed to keep possession of your medication in your own room?	<b>29%</b>	<b>56%</b>
For those who have been to healthcare:			
<b>79</b>	Do you think the overall quality of health care in this Centre good/very good?	<b>29%</b>	<b>36%</b>
<b>SECTION 10: Activities</b>			
<b>81</b>	Do you have unrestricted access to the Centre facilities for at least 12 hours each day?	<b>27%</b>	<b>42%</b>
<b>82</b>	Are you doing any education here?	<b>20%</b>	<b>34%</b>
For those doing education here:			
<b>83</b>	Is the education helpful?	<b>77%</b>	<b>83%</b>
<b>84</b>	Can you work here if you want to?	<b>54%</b>	<b>40%</b>
<b>85</b>	Is there enough to do here to fill your time?	<b>18%</b>	<b>40%</b>
<b>86</b>	Is it easy/very easy to go to the library?	<b>56%</b>	<b>67%</b>
<b>87</b>	Is it easy/very easy to go to the gym?	<b>58%</b>	<b>53%</b>

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<b>SECTION 11: Keeping in Touch with Family and Friends</b>			
<b>89</b>	Is it easy/very easy to receive incoming calls?	<b>42%</b>	<b>50%</b>
<b>90</b>	Is it easy/very easy to make outgoing calls?	<b>35%</b>	<b>48%</b>
<b>91</b>	Have you had any problems with sending or receiving mail?	<b>38%</b>	<b>20%</b>
<b>92</b>	Have you had a visit since you have been in here from your family or friends?	<b>60%</b>	<b>43%</b>
<b>93</b>	Have you had a visit since you have been here from volunteer visitors?	<b>21%</b>	<b>21%</b>
For those who have had visits:			
<b>94</b>	Do you feel you are treated well/very well by visits staff?	<b>58%</b>	<b>56%</b>





## Detainee Survey Responses 2008 vs. 2007

**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.

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<b>SECTION 1: General Information</b>			
Number of completed questionnaires returned		132	152
1	Are you male?	100%	99%
2	Are you aged under 21 years?	11%	12%
5	Is English your first language?	34%	35%
6	Do you understand spoken English?	85%	84%
7	Do you understand written English?	78%	77%
8	Are you Muslim?	53%	44%
9	Do you consider yourself to have a disability?	26%	30%
10	Do you have any children under the age of 18?	42%	43%
<b>SECTION 2: Immigration Detention</b>			
11	When being detained, were you told the reasons why in a language you could understand?	62%	65%
12	Following detention, were you given written reasons why you were being detained in a language you could understand?	66%	58%
13	Were you first detained in a police station?	50%	54%
14	Including this Centre, have you been held in six or more places as an immigration detainee since being detained?	10%	13%
15	Have you been here for more than one month?	79%	83%
<b>SECTION 3: Transfers and Escorts</b>			
16	Did you know where you were going when you left the last place where you were detained?	41%	33%
17	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	22%	23%
18	Did you spend more than four hours in the escort van to get to this centre?	35%	34%
19	Were you treated well/very well by the escort staff?	32%	44%

