

Report on an unannounced inspection of

Colnbrook Immigration

Removal Centre

28 January – 8 February 2013

by HM Chief Inspector of Prisons

Glossary of terms

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the Glossary of terms on our website at: http://www.justice.gov.uk/downloads/about/hmipris/Glossary-for-web-rps_.pdf

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Introduction

Colnbrook is an immigration removal centre (IRC) adjacent to Heathrow Airport and one of the more secure and 'prison-like' facilities in the IRC estate. Currently managed under contract by Serco, the centre holds just over 400 mainly adult male detainees, as well as a small number of women. We learnt during the inspection that provision for women at Colnbrook was to be expanded. Serco had decided not to re-tender to run the centre at the imminent conclusion of its current contract.

The view of local managers was that Colnbrook had been on a consistent path of improvement in recent years. This was not an unreasonable assessment. The centre was safer than we have found it in the past and many key indicators – such as levels of violence, the amount of administrative separation and the use of force – had been steadily reducing. Initiatives were in place to assist the resolution of conflict, and peer support structures were a help. Security was now more proportionate and many of the excessive restrictions we saw at the last inspection had been lifted.

However, there was still significant evidence of constant low-level anxiety and fear among detainees. Much of their frustration and vulnerability was linked to the uncertainties of lengthy immigration processes, exemplified by a notable number of detainees who had been held for extended periods without resolution of their cases. Reasonable legal support and access was facilitated, but UK Border Agency services were too limited at the time of our inspection.

The centre was relatively new but the cleanliness and decorative state needed improvement. Ventilation too was problematic. Unquestionably, the worst unit environmentally and in terms of regime was the cramped and dirty 'first night last night unit' (FNLNU). There was a small separate dormitory for short-stay women detainees, but if no space was available there, they were held in the inadequate FNLNU alongside men, which was unacceptable.

Relationships between detainees and staff were constructive but this strength was not exploited to its best advantage. Personal officer work and the promotion of diversity, for example, were surprisingly weak. Detainees with disabilities, in particular, were poorly provided for. Formal complaints, in contrast, were properly addressed, and health care had improved significantly.

Access to recreational facilities for men was reasonable and there was enough paid work for those who wanted it. Some good one-to-one coaching was offered in education. The shop provided an improved service but, as with all activity and service provision, access was significantly worse for women and those in the FNLNU. Food quality was poor.

Welfare support for detainees was reasonable but not administered systematically, meaning the needs of individuals could be missed. Detainees' access to communication was adequate, although mobile phones were not always easy to obtain. The reasons why some websites or foreign news media were blocked were unclear to both detainees and staff. Some work was being done to provide information about support in potential countries of destination. However, the use of the FNLNU and processes in managing the removal of the most complex cases and most vulnerable detainees was in many cases disproportionate.

Some of Colnbrook's difficulties were structural – for example, the prison-like character of the institution – but others just required attention by managers, like cleanliness, diversity management and removing unnecessary impediments to communication. A more serious rethink was needed about the use of the FNLNU, and there were too many cases of damaging

long term detention, which needed urgent resolution by UKBA. These are important shortcomings, but overall this report describes improving outcomes in a generally well-managed centre that has made noticeable progress since the last inspection.

Nick Hardwick
HM Chief Inspector of Prisons

April 2013

Fact page

Task of the establishment

Colnbrook holds people detained under immigration powers. It was built to a category B prison standard. It houses mainly male detainees, but also a small number of women. One part of the centre, the first night last night unit (FNLNU), was used to hold people on arrival and before departure, but was no longer run as a short-term holding facility (STHF).

Location

West Drayton, Middlesex

Name of contractor

Serco Ltd

Number held

346

Certified normal accommodation (CNA)

420

Operational capacity

420

Last inspection

Full follow-up inspection – August 2010

Brief history

In 2002, the UK Border Agency awarded Serco an eight-year operating contract to run Colnbrook immigration removal centre (IRC) and STHF. It began operating in August 2004 and in 2010, Serco was granted a two-year extension until 2014. Since opening, about 80,000 detainees have passed through Colnbrook, making it one of the busiest IRCs in the UK.

Short description of residential units

There are four residential units in the main removal centre. Each consists of three landings, with 66 bed spaces, apart from C unit, which has 65. Each unit has an office and servery on the ground floor, along with an association area and exercise yard. There are showers, laundry rooms, communal payphones and incoming telephones in each unit. The FNLNU has an additional 40 beds and the induction unit 60 beds. The separation unit can hold 12 people and the 'assessment and integration unit' another four. There is a small open unit that can hold up to eight women.

Name of centre manager

Michael Guy

Escort provider

Tascor

Health service commissioner and providers

Serco Health

Learning and skills providers

N/A

Independent Monitoring Board (IMB) chair
Andrew Newell

Healthy establishment summary

Introduction

HE.1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, immigration detention facilities and police custody.

HE.2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

HE.3 The concept of a healthy prison was introduced in this inspectorate's thematic review *Suicide is Everyone's Concern* (1999). The healthy prison criteria, upon which inspections base the four tests of a healthy establishment, have been modified to fit the inspection of removal centres. The criteria for removal centres are:

Safety – that detainees are held in safety and with due regard to the insecurity of their position

Respect – that detainees are treated with respect for their human dignity and the circumstances of their detention

Activities – that the centre encourages activities and provides facilities to preserve and promote the mental and physical wellbeing of detainees

Preparation for removal and release – that detainees are able to maintain contact with family, friends, support groups, legal representatives and advisors, 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.

HE.4 Under each test, we make an assessment of outcomes for detainees and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the United Kingdom Border Agency.

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

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

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

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

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

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

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

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

HE.5 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.6 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.¹

Safety

HE.7 Detainees were no longer routinely handcuffed when they attended outside appointments. The first night last night unit (FNLNU) was a poor environment in which to hold detainees who were at particularly vulnerable stages of their detention. Most detainees reported feeling insecure and unsafe, but the number of violent incidents had decreased and there was a calmer atmosphere in the centre. The number of incidents of self-harm had declined and risks were appropriately managed.

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

Security was well managed and proportionate. The rewards scheme served little purpose. The use of force and separation had decreased and governance was adequate. There were sufficient legal advice surgeries. The centre held many vulnerable and frustrated detainees, too many of whom were held for long periods. Access to onsite UK Border Agency (UKBA) staff was limited and the rule 35 process² appeared largely ineffective. Outcomes for detainees against this healthy establishment test were reasonably good.

- HE.8** Relationships between escort and reception staff were good, and information about detainees was shared appropriately. Initial risk assessments were hindered because files did not always accompany detainees arriving from prison. Reception was busy, communal areas were clean and waiting areas comfortable. However, most detainees were interviewed at open counters with no privacy and spent too long waiting in reception. Detainees were subject to a meaningful risk assessment before being handcuffed on escorts; most were not handcuffed.
- HE.9** Conditions in the FNLNU were poor. Rooms were dirty, ventilation was inefficient, some toilets were filthy and communal areas were cramped. The unit felt oppressive and it was unsuitable for newly arrived detainees or those about to be deported. The regime was poor and detainees spent most of the time locked in rooms. In our survey, the vast majority of detainees said they had problems when they arrived, but few said that they had received help with them.
- HE.10** The induction programme was reasonable for English speakers, but it rarely began on the day after the detainee's arrival. The regime for detainees in the induction unit had improved significantly and was reasonably good.
- HE.11** Evidence from survey findings and management data revealed that the centre was safer than at the last inspection. This was supported by what detainees told us during the inspection. However, over half of detainees in our survey said they felt unsafe. Our in-depth structured interviews examined these feelings in more depth and suggested generally low level, but widespread, anxiety about issues ranging from the behaviour of other detainees to the availability of drugs. Detainees also reported tension and frustration because of the environment, immigration issues and concerns about the mixing of ex-prisoners with those with no custodial experience. There was little evidence of concerns about staff.
- HE.12** Most conflicts were low level and associated with room sharing and individual frustrations about cases. Buddies provided their peers with some good support to help reduce these. The recorded number of violent incidents over the previous two years had declined significantly. The stay safe team played an integral part in resolving conflicts by mediating between individuals. The assessment and integration unit provided more vulnerable detainees with some support.
- HE.13** There had been no self-inflicted deaths in recent years and there had been a significant reduction in the number of detainees who harmed themselves. There was also significantly less use of anti-ligature clothing than when we last inspected. Procedures for those in need of constant watch were good and actively engaged detainees. The centre ensured that lessons were learned, including those from serious incidents of self-harm, which were investigated well. Action plans had been

² Detention Centre Rule 35 requires medical practitioners to report on detainees whose health is likely to be injuriously affected by detention as a result of a special illness or experience of torture.

developed to address recommendations from deaths in custody reports, including the quality of emergency responses. The quality of self-harm monitoring documents was mostly good. Assessments were satisfactory, care maps were good and most were regularly updated after reviews. There were contributions from a range of departments, including UKBA. Most cases were triggered by immigration concerns. Interpretation appeared under-used in reviews. Detainees who refused to eat were taken seriously and appropriately monitored.