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<b>SECTION 4: Reception and First Night</b>			
<b>21</b>	Were you seen by a member of healthcare staff in reception?	<b>86%</b>	<b>83%</b>
<b>22</b>	When you were searched in reception was this carried out in a sensitive way?	<b>50%</b>	<b>54%</b>
<b>23</b>	Were you treated well/very well by staff in reception?	<b>37%</b>	<b>46%</b>
<b>24a</b>	Did you receive information about what was going to happen to you on your day of arrival?	<b>23%</b>	<b>25%</b>
<b>24b</b>	Did you receive information about what support was available to people feeling depressed or suicidal on your day of arrival?	<b>14%</b>	<b>20%</b>
<b>24c</b>	Did you receive information about how to make applications on your day of arrival?	<b>14%</b>	<b>21%</b>
<b>24d</b>	Did you receive information about healthcare services at the Centre on your day of arrival?	<b>20%</b>	<b>23%</b>
<b>24e</b>	Did you receive information about the religious team on your day of arrival?	<b>16%</b>	<b>16%</b>
<b>24f</b>	Did you receive information on how to make a bail application on your day of arrival?	<b>14%</b>	<b>14%</b>
<b>24g</b>	Did you receive information about how people can visit you on your day of arrival?	<b>19%</b>	<b>22%</b>
For those who required information in a translated form:			
<b>25</b>	Was any of this information provided in a translated form?	<b>12%</b>	<b>20%</b>
<b>26a</b>	Did you receive something to eat on your day of arrival?	<b>70%</b>	<b>71%</b>
<b>26b</b>	Did you get the opportunity to make a free telephone call on your day of arrival?	<b>62%</b>	<b>64%</b>
<b>26c</b>	Did you get the opportunity to have a shower on your day of arrival?	<b>45%</b>	<b>50%</b>
<b>26d</b>	Did you get the opportunity to change into clean clothing on your day of arrival?	<b>39%</b>	<b>36%</b>
<b>27</b>	Did you feel safe on your first night here?	<b>30%</b>	<b>33%</b>
<b>28a</b>	Did you have any problems when you first arrived?	<b>87%</b>	<b>87%</b>
<b>28b</b>	Did you have any problems with loss of transferred property when you first arrived?	<b>25%</b>	<b>39%</b>
<b>28c</b>	Did you have any housing problems when you first arrived?	<b>16%</b>	<b>18%</b>
<b>28d</b>	Did you have any problems contacting employers when you first arrived?	<b>14%</b>	<b>10%</b>
<b>28e</b>	Did you have any problems contacting family when you first arrived?	<b>26%</b>	<b>35%</b>
<b>28f</b>	Did you have any problems ensuring dependents were being looked after when you first arrived?	<b>14%</b>	<b>16%</b>
<b>28g</b>	Did you have any problems accessing your phone numbers when you first arrived?	<b>21%</b>	<b>24%</b>

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<b>SECTION 4: Reception and First Night continued</b>			
<b>28h</b>	Did you have any problems accessing legal advice when you first arrived?	<b>23%</b>	<b>29%</b>
<b>28i</b>	Did you have any problems getting access to your immigration case papers when you first arrived?	<b>26%</b>	<b>29%</b>
<b>28j</b>	Did you have any money/debt worries when you first arrived?	<b>13%</b>	<b>23%</b>
<b>28k</b>	Did you have any problems with feeling depressed or suicidal when you first arrived?	<b>38%</b>	<b>38%</b>
<b>28l</b>	Did you have any drug problems when you first arrived?	<b>8%</b>	<b>9%</b>
<b>28m</b>	Did you have any alcohol problems when you first arrived?	<b>5%</b>	<b>7%</b>
<b>28n</b>	Did you have any health problems when you first arrived?	<b>32%</b>	<b>38%</b>
<b>28o</b>	Did you have any problems with needing protection from other detainees when you first arrived?	<b>15%</b>	<b>13%</b>
For those who had problems on arrival:			
<b>29</b>	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	<b>18%</b>	<b>17%</b>
<b>SECTION 5: Legal Rights and Immigration</b>			
<b>31</b>	Do you have a solicitor or legal representative?	<b>54%</b>	<b>57%</b>
For those who have a solicitor or legal representative:			
<b>33</b>	Is it easy/very easy to communicate with your solicitor or legal representative?	<b>43%</b>	<b>49%</b>
<b>34</b>	Are you able to send a fax to your legal representative free of charge?	<b>100%</b>	<b>100%</b>
<b>35</b>	Are you able to send letters to your legal representative free of charge?	<b>50%</b>	<b>67%</b>
<b>36</b>	Have you had a visit from your solicitor/legal representative?	<b>57%</b>	<b>60%</b>
<b>32</b>	Do you get legal aid (free advice under the legal aid scheme)?	<b>38%</b>	<b>51%</b>
<b>37</b>	Can you get access to books about your legal rights?	<b>26%</b>	<b>18%</b>
<b>38</b>	Is it easy/very easy for you to obtain bail information?	<b>32%</b>	<b>29%</b>
<b>39</b>	Can you get access to official information reports on your country?	<b>19%</b>	<b>21%</b>
<b>40</b>	Is it easy/very easy to see immigration staff when you want?	<b>8%</b>	<b>14%</b>
<b>41</b>	Have you had a review of your detention every month?	<b>38%</b>	<b>29%</b>
For those who have had a written review:			
<b>42</b>	Was the review written in a language you could understand?	<b>61%</b>	<b>51%</b>

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<b>SECTION 6: Respectful Detention</b>			
44	Are you normally offered enough clean, suitable clothes for the week?	45%	38%
45	Are you normally able to have a shower every day?	90%	91%
46	Is it normally quiet enough for you to be able to sleep in your room at night?	43%	42%
47	Can you normally get access to your property held by staff at the Centre, if you need to?	38%	40%
48	Is the food good/very good?	18%	25%
49	Does the shop sell a wide enough range of goods to meet your needs?	18%	20%
50	Do you feel that your religious beliefs are respected?	59%	40%
51	Are you able to speak to a religious leader of your own faith if you want to?	47%	43%
52	Is it easy/very easy to contact the Independent Monitoring Board?	9%	12%
53	Is it easy/very easy to get a complaint form?	49%	46%
54	Have you made a complaint since you have been at this Centre?	50%	43%
For those who have made a complaint:			
55a	Do you feel complaints are sorted out fairly?	18%	2%
55b	Do you feel complaints are sorted out promptly?	12%	4%
<b>SECTION 7: Staff</b>			
57	Do you have a member of staff you can turn to for help if you have a problem?	45%	41%
58	Do most staff treat you with respect?	52%	54%
59	Do staff speak to you most of the time/all of the time?	21%	21%
60	Have any members of staff physically restrained you in the last six months?	22%	30%
61	Have you spent a night in the segregation unit in the last six months?	27%	40%
<b>SECTION 8: Safety</b>			
63	Have you ever felt unsafe in this Centre?	65%	61%
64	Do you feel unsafe in this Centre at the moment?	56%	60%

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<b>SECTION 8: Safety continued</b>			
<b>65</b>	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	49%	40%
<b>66a</b>	Have you had insulting remarks made about you, your family or friends since you have been here? (By detainees)	20%	21%
<b>66b</b>	Have you been hit, kicked or assaulted since you have been here? (By detainees)	18%	15%
<b>66c</b>	Have you experienced unwanted sexual attention here from another detainee?	5%	5%
<b>66d</b>	Have you been victimised because of your cultural or ethnic origin since you have been here? (By detainees)	7%	9%
<b>66e</b>	Have you been victimised because of your nationality since you have been here? (By detainees)	8%	12%
<b>66f</b>	Have you ever had your property taken since you have been here? (By detainees)	13%	12%
<b>66g</b>	Have you ever been victimised because you were new here? (By detainees)	7%	8%
<b>66h</b>	Have you been victimised because of drugs since you have been here? (By detainees)	5%	6%
<b>66i</b>	Have you been victimised here because of your sexuality? (By detainees)	2%	4%
<b>66j</b>	Have you ever been victimised here because you have a disability? (By detainees)	3%	7%
<b>66k</b>	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	9%	5%
<b>67</b>	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	37%	42%
<b>68a</b>	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	15%	22%
<b>68b</b>	Have you been hit, kicked or assaulted since you have been here? (By staff)	10%	13%
<b>68c</b>	Have you experienced unwanted sexual attention here from staff?	4%	4%
<b>68d</b>	Have you been victimised because of your cultural or ethnic origin since you have been here? (By staff)	6%	15%
<b>68e</b>	Have you been victimised because of your nationality since you have been here? (By staff)	9%	18%
<b>68f</b>	Have you ever been victimised because you were new here? (By staff)	5%	6%
<b>68g</b>	Have you been victimised because of drugs since you have been here? (By staff)	1%	2%
<b>68h</b>	Have you been victimised here because of your sexuality? (By staff)	1%	1%
<b>68i</b>	Have you ever been victimised here because you have a disability? (By staff)	3%	3%
<b>68j</b>	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	6%	11%