- HE.14** The centre did not have a local safeguarding policy or links with the adult safeguarding board, and not all those who had a disability or vulnerability were identified. There were procedures through which staff could report concerns.
- HE.15** There was a comprehensive child protection policy, which outlined links with the local authority and child protection procedures, and included guidance on age dispute cases. Detainees who might have posed a risk to children during visits were identified, and arrangements made to minimise risks.
- HE.16** Many of the disproportionate security procedures we found during the last inspection were no longer in place and the ability of detainees to move around the centre had significantly improved. Overall risk management was better than at the previous inspection. Procedural security was generally well managed and interaction between staff and detainees underpinned good dynamic security arrangements.
- HE.17** The rewards scheme served little purpose and virtually all detainees were on the enhanced regime. The scheme was not monitored to record the occasions when detainees were demoted.
- HE.18** Use of force had declined. Governance arrangements were reasonable but video recordings of planned removals were poor. Paperwork had generally been completed correctly and accounts from officers usually provided assurances that force was used appropriately and as a last resort.
- HE.19** The number of detainees who had been separated and the length of time they spent in the separation unit had decreased since the previous inspection. Proper authority had been obtained in all the cases examined. However, separation to manage complex removals did not always appear justified.
- HE.20** There were reasonable efforts to provide legal assistance, and waiting times for regular detention duty advice surgeries were not long. There was a good range of easily accessible legal forms, books and reports in the library. Legal websites were usually accessible, but some newspapers from detainees' countries of origin were inappropriately blocked. Lawyers could bring laptops and mobile phones into the centre. There were not enough consultation rooms for legal visits.
- HE.21** A number of people had been detained for long periods; the longest detention was for more than four and half years. Such long detentions contributed to the sense of frustration in the centre and UKBA needed to resolve these cases urgently. Not all detainees received an induction within 24 hours of arrival, but induction interviews were reasonably good when they took place. The onsite UKBA team was understaffed, which affected its ability to respond to detainees' requests within 24 hours. Most monthly UKBA progress reports were served on time, but the lack of a local monitoring system meant that we could not be certain that this happened in all cases. Not all bail summaries were served on time. Rule 35 reports were written by a

doctor but did not usually set out a clear clinical opinion. Replies were timely but often dismissive.

Respect

HE.22 The residential units, which were stark, were not being cleaned properly, and lack of ventilation remained a major problem. Staff detainee relationships were reasonably good, but the personal officer scheme was ineffective. Diversity management was weak. Detainees with disabilities were largely unidentified and facilities for women detainees were very limited. Faith provision was generally good. Complaints were well managed. Health care had been the cause of much complaint, but there had been substantial improvements. The quality of food was poor. Outcomes for detainees against this healthy establishment test were not sufficiently good.

HE.23 The four main residential units were in need of decoration and cleaning was variable; some areas, particularly on upper floors and on stairs, had caked-in dirt. Rooms were poorly ventilated and many were also dirty. Some toilets were filthy. Galleried landings provided good sight lines for observation, but units looked and felt like prison landings and could be noisy. The environment affected the way that detainees felt in the centre. Most detainees were not ex-prisoners and had little experience of such accommodation. The Rose Unit for women detainees could be cramped and was poorly ventilated.

HE.24 In our survey and in-depth interviews about three-quarters of detainees said they were treated with respect by most staff, substantially better than at the last inspection. We observed generally good staff-detainee interactions, and this was aided by positioning staff at open desks between units. The personal officer scheme appeared largely ineffective. Contact record entries were very minimal and usually demonstrated no interaction with detainees.

HE.25 There was little evidence of tension between different nationalities. The equality and diversity policy was underdeveloped and diversity monitoring was not sufficiently rigorous to ensure equality of opportunity. The diversity meeting did not include detainee or community representatives and actions were not always followed up. Discrimination complaints were thoroughly investigated and resolved. There were no regular nationality or minority group meetings with detainees. Almost no information about the centre had been translated, which meant that not all detainees had the same access to information. Professional interpretation services were used reasonably well, but not consistently for sensitive and confidential matters.

HE.26 Women detainees were required to spend all their time in one area, with the exception of short exercise periods in areas overlooked by rooms occupied by male detainees. They received very little induction information, and had limited access to regime activities or welfare services. Women were periodically located in the FNLNU with men because of a lack of space in the residential unit.

HE.27 The identification of detainees with disabilities was poor. There were no examples of reasonable adjustments for individuals, and there was no carer scheme. There was no provision for gay or bisexual detainees, and not enough was done to promote tolerance or raise awareness among the detainee population.

- HE.28** Faith provision, including facilities, was generally good. Detainees found it easy to make contact with a chaplain. Detainees had opportunities to undertake Bible and Qur'anic studies, and a variety of community groups visited the centre.
- HE.29** The introduction of an effective informal resolution process had led to a reduction in formal complaints. Replies to complaints we saw were timely, polite and constructive. A large number were appropriately upheld and apologies offered to detainees. However, few detainees said their complaints were dealt with fairly and this needed to be investigated. Complaints were monitored by location and type, but trends over time were not monitored.
- HE.30** Many detainees commented negatively on health care access and provision. There had been significant improvements over the previous six months. Detainees had good access to primary care, but attendance rates at GP clinics were poor. Reception screening was satisfactory, GP clinics were available every week day and detainees were seen reasonably quickly following triage. There was a limited range of nurse-led clinics. Pharmacy and dental services were generally good.
- HE.31** The small in-patient unit was usually full. It had large and adequately equipped rooms, but association areas were limited. There was little natural light and some of the rooms needed redecoration. Detainees had access to primary mental health nurses and cases were managed by a multidisciplinary team. Professional counsellors were available. Transfers to secure mental health services were generally swift. There was no integrated drug treatment system or psychological support for substance users.
- HE.32** In our survey, significantly fewer detainees than those in other immigration removal centres (IRCs) said the food was good; it generally lacked variety and some of the food we tasted was of poor quality. The cultural kitchen was a good facility, but it was small and had a long waiting list. The main kitchen made little use of the skills and food produced by detainee cooks, and food consultation had not led to improvements in the quality of food. Improvements have been made to the shop, but more proactive sales monitoring and trend analysis could have helped provide a better response to detainees' needs. Women and those in the FNLNU had substantially poorer access to the shop.

Activities

- HE.33** Recreational activities were reasonable, but they needed to be developed further. Most detainees said they did not have enough to do. Detainees appreciated the education provision. There was enough work for the population, and waiting lists were not long. The gym was well equipped. The library provided a good service, but opening hours were too limited. Outcomes for detainees against this healthy establishment test were reasonably good.
- HE.34** There was a reasonable range of activities. The range mainly suited the needs of short-stay detainees. In our survey, only a third of detainees said there was enough to do while they were in the centre.
- HE.35** Some popular recreational activities were offered, for example, in the games room and through the internet, but this was not enough to meet detainees' needs. Most

staff had appropriate vocational qualifications and/or experience, and those in key areas had teaching qualifications. Access to activities was generally fair. Activities were promoted well in the activities area, but not in the stark residential units. Externally accredited qualifications were only offered in information and communication technology (ICT), but internal certificates were offered in other subject areas to recognise progress and achievement.

- HE.36** Teaching staff provided detainees with good support and one-to-one coaching. In our survey, detainees were more positive about education than those in other IRCs. There were no formal arrangements to monitor the quality of classroom activities, but attendance monitoring had improved.
- HE.37** Around a third of detainees were in some form of work, and there appeared to be enough to meet the demand. Access to work and rates of pay appeared generally equitable. Jobs were not widely promoted in the units, but detainees said information about availability was good and waiting times were low for employment. UKBA continued inappropriately to block access to work roles for some detainees, which interfered with the contractor's ability to manage the population.
- HE.38** The library was well organised and had a reasonable range of multilingual books, newspapers, magazines and other material. It was a popular area and gave detainees enough space in which to congregate, relax and read. The library assistant was particularly supportive and helpful. Access was equitable but opening hours had been reduced and the library was not open during evenings or weekends.
- HE.39** The sports hall was well used and facilities were in good order. Staff were appropriately qualified. Detainees had good access to outside areas for fresh air and individual exercise, but facilities in the exercise yards were limited.

Preparation for removal and release

- HE.40** Welfare work was appreciated but detainees were not systematically identified for support during induction and before release. The visitors' centre was welcoming and the visits provision reasonable. Detainees could generally communicate easily. Pre-removal information and support was limited. Not enough attention was given to the needs and vulnerabilities, as well as risks, of those subject to complex removal arrangements. Outcomes for detainees against this healthy establishment test were reasonably good.
- HE.41** Detainees could see welfare staff easily and received some useful support. However, the staff did not intervene systematically to identify detainees' needs, either during induction or preparation for release. A wide range of external organisations were engaged to offer detainees support, either by telephone, individual appointments or group meetings.
- HE.42** The length and frequency of visiting times was good and the outside visits centre was comfortable. There were some delays in visitors moving from the visitors' centre to the visits hall. The visits hall was pleasant and reasonably welcoming, but the children's area was in need of redecoration.