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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		
<b>SECTION 8: Safety continued</b>			
For those who have been victimised by detainees or staff:			
<b>69</b>	Did you report it?	<b>48%</b>	<b>63%</b>
<b>70</b>	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	<b>33%</b>	<b>31%</b>
<b>71</b>	Have you ever felt threatened or intimidated by a member of staff in here?	<b>34%</b>	<b>42%</b>
<b>SECTION 9: Healthcare</b>			
<b>73</b>	Is health information available in your own language?	<b>30%</b>	<b>35%</b>
<b>74</b>	Do you know whether counselling is available at this Centre?	<b>27%</b>	<b>27%</b>
<b>75</b>	Are you able to see a doctor of your own gender?	<b>36%</b>	<b>45%</b>
<b>76</b>	Is a qualified interpreter available if you need one during healthcare assessments?	<b>10%</b>	<b>13%</b>
<b>77</b>	Are you currently taking medication?	<b>51%</b>	<b>49%</b>
For those who are currently taking medication:			
<b>78</b>	Are you allowed to keep possession of your medication in your own room?	<b>29%</b>	<b>23%</b>
For those who have been to healthcare:			
<b>79</b>	Do you think the overall quality of health care in this Centre good/very good?	<b>29%</b>	<b>28%</b>
<b>SECTION 10: Activities</b>			
<b>81</b>	Do you have unrestricted access to the Centre facilities for at least 12 hours each day?	<b>27%</b>	<b>27%</b>
<b>82</b>	Are you doing any education here?	<b>20%</b>	<b>23%</b>
For those doing education here:			
<b>83</b>	Is the education helpful?	<b>77%</b>	<b>73%</b>
<b>84</b>	Can you work here if you want to?	<b>54%</b>	<b>21%</b>
<b>85</b>	Is there enough to do here to fill your time?	<b>18%</b>	<b>18%</b>
<b>86</b>	Is it easy/very easy to go to the library?	<b>56%</b>	<b>41%</b>
<b>87</b>	Is it easy/very easy to go to the gym?	<b>58%</b>	<b>54%</b>

**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		
<b>SECTION 11: Keeping in Touch with Family and Friends</b>			
<b>89</b>	Is it easy/very easy to receive incoming calls?	<b>42%</b>	<b>50%</b>
<b>90</b>	Is it easy/very easy to make outgoing calls?	<b>35%</b>	<b>46%</b>
<b>91</b>	Have you had any problems with sending or receiving mail?	<b>38%</b>	<b>34%</b>
<b>92</b>	Have you had a visit since you have been in here from your family or friends?	<b>60%</b>	<b>59%</b>
<b>93</b>	Have you had a visit since you have been here from volunteer visitors?	<b>21%</b>	<b>23%</b>
For those who have had visits:			
<b>94</b>	Do you feel you are treated well/very well by visits staff?	<b>58%</b>	<b>59%</b>





## Detainee Survey Responses Colnbrook STHF vs Colnbrook IRC

**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. For questions 34, 35, 55b and 83 no comparison is possible due to no replies (N/R) from Colnbrook STHF for these questions.

### Key to tables

Any numbers highlighted in green are significantly better than the Colnbrook IRC responses		Colnbrook STHF	Colnbrook IRC
Any numbers highlighted in blue are significantly worse than the Colnbrook IRC responses			
Any percent highlighted in orange shows a significant difference in detainees' background details			
Numbers which are not highlighted show there is no significant difference between the Colnbrook STHF responses and the Colnbrook IRC responses			
<b>SECTION 1: General Information</b>			
Number of completed questionnaires returned		14	118
1	Are you male?	100%	100%
2	Are you aged under 21 years?	8%	12%
5	Is English your first language?	22%	35%
6	Do you understand spoken English?	72%	87%
7	Do you understand written English?	72%	79%
8	Are you Muslim?	58%	53%
9	Do you consider yourself to have a disability?	0%	28%
10	Do you have any children under the age of 18?	36%	43%
<b>SECTION 2: Immigration Detention</b>			
11	When being detained, were you told the reasons why in a language you could understand?	46%	63%
12	Following detention, were you given written reasons why you were being detained in a language you could understand?	67%	66%
13	Were you first detained in a police station?	77%	46%
14	Including this Centre, have you been held in six or more places as an immigration detainee since being detained?	18%	9%
15	Have you been here for more than one month?	33%	83%
<b>SECTION 3: Transfers and Escorts</b>			
16	Did you know where you were going when you left the last place where you were detained?	16%	43%
17	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	10%	23%
18	Did you spend more than four hours in the escort van to get to this centre?	46%	33%
19	Were you treated well/very well by the escort staff?	36%	31%

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<b>SECTION 4: Reception and First Night</b>			
21	Were you seen by a member of healthcare staff in reception?	100%	85%
22	When you were searched in reception was this carried out in a sensitive way?	50%	50%
23	Were you treated well/very well by staff in reception?	50%	36%
24a	Did you receive information about what was going to happen to you on your day of arrival?	18%	24%
24b	Did you receive information about what support was available to people feeling depressed or suicidal on your day of arrival?	18%	13%
24c	Did you receive information about how to make applications on your day of arrival?	10%	14%
24d	Did you receive information about healthcare services at the Centre on your day of arrival?	54%	16%
24e	Did you receive information about the religious team on your day of arrival?	10%	16%
24f	Did you receive information on how to make a bail application on your day of arrival?	10%	14%
24g	Did you receive information about how people can visit you on your day of arrival?	36%	17%
For those who required information in a translated form:			
25	Was any of this information provided in a translated form?	17%	12%
26a	Did you receive something to eat on your day of arrival?	90%	68%
26b	Did you get the opportunity to make a free telephone call on your day of arrival?	82%	60%
26c	Did you get the opportunity to have a shower on your day of arrival?	71%	43%
26d	Did you get the opportunity to change into clean clothing on your day of arrival?	54%	37%
27	Did you feel safe on your first night here?	46%	28%
28a	Did you have any problems when you first arrived?	71%	89%
28b	Did you have any problems with loss of transferred property when you first arrived?	0%	28%
28c	Did you have any housing problems when you first arrived?	10%	17%
28d	Did you have any problems contacting employers when you first arrived?	0%	16%
28e	Did you have any problems contacting family when you first arrived?	18%	27%
28f	Did you have any problems ensuring dependents were being looked after when you first arrived?	10%	15%
28g	Did you have any problems accessing your phone numbers when you first arrived?	10%	22%