- HE.43 Phone access was adequate overall, but mobile phones were not always available to be lent to detainees or for sale in the shop. Detainees were sometimes unaware that they could borrow phones, which was especially important in the early stage of detention. The booking system for the internet room worked effectively and there was good email access. Some relevant websites were blocked and some staff, as well as detainees, were unclear about the reasons or need for this. There was no access to Skype or social networking to help maintain contact with family. There was good access to faxes and post.
- HE.44 Detainees were moved to the last night centre the day before their removal, where they were held in poorer and more restrictive accommodation and had less access to means of communication. A 'complex removal' planning process was in place for detainees who were considered to be hard to remove. This focused on managing risks and included some draconian procedures; it paid insufficient attention to individual needs and the distress of some detainees undergoing the process. Detainees did not generally receive information about support services in their destination country. They could obtain suitable clothing for their destinations before removal. All detainees were discharged with a health care letter. There were appropriate systems for managing ex-prisoners on release.

Main concerns and recommendations

- HE.45 Concern: The first night last night unit (FNLNU) was cramped; ventilation was poor, the environment dirty and the regime poor. Detainees were inappropriately locked in their rooms for most of their vulnerable first days in detention and prior to removal.

Recommendation: Detainees held in the FNLNU should have access to an open and full regime in a clean and properly ventilated environment.

- HE.46 Concern: Almost no information about the centre had been translated, which meant that detainees did not have equal access to information. With the exception of health care, professional telephone interpretation was underused, including in reception and for self-harm assessment interviews.

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

- HE.47 Concern: Detainees were very unhappy with the food. We found that it lacked variety and balance, and some was of very poor quality. Food consultation had led to little improvement.

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

Section 1: Safety

Escort vehicles and transfers

Expected outcomes:

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

- 1.1 Relationships between escort and reception staff were good and information about detainees was shared appropriately. Prison files often did not accompany detainees arriving from prison. Vans we inspected were clean and in a reasonable condition. The practice of routinely handcuffing detainees on outside appointments had ended. The late arrival of detainees continued to be an issue.
- 1.2 Relationships between escort and reception staff were good and information about detainees was shared appropriately. Escort records we examined were legible and contained relevant information with a clear focus on detainees' safety needs. However, initial risk assessments were sometimes hindered by the fact that files often did not accompany detainees arriving from prison.
- 1.3 Vans we inspected were clean and in a reasonable condition. Journey times varied from under one hour to over five in some cases, but we calculated that most were less than two hours. Most detainees reported that escort staff treated them well, and interactions we observed during the inspection were polite and respectful.
- 1.4 The late arrival of detainees continued to be an issue and it was not unusual for people to arrive after midnight, when they were tired and irritable. This was sometimes on transfer from other centres, which could have been avoided. A few detainees had been subject to excessive and disorientating moves around the detention estate, although we found fewer examples of this than in the past.
- 1.5 Arrangements for escorting detainees from the centre had improved and handcuffs were only applied following a risk assessment. Most detainees were not handcuffed when they attended appointments outside the centre.

Recommendations

- 1.6 Detainees should not be subjected to excessive or overnight transfers around the detention estate.
- 1.7 Full prison files should accompany detainees arriving from prison.

Early days in detention

Expected outcomes:

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

- 1.8 Reception was very busy. Physical conditions were reasonable though prison-like. Communal areas were clean and waiting areas were comfortable, but detainees were interviewed at open counters where there was no privacy. They spent too long in reception. Conditions in the first night and last night centre were poor. The regime was impoverished and detainees spent long periods locked in their rooms. We were not assured that the immediate circumstances and specific needs of detainees were dealt with. Many detainees said their experience of arrival at the centre was poor. The formal induction programme was reasonable for English-speaking male detainees, but poor for women.
- 1.9 The main reception area was very busy with up to 50 new detainees arriving each day. On arrival, they were taken from escorting vans into the reception, where they were met by trained officers. Identity checks were carried out and property was checked and booked in. Detainees were asked if they understood what had happened to them prior to transfer and if they had any immediate needs. Telephone interpretation was rarely used in reception (see main recommendation HE.46). As at the last inspection, a folder contained the most commonly asked questions translated into a number of languages, but it was not clear if it had been used.
- 1.10 Physical conditions were reasonable, if prison-like. Communal areas were clean and freshly painted, but detainees were interviewed at open counters where there was no privacy. The main waiting area was large and bright. Vending machines provided a range of soft drinks and snacks. Comfortable chairs and sofas helped to soften the environment. All detainees were offered hot food and drinks. However, they waited there too long after being booked in – usually over two hours – before going to the first night last night unit (FNLNU).
- 1.11 A peer support worker was based in the main waiting room, but detainees were not clear about his role. Detainees we spoke to in reception also said that they were confused and given little information about where they would be located or what they could expect during their first night. In our survey, only 52% of respondents said that they had been treated well in reception and 23% said that they received information about what support was available on the day of their arrival. These results were significantly poorer than in other centres (60% and 38% respectively).
- 1.12 The FNLNU was on the ground floor of what had been a larger short-term holding facility (STHF) at the last inspection. In addition, all new detainees should have been located there for their first night, and then moved to the induction unit on the second and third floors for a five-day induction course before a further move to one of the mainstream residential units. We found that new arrivals usually spent three to four days in the FNLNU, but we saw detainees who had spend more than a week there. All detainees due for deportation were also locked in rooms in the FNLNU the day before they were due to leave (see also section on removal and release).
- 1.13 Conditions in the FNLNU were grim. Rooms were dirty, ventilation was poor, some toilets were filthy and communal areas were cramped. The regime was impoverished: apart from exercise, short domestic periods and occasional gym sessions, detainees spent nearly the whole day locked in their rooms. We estimated that, at most, they received about three hours out of their room every day (see main recommendation HE.45).
- 1.14 We saw little evidence that detainees' immediate circumstances and specific needs were dealt with adequately or that important information was shared appropriately. On their arrival detainees were issued with a reception kit consisting of bedding, eating utensils and a written information pack (in English); they were then allocated a room and usually locked up. First night interviews were not conducted in private and we saw little to indicate that staff were

focused on keeping detainees safe during their first night. In our survey, 84% of respondents said that they had problems when they arrived but only 25% said that they had received any help. More than half (52%) said that they felt depressed or suicidal during their first night and only 30% said that they felt safe.

- 1.15 Conditions in the induction unit were better. Rooms were reasonably clean and communal areas were adequate. The regime was good. Detainees had access to all activities within the main centre and they were unlocked for most of the day.
- 1.16 The induction programme was adequate for English-speaking detainees, but interpretation services were seldom used and there was a lack of written information in other languages. Detainees who spoke little English told us they had little idea of what they were being told on induction. Induction rarely began on the day after arrival. Induction for women in the Rose Unit was poor. An information booklet in English was available but not distributed to women during the inspection (see section on equality and diversity).

Recommendations

- 1.17 **First night procedures should include systems to ensure that detainees' individual needs are identified and addressed, and that they feel supported and safe on their first night.**
- 1.18 **Women detainees and those who speak little English should receive an effective induction to the centre.**

Housekeeping point

- 1.19 All detainees should start their induction on the first day after their arrival.

Bullying and violence reduction

Expected outcomes:

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

- 1.20 Most detainees reported feeling insecure and unsafe, but perceptions of safety had substantially improved since the previous inspection. The number of violent incidents had decreased and the atmosphere in the centre was calmer, despite the many vulnerable and frustrated detainees held.
- 1.21 Evidence from our survey findings and from management data revealed that the centre was safer than when we last inspected it, and this was supported by what detainees told us during the inspection.
- 1.22 However, in our survey, over half of detainees still said they felt unsafe. Our in-depth interviews suggested generally low level but widespread anxieties about issues ranging from the behaviour of other detainees to the availability of drugs. However, there was little evidence of the developing drug problem we noted at our last inspection, and concerns about staff were few.

- 1.23 The recorded number of violent incidents over the previous two years had declined to an average of four fights or assaults each month. Fewer injuries as a result of violence had been reported (see also sections on separation and use of force). A number of staff attributed the calmer atmosphere in the units to the development of a more open regime, which meant that detainees felt less frustrated.
- 1.24 Most conflicts were low level and associated with room sharing. Some ex-prisoner detainees had had a single room in prison and found sharing difficult. Differences in religious or cultural practices, poor hygiene and verbal insults were typical of the sources of tension. These were also often underpinned by individuals' frustrations about a lack of positive news on their cases. We were provided with a detainee safety survey dated May 2010. Although we were told that others had been done, they were not provided during the inspection or mentioned in the Stay Safe Annual Report.
- 1.25 The centre had prioritised detainees' safety reasonably well. This was managed by a 'stay safe' manager and three welfare and 'stay safe' officers. Detainee representation at the monthly diversity and stay safe meeting had been poor and, as at the last inspection, representatives from the escort contractor and the UK Border Agency (UKBA) did not attend it.
- 1.26 The stay safe team played an integral part in resolving conflicts and often mediated between individuals. In 2012, an average of 22 conflict referral reports were sent to the team each month. Formal monitoring procedures were rarely required – only two detainees had been subject to these in 2012. The stay safe team had developed some basic care plans for individuals.
- 1.27 Four buddies provided their peers with some good support to help reduce their frustrations. A further eight had completed a two-day training course. They worked in reception and participated in induction. Much of their work involved advocating and interpreting for other detainees, as well as helping them to complete legal forms. They sometimes found it difficult to see detainees held in the FNLNU awaiting imminent deportation, and women had no access to a buddy scheme. Buddies felt well supported by the stay safe team but less so by unit officers.
- 1.28 The assessment and integration unit (AIU) accommodated some vulnerable detainees (see section on safeguarding (protection of adults at risk)). The former vulnerable detainee unit, which we previously criticised, was now used to hold women detainees (see section on equality and diversity).