**Key to tables**

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<b>SECTION 4: Reception and First Night continued</b>			
<b>28h</b>	Did you have any problems accessing legal advice when you first arrived?	<b>10%</b>	<b>24%</b>
<b>28i</b>	Did you have any problems getting access to your immigration case papers when you first arrived?	<b>29%</b>	<b>26%</b>
<b>28j</b>	Did you have any money/debt worries when you first arrived?	<b>10%</b>	<b>13%</b>
<b>28k</b>	Did you have any problems with feeling depressed or suicidal when you first arrived?	<b>10%</b>	<b>41%</b>
<b>28l</b>	Did you have any drug problems when you first arrived?	<b>0%</b>	<b>9%</b>
<b>28m</b>	Did you have any alcohol problems when you first arrived?	<b>0%</b>	<b>5%</b>
<b>28n</b>	Did you have any health problems when you first arrived?	<b>18%</b>	<b>34%</b>
<b>28o</b>	Did you have any problems with needing protection from other detainees when you first arrived?	<b>0%</b>	<b>17%</b>
For those who had problems on arrival:			
<b>29</b>	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	<b>17%</b>	<b>18%</b>
<b>SECTION 5: Legal Rights and Immigration</b>			
<b>31</b>	Do you have a solicitor or legal representative?	<b>42%</b>	<b>55%</b>
For those who have a solicitor or legal representative:			
<b>33</b>	Is it easy/very easy to communicate with your solicitor or legal representative?	<b>73%</b>	<b>40%</b>
<b>34</b>	Are you able to send a fax to your legal representative free of charge?	<b>N/R</b>	<b>100%</b>
<b>35</b>	Are you able to send letters to your legal representative free of charge?	<b>N/R</b>	<b>50%</b>
<b>36</b>	Have you had a visit from your solicitor/legal representative?	<b>77%</b>	<b>55%</b>
<b>32</b>	Do you get legal aid (free advice under the legal aid scheme)?	<b>29%</b>	<b>39%</b>
<b>37</b>	Can you get access to books about your legal rights?	<b>0%</b>	<b>29%</b>
<b>38</b>	Is it easy/very easy for you to obtain bail information?	<b>26%</b>	<b>33%</b>
<b>39</b>	Can you get access to official information reports on your country?	<b>26%</b>	<b>18%</b>
<b>40</b>	Is it easy/very easy to see immigration staff when you want?	<b>0%</b>	<b>9%</b>
<b>41</b>	Have you had a review of your detention every month?	<b>10%</b>	<b>41%</b>
For those who have had a written review:			
<b>42</b>	Was the review written in a language you could understand?	<b>77%</b>	<b>59%</b>

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<b>SECTION 6: Respectful Detention</b>			
44	Are you normally offered enough clean, suitable clothes for the week?	54%	44%
45	Are you normally able to have a shower every day?	67%	93%
46	Is it normally quiet enough for you to be able to sleep in your room at night?	33%	44%
47	Can you normally get access to your property held by staff at the Centre, if you need to?	40%	38%
48	Is the food good/very good?	29%	17%
49	Does the shop sell a wide enough range of goods to meet your needs?	10%	19%
50	Do you feel that your religious beliefs are respected?	64%	59%
51	Are you able to speak to a religious leader of your own faith if you want to?	26%	49%
52	Is it easy/very easy to contact the Independent Monitoring Board?	9%	9%
53	Is it easy/very easy to get a complaint form?	28%	52%
54	Have you made a complaint since you have been at this Centre?	18%	53%
For those who have made a complaint:			
55a	Do you feel complaints are sorted out fairly?	100%	15%
55b	Do you feel complaints are sorted out promptly?	N/R	12%
<b>SECTION 7: Staff</b>			
57	Do you have a member of staff you can turn to for help if you have a problem?	33%	47%
58	Do most staff treat you with respect?	67%	50%
59	Do staff speak to you most of the time/all of the time?	29%	20%
60	Have any members of staff physically restrained you in the last six months?	0%	25%
61	Have you spent a night in the segregation unit in the last six months?	31%	27%
<b>SECTION 8: Safety</b>			
63	Have you ever felt unsafe in this Centre?	42%	67%
64	Do you feel unsafe in this Centre at the moment?	46%	58%