Recommendations

- 1.29 **A survey of detainees' perceptions of safety should be completed and analysed, and findings used to inform safer detention strategies.**
- 1.30 **Buddies should be available to all detainees, and they should be able to attend diversity and stay safe meetings.**

Housekeeping point

- 1.31 The escort contractor and UKBA staff should attend stay safe meetings.

Self-harm and suicide prevention

Expected outcomes:

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

- 1.32 The number of self-harm incidents had declined and risks were appropriately managed. The quality of self-harm monitoring procedures was mostly good, but not all reviews were multidisciplinary and interpretation was underused. Those who refused food were appropriately monitored.
- 1.33 There had been no self-inflicted deaths since the previous inspection and the number of detainees who harmed themselves had declined. Data for 2012 indicated that on average, around five detainees harmed themselves every month – almost half the number recorded in 2011. The number of self-harm monitoring documents opened had also fallen since the last inspection. An average of 26 were opened each month, most in the FNLNU where anxieties were the greatest. Anti-ligature clothing had also been used less often – only once in 2012. Procedures for those in need of constant watch were good and focused on interacting with detainees, rather than simply observing them.
- 1.34 There was a good focus on learning lessons, including those from serious incidents of self-harm, which were investigated to a good standard. Action plans had been developed to address recommendations from deaths in custody reports. Checks were being made on equipment, cardiopulmonary resuscitation training sessions had been provided and all officers were now carrying ligature knives.
- 1.35 The quality of self-harm monitoring documents was mostly good. Assessments were satisfactory, care maps were generally good and most were regularly updated after reviews. Immigration cases were the main triggers for self-harm. Reviews often included a range of departments, including UKBA, but we found some where only the case manager and detainee were present. Professional interpretation was not always used when necessary during reviews, despite having been raised as a concern following the investigation of a serious incident of self-harm (see main recommendation HE.46). In some cases, other detainees had provided interpretation, but there was no evidence that vulnerable detainees had agreed to this.
- 1.36 Ongoing daily entries demonstrated interaction with detainees. A good range of external agencies provided detainees with support; they included counsellors and fortnightly visits from the Samaritans. Checks were made that detainees being discharged when subject to self-harm monitoring procedures had information about the support available.
- 1.37 The distress of some detainees was demonstrated by the large number in the health care in-patient unit because they were refusing food. Three of the six detainees being monitored were located there. Detainees who were not collecting meals, but purchasing items from the shop were appropriately monitored. The centre took the matter of refusing to eat seriously and the overall management of people refusing food was appropriate.

Recommendation

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

Safeguarding (protection of adults at risk)

Expected outcomes:

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

1.39 There was no centre policy on safeguarding adults at risk. A range of departments had developed basic care plans, but not all vulnerable detainees were identified. The AIU had been used to support some detainees, but had primarily been used for other purposes.

1.40 The centre did not have a safeguarding policy or links with the local authority adult safeguarding board. There were procedures for reporting staff concerns and a code of conduct had been published. Various departments had developed a range of care plans for the more vulnerable detainees at risk, but not all those who had a disability or who were vulnerable were identified (see section on equality and diversity) and there was no coordinated approach.

1.41 The operation of the AIU was described in local instructions to staff. This essentially provided detainees with support to help integrate them into one of the main residential units. However, over the previous five months, the unit had been used for other purposes, primarily when there were insufficient spaces in other units or where detainees were awaiting transfer. During the inspection only one of the four residents in the unit required support. A small number of detainees who were vulnerable due to their personality or for mental health reasons had been supported in the unit and some basic care plans had been developed.

Recommendations

- 1.42 A safeguarding policy should be developed and links made with the local authority adult safeguarding board.
- 1.43 The purpose of the assessment and integration unit should be clarified and the criteria for its use adhered to.

Safeguarding children

Expected outcomes:

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

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

1.44 Child protection measures had become the responsibility of the security department and some progress was being made. Some good care plans had been put in place in age dispute cases and detainees who were a potential risk to children were identified.

1.45 There was a comprehensive child protection policy (January 2013), which outlined links with the local authority and procedures to refer child protection concerns. The security department had taken over responsibility for child protection measures from the health care department. There was no established child protection forum, but a child protection meeting had taken place in December 2012; it was planned that meetings would take place quarterly. A log of child protection cases had been started and initial contacts made with the local authority, but there was no centre representation on the local safeguarding children's board.

1.46 The policy outlined assessment procedures to follow in age dispute cases and the immediate actions required to protect such detainees from mixing with adults, including the allocation of a single room, usually in the health care department. We saw comprehensive care plans in age dispute cases; eight detainees had been subject to age disputes in 2012 and most were transferred or discharged within 72 hours.

1.47 The centre had identified detainees subject to multi-agency public protection arrangements and others convicted of sex offences. Procedures were in place to identify detainees who might have posed a risk to children during visits. Arrangements were made to minimise these risks, for example, visits were arranged outside advertised visiting times if necessary. These practices had not been formalised in a written policy.

1.48 Details from the staff list indicated that 67 staff were out of date with Criminal Records Bureau and counter-terrorist check clearance. Some required clearance renewals. The list needed updating and it was not possible to confirm its accuracy.

Recommendations

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

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

Housekeeping point

1.51 Arrangements to safeguard children during visits from detainees identified as being a potential risk should be formalised and included in the visits policy.

Security

Expected outcomes:
Detainees feel secure in an unoppressive environment.

1.52 Important parts of dynamic security were in place. Procedural security was managed properly. The security information reports (SIRs) we saw had been processed appropriately and without delay. Risk assessment and management systems were effective and had improved since our

last inspection. There was no evidence that the centre was risk averse in its allocation of activity spaces to detainees and, overall, security procedures were not hindering their ability to access a full regime.

- 1.53 Important elements of dynamic security were in place. Relationships between staff and detainees were generally good and supervision arrangements on residential units was effective (see also section on staff-detainee relationships).
- 1.54 Procedural security was managed properly and security committee meetings were well attended by staff representatives from relevant areas within the establishment. The standing agenda was comprehensive and included a thorough analysis of SIRs. Monthly security objectives were agreed through the appropriate consideration of intelligence. Reports from other areas of the centre, such as residential units, and from the use of force coordinator were also discussed. However, links with drug misuse service providers were underdeveloped and an organised strategy for supply reduction was not in place.
- 1.55 The security department received an average of about 200 SIRs each month. They were processed and categorised by full-time security analysts. Intelligence was effectively communicated to other areas of the centre, particularly the residential units, to allow staff to make informed decisions about detainees or to take necessary action. This included weekly published reports and daily security handovers to residential staff with a breakdown of relevant information on specific areas so that recommended action could be carried out.
- 1.56 We reviewed a random selection of SIRs and found that they had been submitted by staff from a wide range of departments and that the information reported was not purely observational. All the SIRs we looked at had been processed appropriately and without undue delay.
- 1.57 Risk assessment and management systems were particularly effective and had improved since the last inspection. Information about the detainee's recent custodial behaviour as well as historic data was used extensively to inform assessments. There was evidence that the centre had adopted a mature and proactive attitude towards implementing risk management systems that allowed them to respond proportionately to security issues. For example, detainees could move freely between the paired residential units following the introduction of an effective free-flow system, strip-searching was rare and for exceptional reasons only, and the use of handcuffs relied on in-depth risk assessments. We saw little evidence of the centre being risk averse in its allocation of activity spaces to detainees and security procedures were not hindering their ability to access a full regime.

Housekeeping point

- 1.58 Links with drug service providers should be improved and a supply reduction strategy should be put into place.

Rewards scheme

Expected outcomes:

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

- 1.59 The rewards scheme served little purpose. Virtually all detainees were on the enhanced regime and few were demoted. The scheme's operations were not monitored.
- 1.60 Information about the incentives and earned privileges (IEP) scheme was included in the induction booklet and described in local instructions to staff and detainees. Detainees signed to confirm they had received a copy of the house rules.
- 1.61 The scheme had two levels – standard and enhanced. During the week of the inspection virtually all detainees were on the enhanced regime, which was not unusual. Regime levels were reviewed when detainees received three warnings over seven days. The sanction was a reduction in daily pay from £1 to 50p, which was reviewed after one week. Written warnings were issued, which detainees were required to sign. It was appropriate that there was no longer an enhanced unit.
- 1.62 The scheme's operations were not monitored, which meant there was no record of the occasions when detainees were demoted; managers thought there had only been two appeals in 2012. The IEP scheme served little purpose in a largely well-behaved population.