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<b>SECTION 8: Safety continued</b>			
<b>65</b>	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	<b>13%</b>	<b>53%</b>
<b>66a</b>	Have you had insulting remarks made about you, your family or friends since you have been here? (By detainees)	<b>0%</b>	<b>22%</b>
<b>66b</b>	Have you been hit, kicked or assaulted since you have been here? (By detainees)	<b>0%</b>	<b>19%</b>
<b>66c</b>	Have you experienced unwanted sexual attention here from another detainee?	<b>13%</b>	<b>4%</b>
<b>66d</b>	Have you been victimised because of your cultural or ethnic origin since you have been here? (By detainees)	<b>0%</b>	<b>8%</b>
<b>66e</b>	Have you been victimised because of your nationality since you have been here? (By detainees)	<b>0%</b>	<b>9%</b>
<b>66f</b>	Have you ever had your property taken since you have been here? (By detainees)	<b>13%</b>	<b>13%</b>
<b>66g</b>	Have you ever been victimised because you were new here? (By detainees)	<b>0%</b>	<b>8%</b>
<b>66h</b>	Have you been victimised because of drugs since you have been here? (By detainees)	<b>0%</b>	<b>5%</b>
<b>66i</b>	Have you been victimised here because of your sexuality? (By detainees)	<b>0%</b>	<b>2%</b>
<b>66j</b>	Have you ever been victimised here because you have a disability? (By detainees)	<b>0%</b>	<b>3%</b>
<b>66k</b>	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	<b>0%</b>	<b>10%</b>
<b>67</b>	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	<b>0%</b>	<b>40%</b>
<b>68a</b>	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	<b>0%</b>	<b>16%</b>
<b>68b</b>	Have you been hit, kicked or assaulted since you have been here? (By staff)	<b>0%</b>	<b>11%</b>
<b>68c</b>	Have you experienced unwanted sexual attention here from staff?	<b>0%</b>	<b>4%</b>
<b>68d</b>	Have you been victimised because of your cultural or ethnic origin since you have been here? (By staff)	<b>0%</b>	<b>6%</b>
<b>68e</b>	Have you been victimised because of your nationality since you have been here? (By staff)	<b>0%</b>	<b>10%</b>
<b>68f</b>	Have you ever been victimised because you were new here? (By staff)	<b>0%</b>	<b>6%</b>
<b>68g</b>	Have you been victimised because of drugs since you have been here? (By staff)	<b>0%</b>	<b>1%</b>
<b>68h</b>	Have you been victimised here because of your sexuality? (By staff)	<b>0%</b>	<b>1%</b>
<b>68i</b>	Have you ever been victimised here because you have a disability? (By staff)	<b>0%</b>	<b>3%</b>
<b>68j</b>	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	<b>0%</b>	<b>6%</b>

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<b>SECTION 8: Safety continued</b>			
For those who have been victimised by detainees or staff:			
69	Did you report it?	100%	47%
70	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	13%	35%
71	Have you ever felt threatened or intimidated by a member of staff in here?	13%	35%
<b>SECTION 9: Healthcare</b>			
73	Is health information available in your own language?	29%	31%
74	Do you know whether counselling is available at this Centre?	18%	28%
75	Are you able to see a doctor of your own gender?	50%	34%
76	Is a qualified interpreter available if you need one during healthcare assessments?	10%	11%
77	Are you currently taking medication?	26%	55%
For those who are currently taking medication:			
78	Are you allowed to keep possession of your medication in your own room?	63%	27%
For those who have been to healthcare:			
79	Do you think the overall quality of health care in this Centre good/very good?	42%	27%
<b>SECTION 10: Activities</b>			
81	Do you have unrestricted access to the Centre facilities for at least 12 hours each day?	13%	28%
82	Are you doing any education here?	10%	22%
For those doing education here:			
83	Is the education helpful?	N/R	77%
84	Can you work here if you want to?	20%	58%
85	Is there enough to do here to fill your time?	12%	19%
86	Is it easy/very easy to go to the library?	10%	61%
87	Is it easy/very easy to go to the gym?	26%	63%

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<b>SECTION 11: Keeping in Touch with Family and Friends</b>			
<b>89</b>	Is it easy/very easy to receive incoming calls?	42%	42%
<b>90</b>	Is it easy/very easy to make outgoing calls?	42%	34%
<b>91</b>	Have you had any problems with sending or receiving mail?	26%	40%
<b>92</b>	Have you had a visit since you have been in here from your family or friends?	26%	64%
<b>93</b>	Have you had a visit since you have been here from volunteer visitors?	0%	24%
For those who have had visits:			
<b>94</b>	Do you feel you are treated well/very well by visits staff?	73%	57%