The use of force and single separation

Expected outcomes:

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

- 1.63 The number of incidents requiring the use of force had decreased and there was a corresponding decline in the number of times that restraint locks were used. Governance arrangements were reasonable, but video recordings of planned removals were poor. Paperwork was generally completed correctly and accounts from officers usually assured us that force was used appropriately and as a last resort. The number of detainees who were separated and the length of time they spent in the separation unit had declined significantly since the last inspection. Proper authority had been given in all the examined cases, but we were not confident that separation under operational instructions for reasons of complex removal was sufficiently justified.
- 1.64 There had been a reduction in the number of incidents requiring the use of force. In 2012, there had been 152 incidents where force was used. Although remaining high it represented a reduction of over 100 compared with the number recorded in 2010 following the previous inspection. Of these, about 85% did not involve the use of restraint locks or pain compliance techniques.
- 1.65 Rigorous monitoring arrangements were in place and there were links to violence reduction, the security committee and the senior management team. Incidents were discussed at the monthly security committee meetings. Information, including the nature of the incident, its location, the ethnicity and age of the detainee was collated each month, but analysis to identify and deal with any emerging patterns and trends was underdeveloped.
- 1.66 Interventions were well organised, properly carried out and, on the whole, documentation was completed correctly. Proper authority was recorded and senior staff supervised most incidents.

There was evidence that force was used proportionately and as a last resort when dealing with difficult and violent behaviour. Planned incidents were recorded on video, but the quality was poor. As a result, recordings provided little indication of what had happened during the incident.

- 1.67 The separation unit was located at the end of a secure corridor near the residential units in the main part of the centre. Accommodation consisted of 12 rooms over two floors. The six rooms on the ground floor were used to house detainees who were being confined temporarily. Rooms on the first floor held detainees who had been removed from association. Living conditions in the unit were reasonable. Communal corridors were clean and brightly painted. However, most rooms were poorly furnished with only a bed and mattress; ventilation was generally poor and some rooms were dirty.
- 1.68 Use of separation was high, but had declined to half the number recorded at the last inspection. There had been about 300 cases of separation in 2012 compared with more than 600 in 2010. Of these, about 80% were as a result of removal from association (under rule 40).
- 1.69 The amount of time detainees were separated had decreased from about three days to one day. Relationships between staff and detainees were reasonable. Officers treated detainees respectfully, and were clearly comfortable when dealing with them.
- 1.70 A basic daily regime programme included daily showers, exercise and access to telephones. We were told that, following risk assessments, detainees removed under rule 40 could attend activities such as the library and gym. In practice, this was often not offered and there was little other purposeful activity available. Detainees were not allowed their mobile phones while in the separation unit.
- 1.71 Separation was usually authorised properly. However, a small but significant number of detainees had been separated under rule 40 for what were described as 'operational instructions for reason of complex removal'. These did not appear justified on the basis of risk assessment (see removal and release section).

Recommendation

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

Housekeeping points

- 1.73 Data analysis should identify emerging patterns and trends.
- 1.74 The quality of video recordings of planned incidents should be improved.

Legal rights

Expected outcomes:

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

- 1.75 Reasonable efforts were made to provide legal assistance. Waiting times for detention duty advice surgeries were not long, but access for women detainees was more restricted. Lawyers could visit the centre easily and bring mobile phones and laptops, but there were not enough consultation rooms. The library was a good resource for legal information and forms. Some news websites had been inappropriately blocked. Efforts were made to give detainees access to information about bail procedures, but not all of them received copies of their bail summaries in time.
- 1.76 In our survey, fewer detainees than in other centres said they had a lawyer (62% compared with 70%) or that they could contact their lawyer easily (64% compared with 72%).
- 1.77 Detainees could receive half an hour's free legal advice from accredited lawyers through detention duty advice surgeries which ran three days a week. Access to the surgeries was reasonably good. On the second day of our inspection, there was a four-day wait for the surgery. Rather than take the next available slot, some detainees chose to wait to avoid a particular firm of solicitors that had a poor reputation. Staff told us that the surgeries usually ran smoothly, but one was cancelled during our inspection because the solicitor failed to attend the centre. Other than the first half-hour of advice, there was no guarantee that lawyers would provide ongoing legal representation. Detainees whose asylum claims were processed through the detained fast track procedure (see section on casework) were automatically referred to a legal aid lawyer.
- 1.78 Detainees held in the main part of the centre could sign up for the surgeries in the library. Staff would phone the library on behalf of detainees held in the FNLNU. We were not assured that women held in the Rose Unit were advised of the surgeries or referred when necessary. One woman who needed advice was only referred to the surgery after the matter was raised by inspectors. The surgeries were reasonably well advertised throughout the main part of the centre, but some notices promoting legal advice were out of date.
- 1.79 Lawyers could access the centre quickly without excessive security measures and could bring in laptops and mobile phones. There were insufficient interview rooms for legal visits. The seven consultation rooms were used by the onsite UKBA contact management team, detained fast track caseworkers, lawyers, counsellors and embassy staff conducting emergency travel document interviews.
- 1.80 The library was a good resource for information on legal rights. A good range of legal forms, information and books were presented in an orderly and accessible manner. Access to legal books in the library and country of origin reports had improved since our last inspection (43% compared with 17% and 19% compared with 11% respectively). Detainees could access country of origin information reports on the internet but some hard copies in the library were out of date.
- 1.81 Detainees could access key legal websites and forms on the intranet but some news websites in detainees' countries of origin were inappropriately blocked (see section on communications); they could not easily have them unblocked.
- 1.82 Efforts were made to give detainees access to information about bail procedures. The voluntary organisation, Bail for Immigration Detainees (BID), ran a regular monthly workshop. Detention Action also attended regularly to assist detainees with applications for bail accommodation. The library held copies of bail and bail accommodation application forms together with BID's handbook on in English and two other languages. Despite this, only a third of detainees in our survey said that it was easy to obtain bail information. Not all detainees

who had made bail applications received a copy of the bail summary by 2pm on the working day before their bail hearing. UKBA staff told us approximately a quarter were served late. The onsite team did not routinely chase caseworkers for late summaries.

- 1.83 Information relating to the Office of the Immigration Services Commissioner was displayed in the library but we did not see any information on the Legal Ombudsman.

Recommendations

- 1.84 Women should be routinely informed of the detention duty advice scheme and referred to it when necessary.
- 1.85 There should be a sufficient number of consultation rooms for legal visits.
- 1.86 Detainees should receive bail summaries by 2pm on the working day before their bail hearing.

Housekeeping points

- 1.87 Country of origin reports in the library should be up to date.
- 1.88 News websites in detainees' countries of origin should be accessible and centre staff should be able to unblock websites easily.
- 1.89 Notices promoting legal advice should be up to date.
- 1.90 Complaint forms and information leaflets promoting the services of the Legal Ombudsman should be available in a range of languages.

Casework

Expected outcomes:

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

1.91 Some detainees were held for excessive periods. Access to UKBA was hindered by staff shortages among the contact management team. Induction interviews were reasonably good, but not all detainees were seen within 24 hours. Reports written under rule 35⁴ did not provide enough clinical opinion. Replies were timely but dismissive. In one case poor case management had led to someone being detained unnecessarily.

1.92 Many detainees were held for lengthy periods: 49 had been held between six and 12 months; 29 between 12 and 24 months; and five for more than 24 months. The longest period of detention was four and half years. These cases required urgent resolution. The onsite contact

⁴ Detention Centre Rule 35 requires medical practitioners to report on detainees whose health is likely to be injuriously affected by detention as a result of a special illness or experience of torture.

management team could not easily provide a list of detainees by length of accumulated detention. Six Zimbabweans and five Somalis were held despite the difficulties enforcing removal to these countries.

- 1.93 Obtaining travel documents and nationality disputes were often cited as barriers to removal. Detention reviews showed that UKBA went to lengths to review detainees' cases, including visiting detainees' home towns in their country of origin, liaising with the authorities of third countries and interviewing detainees' relatives in the UK. The detention review proforma had been updated since our last inspection and now contained summaries of the last three reviews and a series of questions including: 'What actions have you taken to progress the case since the last review?'
- 1.94 The onsite UKBA contact management team comprised two full-time equivalent deputy managers and seven administrative officers. Unfilled vacancies for two administrative officers and a manager affected the team's ability to provide detainees with the required services. In our survey, only 15% of detainees, compared with 26% in other centres, said that it was easy to see the centre's immigration staff. UKBA's own figures showed that not all detainees were seen with 24 hours of making a request. UKBA's criminal casework directorate ran drop-in surgeries once a month over two days but did not have access to details on the casework information database during surgeries.
- 1.95 Not all detainees received an induction within 24 hours of arrival. Induction interviews were reasonably well conducted. Telephone interpretation was used when necessary, detainees were given the reasons for their detention and signposted to detention duty advice surgeries if necessary. Detainees were not routinely given a bail application form. They were interviewed on chairs chained to the floor which was unwelcoming and unnecessary.
- 1.96 The centre held 145 detainees whose asylum claims were being processed through the detained fast track (DFT) process. There were no DFT surgeries so that detainees could ask questions or receive updates.
- 1.97 Fifty-three rule 35 reports had been submitted by the health care department in the three months before our inspection. The reports were written by a doctor and contained body maps. Photographs were sometimes taken, but none were forwarded to the caseworker. The reports did not comment on the consistency between scarring and a method of torture. For example, one detainee claimed he was burnt on his back with cigarettes. While the scarring was documented, the doctor did not provide a comment on whether the scarring was consistent with cigarette burns. Reports were handwritten and in some cases difficult to read. Responses were prompt, but dismissive. For example, a female detainee claimed she was tortured in Iran. The caseworker stated that one of the reasons for refusing to release her was: 'You arrived without a valid travel document', ignoring the substantive issue.
- 1.98 We found a case involving a female Indian national who had been unnecessarily detained as a result of UKBA's inefficient management. She had entered the UK as dependant of her husband who was studying in the UK. When her husband's college had had its licence withdrawn, UKBA wrote to her by recorded delivery giving her two months to leave the UK. A year later she was arrested; she protested that she had not received a letter. The officer authorising detention did not check the Royal Mail track and trace website, which in fact proved she had been telling the truth. When we met her she was confused and distressed. UKBA subsequently released her after a wholly unnecessary night in detention and granted her two further months' leave to remain.

Recommendations

- 1.99 There should be sufficient onsite immigration staff to induct and respond to detainees' queries within 24 hours.
- 1.100 Rule 35 reports should provide clinical opinions, particularly on the consistency between scarring and alleged methods of torture.
- 1.101 The decision to detain someone should be a last resort and only taken after a thorough examination of the facts.

Housekeeping points

- 1.102 The onsite contact management team should easily be able to access statistics on detainees' accumulated length of detention.
- 1.103 Caseworkers should have access to UKBA's casework information database during criminal casework directorate surgeries.
- 1.104 Detainees should be given a bail application form during their induction interviews.
- 1.105 Detainees should only be interviewed on chairs chained to the floor following an individual risk assessment.
- 1.106 Photographs taken in preparation of a rule 35 report should be forwarded to a caseworker for consideration.

Section 2: Respect

Residential units

Expected outcomes:

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

- 2.1 The four main residential units were generally grubby and some areas were dirty. Rooms were, on the whole, poorly ventilated and many were also dirty. Some toilets were filthy and some showers were affected by lime scale. Galleried landings provided good sight lines for observation. Units looked and felt much like a prison. The Rose Unit was poorly ventilated and could become cramped.
- 2.2 The four main residential units were generally grubby but some areas, particularly on the upper floors, were dirty. There were open bins full of rubbish on the ground floors of all residential units and we found spent cigarette ends in communal areas. Walls were stained and there was ground-in dirt on stairwells.
- 2.3 Rooms were, on the whole, poorly decorated and many were dirty. All, however, had televisions and in-room power. Toilets in some rooms were filthy and there was graffiti scratched on to walls and plastic windows.
- 2.4 The ventilation system on all residential units was poor. The main access to fresh air on the units came from opening the doors to the exercise areas. Room windows had no air vents and could not be opened. The ventilation system was cleaned regularly but many rooms were hot and seemed airless. Communal showers on all landings were working but not sufficiently screened. Living conditions in the Rose Unit for women could become cramped, and ventilation was poor (see equality and diversity section). The large dormitory was clean, but showers were affected by lime scale.
- 2.5 Observation panels were clear and there was evidence that an offensive displays policy was enforced. Records kept in the control room showed that room call bells were usually answered within five minutes and those we tested were answered promptly.
- 2.6 Galleried landings allowed good sight lines for observation but, overall, units looked and felt like prison. The ground floor of all wings had tables and chairs, but there was not enough space for all detainees to be able to eat together so many ate in their rooms. As at the previous inspection, there had been no modifications to reduce noise levels. In our survey, only half of respondents (52%) said that it was quiet enough to sleep at night.
- 2.7 All detainees could wear their own clothes and had weekly access to properly equipped wing laundries. There were reasonable supplies of centre clothing and bedding could be exchanged once a week. Detainees had access to necessary supplies of their own personal hygiene items, but they reported that the provision of general cleaning materials and clean sheets was problematic in some residential units.
- 2.8 Local rules and routines were publicised prominently throughout all residential and communal areas. There was evidence that they were applied openly and fairly.

Recommendations

- 2.9 All rooms and communal areas in residential units should be kept clean, decorated, well ventilated and free from graffiti.
- 2.10 Showers should be adequately screened.
- 2.11 Sound proofing should be introduced in residential units.

Staff–detainee relationships

Expected outcomes:

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

- 2.12 Most detainees said staff treated them with respect and we observed some good interactions. These were aided by the fact that staff were now located at open desks in between the wings. Staff appeared very busy and detainees commented that they often did not have time to be helpful. The personal officer scheme appeared largely ineffective.
- 2.13 In our survey, 72% of detainees said that most staff treated them with respect, substantially better than at the last inspection (51%) and now similar to other immigration removal centres (IRCs). Our interviews also confirmed this. Many detainees sympathetic to the difficulties staff had in meeting their needs and responding to their general frustrations. However, a number also said that staff were not particularly helpful and that they had no time to assist them.
- 2.14 We observed generally good staff-detainee interactions, which had improved by stationing detainee custody officers at open desks in between wings; this meant they were more available. We observed some staff entering rooms without knocking.
- 2.15 A number of staff spoke other languages, which assisted communication with some detainee groups. However, interpretation was not sufficiently well used for others (see section on equality and diversity). For example, we spoke with Chinese detainees who said they had very little interaction with staff. There were no regular group meetings to enhance communication with detainees who spoke little English.
- 2.16 Detainees had an allocated personal officer, but most of those asked did not know who it was. Despite a clear policy, the scheme appeared largely redundant. With a few exceptions, there were usually few contact record entries from personal officers, either on the computer record or paper contact sheets held in wing offices. Entries were minimal and usually demonstrated no interaction with detainees. In our survey, 56% compared with 62% in other IRCs said that they had a member of staff to turn to if they had a problem.

Recommendation

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

Housekeeping point

- 2.18 Staff should knock before entering detainees' rooms.

Equality and diversity

Expected outcomes:

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

- 2.19 Strategic management of equality and diversity was weak. Monitoring was inadequate. There were no obvious racial, religious or ethnic tensions in the centre. Provision for women, detainees with disabilities and gay or bisexual men was poor.

Strategic management

- 2.20 The equality and diversity policy lacked substance and failed to identify the needs of the population or how they would be met. Many parts of the centre were decorated with positive multicultural images, which set a positive tone. The equality and diversity policy was not well promoted among detainees. There were a number of detainee buddies, who had received some equalities training, but their role was not well advertised (see also section on reception).
- 2.21 A diversity committee met regularly, and was generally well attended, but action points were not always noted or followed up. There was more monitoring data than at our last inspection, but it was not sufficiently sophisticated to assure us that any potential inequalities would have been identified. There was no written evidence of any investigations resulting from the analysis, although we were told about several instances where diversity outcomes for detainees had improved as a result of consultation and investigation. The small number of discrimination complaints received were thoroughly investigated.
- 2.22 There was no regular, systematic consultation with detainees from any of the protected groups. All detainees were invited to the centre's main consultative meetings, but this was not sufficient to ensure that all protected groups knew how to obtain support.
- 2.23 In our survey, non-English speakers were negative when they were asked about whether they understood the reasons for their detention and the induction information. The only translated material we saw invited detainees to speak to a member of staff if they could not understand a notice. This was woefully inadequate for an IRC. Professional telephone interpretation was used extensively in the health care department, but rarely elsewhere in the centre, including in induction. We met non-English speaking detainees who had been at the centre for some time, but were still unclear about basic routines (see main recommendation HE.46).

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

Recommendations

- 2.24 The strategy to support detainee equality and diversity should be actively promoted and supported by a programme of regular consultation with detainees and detainee representatives from the different protected groups.
- 2.25 Diversity monitoring should be meaningful and presented so that potential disadvantages are obvious. The analysis and investigation of any imbalances identified should be recorded.

Protected characteristics

- 2.26 There were a number of Asian staff, and some detainees alleged that Asian staff tended to favour Asian detainees. However, there were no recorded complaints, and it seemed likely that the concerns related to feelings of isolation if staff spoke foreign languages to other detainees. On balance, it was commendable that staff used their language skills to communicate with detainees.
- 2.27 Almost half the detainee population were Muslim and one third were Christian; many other faiths were represented. Access to paid work and the welfare team was monitored by religion, and was broadly representative. There was no obvious tension between detainees from different religious groups, and the diversity team was aware of potential tension within religions.
- 2.28 Staff were not aware of any detainees with disabilities at the start of our inspection, but our survey indicated that 14% of the population described themselves as having a disability. These detainees were negative about a number of areas, including having a member of staff they could turn to, being victimised by other detainees, and having enough to do to fill their time. Most staff had a broad understanding of disability and were aware of a reporting system, but this was not well used, even in reception. Links with the health care department, which might have helped to identify detainees with disabilities, were underdeveloped. There was no carer scheme or any reasonable adjustments for individual detainees. We did see some historic evidence of personal emergency evacuation plans. There was a wheelchair-accessible room in one unit, but the support rail by the toilet was broken and there was no privacy curtain. The only wheelchair accessible showers were in rooms in the health care department or single separation unit. There was a bath with a hoist in the health care department, but the room was being used for storage.
- 2.29 Up to eight female detainees could be held in the Rose Unit, which had two single rooms and six dormitory beds. Women were also sometimes held alongside men in the FNLNU if there was no space in the unit, and this was unacceptable. There was internet access, a television and a radio in the unit, but women had almost no opportunity to access the regime and welfare services available in the main centre. The daily routine suggested that women could use these services when the male detainees were locked up, but in practice this did not happen. Women were offered several opportunities for exercise every day, and these were their only opportunities to smoke. The exercise yard was bleak, and overlooked by rooms occupied by male detainees. If they took exercise, women could purchase a very limited range of products from a shop trolley (see activities section).
- 2.30 There was no overall strategy or policy document to describe the care of women at Colnbrook and we found that staff looking after them were ill-informed about issues affecting women detainees. The inadequacy of the provision for women was mitigated by the short lengths of

stay. We were told that a new, larger unit for women detainees was to open five weeks after our inspection.

- 2.31 There was no monitoring of the number of gay or bisexual men in the population, and no support group. Diversity staff were aware of intolerance from some ethnic and religious groups at the centre, and felt that this discouraged men from disclosing their sexuality. There was no strategy to confront these attitudes or to provide support to gay or bisexual detainees, other than by advertising a telephone helpline. The equality and diversity policy contained guidance on how to support transgender detainees.
- 2.32 There were some services for older detainees (see section on health services), but no particular focus on the specific needs of a small number of young adults. In our survey, this group tended to report similar perceptions to the rest of the population.

Recommendations

- 2.33 Detainees with disabilities should be identified and assessed to ensure that their needs are met. The reasons for their more negative perceptions should be investigated and corrective action taken.
- 2.34 Female detainees should not be held alongside male detainees in the same unit.
- 2.35 Female detainees should have equitable access to the regime and welfare services.
- 2.36 There should be strategies to support gay and bisexual detainees and young adults.

Housekeeping point

- 2.37 The wheelchair accessible room in the normal location should be properly equipped and fitted with a shower.

Faith and religious activity

Expected outcomes:

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

- 2.38 Faith and religious provision was generally good, and had improved since our last visit. There was still scope to communicate more proactively with the detainee population.
- 2.39 All the major faiths had dedicated physical worship facilities, which were generally good. A refurbishment of the chapel area was ongoing. The faith rooms were sometimes kept locked to safeguard their contents, but not all detainees knew that they could ask staff to unlock them, and some were therefore denied access.
- 2.40 In our survey, more detainees than at the last inspection reported that their religious beliefs were respected. However, more information was needed on religious provision, so that detainees from all faiths could understand what was available, when and where. A variety of

Christian community groups visited regularly, and Qur'anic and Bible classes were usually available every week. Religious festivals were appropriately celebrated.

- 2.41 There was a good range of religious leaders, and most visited the centre regularly. The Sikh and Hindu leaders were responsible for staffing the chaplaincy, faith and culture room on a daily basis. They helped detainees with queries, referred them to other faith leaders, or simply listened. This made them particularly visible, but they often did not have enough time to take part in detainees' care planning reviews.

Recommendation

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

Complaints

Expected outcomes:

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

- 2.43 Complaint forms in a variety of languages were easily available around the centre. The number of complaints fell following the introduction of an informal resolution process. Investigations were good and replies polite and constructive. Quality assurance was very good. The location and type of incident were recorded monthly but trends over time were not monitored.
- 2.44 Detainees could complain using the UK Border Agency (UKBA) detention services complaints forms, which were available throughout the centre in a variety of languages. Complaint forms were forwarded to UKBA's detention services customer services unit, where they were allocated to the relevant investigator. Senior managers discussed a monthly complaints report, which analysed complaints by type and location, but the latter aggregated all wing units together as 'residential' rather than considering each individual unit. The report provided a snapshot but did not examine trends over time.
- 2.45 In the three months before our inspection, 88 complaints had been submitted (approximately 29 a month). This was less than the 44 complaints a month submitted in 2010. The reduction appeared to be due largely to the introduction of an effective informal resolution (customer service application) process. This meant that detainees could resolve minor issues without resorting to a complaint.
- 2.46 Despite continuing poor detainee perceptions of the complaints process, complaint investigations were very good. Detainees were interviewed promptly. Replies were typed, timely, polite, written in plain English and constructive. Quality assurance systems were very good. All replies were quality checked by a manager and those that were upheld were passed to the centre manager for review. In the previous six months, Serco substantiated 47% of complaints and apologised to detainees where necessary. Detainees were given a leaflet with their reply explaining how they could have their complaint investigated by the Prisons and Probation Ombudsman.

Recommendation

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

Housekeeping point

- 2.48 Complaints monitoring should examine long-term trends and include analysis by unit location.

Health services

Expected outcomes:

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

- 2.49 Contractual changes and the establishment of an interim health care manager over the six months prior to our inspection had led to some significant changes in the management and quality of health care services. Detainees were not satisfied with the waiting time for GP appointments or the limited range of dental treatments available, but our survey indicated that there had been some improvements. We found that detainees had good access to appropriate primary care services, but that attendance rates at GP clinics were poor. Pharmacy services had improved and dental services were of a good quality, but limited to emergency care only. Mental health care was satisfactory and referrals for those with enduring mental health problems were made promptly.

Governance arrangements

- 2.50 The IRC was in the process of developing new health care arrangements with the National Commissioning Board; health care services were provided by Serco Health. Relationships with UKBA as current commissioners were good, and the centre director took an active part in clinical governance arrangements. An interim health care manager had been in place for six months; she had a good relationship with the director and regularly attended meetings with senior managers.
- 2.51 The last health needs assessment had been completed in 2010 and a new assessment was being commissioned for 2013. In addition, a detailed operating standards audit had been carried out in August 2012 with many recommendations that had subsequently been achieved to improve care for detainees. Two nurses provided clinical leads for physical and mental health care, but four vacant nurse posts inhibited the development of staff. Health care staff provided detainees with a good level of care and worked well together.
- 2.52 Our survey indicated that detainees were more satisfied with services than during our previous inspection, but they told us that they still had a number of concerns about access to and the quality of care provided.

- 2.53 The health care centre was located in the main building on the first floor with adequate access for those who were disabled. A small six bedded in-patient unit was located on the second floor; it was full and we were informed that this was usually the case. Detainees could exercise and associate away from the unit if they were able, but facilities to keep them occupied in the unit were limited. All rooms were clean, but natural light was limited and rooms in the in-patient unit needed redecoration.
- 2.54 The department provided detainees with a 24-hour service, including GP cover throughout the week. A range of clinics appropriate for the IRC population had been developed and further investment in staff would have enabled more care to be delivered on site. One of the nurses led the management of the small number of older detainees, but GPs took charge of detainees with chronic diseases. Staff training was well organised and all were up to date in the mandatory elements. Clinical supervision was delivered mainly via groups.
- 2.55 Three GPs provided clinics every day throughout the week and saw new detainees each morning and routine cases in the afternoon. Detainees had access to the same out-of-hours' service as in the local community and we were informed that practice GPs were also available on the phone until 10pm. Two pharmacy assistants provided a service during week days and a pharmacist visited the centre twice a month to carry out medicine reviews and see detainees. One of the pharmacy assistants was about to complete her technician training. A local practice provided dental services and a dentist and nurse delivered two sessions over one day a week. Absence cover was provided by the dentist from Harmondsworth IRC.
- 2.56 SystmOne, the electronic clinical information system, was due to be installed in April 2013. Paper records were well organised and appropriately stored. The delivery of health care followed national guidance and staff were informed of policy and procedural changes via weekly meetings and published notices. A protocol was used for the management and care of detainees who refused food and at the time of our inspection three in-patients were being cared for appropriately. Emergency resuscitation equipment was located in the health care centre, A and B unit treatment rooms and in reception. All the equipment was well maintained with records of checks carried out daily.
- 2.57 Detainees were represented at a dedicated health care forum, which met monthly and gave them the opportunity to discuss health care. A strategy for health promotion had not been developed, but there was an adequate amount of health promotion information. A well-man clinic was also provided regularly. Appropriate policies and procedures for communicable diseases were in place with evidence of detainees being isolated when required. The health care complaints process was well managed with an average of four complaints every month. A sample we looked at showed that they were managed promptly and all complainants were given a typed response detailing the issue sensitively.
- 2.58 Adequate preparations were made prior to the removal or release of detainees. Detainees were provided with a letter outlining any care and treatment that had been provided during their detention. Detainees who were receiving medication were supplied with an appropriate amount of medicines when they were discharged (see section on pharmacy.)

Recommendation

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

Housekeeping point

- 2.60 Patient rooms in the in-patient unit should be redecorated.

Delivery of care (physical health)

- 2.61 Nursing staff carried out comprehensive health care screening for all detainees within two hours of their arrival in reception. All were then given the opportunity to see a GP within 24 hours. The health care room in reception was large and well equipped for the screening process. We observed telephone translation services being used and detainees were provided with a leaflet outlining the services available. Leaflets were printed in a variety of languages, but were not always handed out. Health care applications were processed separately and all new detainees were seen initially by a nurse who either provided treatment or referred them to the appropriate clinic. None of the nurses were triage trained and little use was made of triage algorithms. Patients who needed to be seen by a GP were allocated an appointment within three days and women could be seen by a female GP if requested. Attendance rates at GP clinics were poor.
- 2.62 One of the GPs had attended training on recognising alleged acts of trauma and torture, but he was the only member of the health care team that had. A record was maintained of all reports written under rule 35⁶ and the responses received from UKBA (see section on casework.) Detainees separated under temporary confinement and removal from association rules were seen daily by a nurse and a GP as well as by mental health staff when required. Some vaccination programmes were available and detainees who had started courses of treatment, such as for protection against Hepatitis B, were provided with the remainder of their course. Condoms were provided at the health care centre and information was available around the IRC. A health care administrator managed outside hospital appointments effectively and there were two escort opportunities every week day that were always used. Additional escorts were provided for detainees who needed X-ray appointments. Appointments were very rarely cancelled due to lack of escorts.
- 2.63 Custody staff managed the small in-patient unit and nurses attended to detainees at various times throughout the day. All the rooms were equipped with hospital beds, showers and toilets. The unit also had a small television room and a kitchen. There was a pool table and dining area for detainees but most chose to eat in their rooms. Detainees were generally satisfied with the level of care provided.

Recommendations

- 2.64 Nurses delivering triage clinics should receive appropriate training and triage algorithms should be used to ensure consistency of treatment.
- 2.65 Health care staff should attend training in the recognition of alleged trauma and torture.

⁶ Detention Centre Rule 35 requires medical practitioners to report on detainees whose health is likely to be injuriously affected by detention as a result of a special illness or experience of torture.

Housekeeping points

- 2.66 All detainees should receive written information about the health care services available.
- 2.67 Attendance at GP clinics should be investigated and measures taken to reduce the number that fail to attend.

Pharmacy

- 2.68 The pharmacy room in the health care centre was clean and well organised, with medicines appropriately stored. Medicines were administered at therapeutic times on four occasions each day and prescriptions were supplied in a timely manner. The treatment rooms on the wings were satisfactory areas for medicine administration and drug trolleys were used in the FNLNU and the in-patient unit. The trolleys were not chained to the wall in the pharmacy. Controlled drugs were administered from the pharmacy room. All prescriptions were paper based and administration charts included risk assessments for detainees who had their medicines in possession. The GPs used the same formulary (medications used to inform prescribing) as in their own practice. More medicines were now given in possession, but there was still a large amount of stock that could also have been administered in this way. Policies and procedures had been updated and there were a small number of patient group directions (PGD) (which enable nurses to supply and administer prescription-only medicine). Further PGDs were being developed and nurses trained appropriately. The medicines and therapeutic committee met monthly and one of the GPs attended it. Prescribing that we observed was appropriate for the IRC population. Detainees leaving the centre were given a five-day supply of medication and those with longer-term medication needs were given three months' supply.

Recommendation

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

Housekeeping point

- 2.70 Drug trolleys should be adequately secured to the wall in the pharmacy.

Dentistry

- 2.71 The dental suite was large and included a separate room where instruments were decontaminated. The suite was very clean and all equipment well maintained. A small part of the floor skirting needed to be repaired. Detainees were generally negative about the amount of treatment that could be provided. The dental contract was primarily for emergency treatment and assumed a high turnover of detainees, even though there were some that had been detained for very long periods and needed a wider treatment regime as a consequence. There were very short waiting times for patients and all were seen the week following their application. We observed detainees being cared for respectfully and telephone translation services were used effectively when required. Detainees were provided with oral health information while being treated and given written information if appropriate. All dental treatment was recorded in the health care clinical record and the service had been included in plans to implement SystemOne.

Recommendation

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

Delivery of care (mental health)

- 2.73 Detainees were seen by primary care mental health nurses when required and there was an open referral system. There had been 918 referrals in 2012 and mental health nurses saw approximately 10 detainees every day. There was a multidisciplinary approach to managing detainees, which involved meetings with the stay safe team and case conferences including the psychiatrist, UKBA staff and the head of residence. Detainees requiring secondary mental health care were referred to Hillingdon Hospital, while those requiring transfer to secure mental health units were managed swiftly. In the year prior to our inspection there had been three transfers. Detainees also had access to three professional counsellors who were available four days a week.
- 2.74 A visiting psychiatrist attended one and a half days a week, when they attended the weekly case conference and saw detainees. At the time of our inspection two patients with mental health problems were accommodated in the in-patient unit. Their mental health needs were being addressed and they had been referred quickly for further psychiatric assessment. Mental health awareness training for custody staff had been delivered by an outside provider in the previous year and a programme for 2013 was to be delivered by the mental health team.

Substance misuse

Expected outcomes:

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

- 2.75 Substance misuse services had improved since the last inspection but strategic planning was underdeveloped and links with the security department were weak.

- 2.76 Substance misuse services were delivered by primary care nurses. One of the GPs had a level 2 Royal College of General Practitioners (RCGP) certificate in substance misuse and one of the visiting psychiatrists was a substance misuse specialist. Two of the mental health nurses had received the RCGP level 1 training in substance misuse. None of the general nursing staff had received any additional training in the management of detainees who were substance users and detainees did not have access to any dual diagnosis nurses working with detainees with substance use problems and mental health issues. There was no IRC drug strategy and no strategic committee overseeing substance misuse areas (see section on security.) There was a protocol to manage detainees requiring alcohol detoxification, which was carried out in the in-patient unit. At the time of our inspection four detainees were receiving methadone. All were on a reducing programme, but there was no psychological support. Arrangements were in place to ensure that detainees who needed prescribed medication on their first night in detention could receive it. Subutex was also available. Information was provided about substance misuse services in the detainees' country of origin.

Recommendations

- 2.77 Effective strategies should be developed for the management of patients with drug and alcohol problems.
- 2.78 Specialist dual diagnosis services should be available for detainees with mental health and substance misuse problems.
- 2.79 Detainees with substance misuse problems should have access to psychological interventions that are integrated with their clinical treatment.

Services

Expected outcomes:

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

- 2.80 The quality of food was poor and consultation with detainees was ineffective. The cultural kitchen was popular, but it was too small and waiting lists were long. The centre stocked a reasonable amount of goods, but sometimes ran out of important items. Access was good for most but restricted for detainees in the FNLNU and women.
- 2.81 In our survey, only 13% of detainees said that the food was good or very good, significantly fewer than in other IRCs (30%). The food quality, variety and cultural range were all criticised. We observed that the food was bland and much of it was fried and felt unhealthy and unbalanced. There were no fresh vegetables or salads. Menus incorporated halal, vegan and vegetarian options daily. Although food and shop consultations did take place, there was little evidence that these had led to effective remedial action (see main recommendation HE.47).
- 2.82 The cultural kitchen (where detainees could cook communal meals) was widely appreciated; however its popularity meant that there were long waiting lists and its operational kitchen and dining spaces were small.
- 2.83 Second helpings were offered where they were available. Detainees could eat communally, but there were not enough tables and chairs in the units to enable detainees to eat at the same time. There was an effective system to identify which detainees had not eaten food on a given day (see paragraph 1.37).
- 2.84 The kitchen was clean and met hygiene standards. Food was stored, prepared and distributed in accordance with religious, cultural and other special dietary requirements. The health care department and the kitchen liaised daily to discuss detainees' special diets. Those who worked in the kitchen were trained to appropriate standards and wore proper clothing.
- 2.85 Improvements had been made to the shop since the last inspection. In our survey 38% of detainees said that the range of items in the shop was sufficient, significantly more than at the last inspection (16%) and now the same as in other IRCs. Goods were generally clearly labelled and reasonably priced; however, the price of mobile phones was increasing and many detainees complained that the cost was prohibitive. Most detainees had regular access to the

shop, but detainees in the FNLNU and women usually only had access to trolleys containing a very limited number of goods. Staff could and did react to detainees' specific requests for approved items, but at times the shop ran out of specific items, including mobile phones (see section on communications).

Recommendations

- 2.86 The cultural kitchen should be expanded to enable more detainees to benefit from it more regularly.
- 2.87 Detainees in all areas of the centre should have full shop access.

Housekeeping point

- 2.88 A longer-term shop sales monitoring and trend analysis approach should be taken to better respond to detainees' needs.

Section 3: Activities

Expected outcomes:

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

- 3.1 A good range of interesting and engaging activities were offered which, in general, met the needs of the majority of the short-stay male detainees. Good individual coaching and support enabled them to pursue and develop useful skills and interests, but no formal arrangements for monitoring and improving the quality of provision had been put in place. There was a satisfactory range of paid work. Some detainees were inappropriately prohibited from working by the UK Border Agency (UKBA) due to non-compliance. Detainees made good use of the internet suite and library, both of which were well managed. A good and well-supervised range of indoor sports and fitness facilities were effective in meeting the needs of male detainees, although the small number of female detainees at the centre rarely used them. While some good use was made of the exercise yards for outside sports, these areas were small.
- 3.2 A wide range of activities was available to detainees during the day, week day evenings and at weekends, although not all classes operated at all these times. Access for male detainees was fair and based on risk assessments. Access for detainees in the induction unit had improved significantly since the last inspection. Once they had completed an induction, they were able to attend most of the activity sessions. Activities were well promoted through interesting and easy-to-follow displays in the main centre, but there was little or no promotion in the residential units.
- 3.3 The small number of female detainees were able to use very basic facilities in the Rose Unit, but they had poor access to those in the main centre and were only able to use them when they were not available to male detainees (see section on equality and diversity). The centre had no systematic arrangements for monitoring the participation of this group or for assuring or improving the quality of its provision.
- 3.4 Classes, including regular English, information technology (IT), arts and crafts, music and radio production, and media and photography, were popular, although attendance was better in the afternoons and evenings, than in the mornings. Detainees also had the use of a well-equipped games room, a well-organised internet suite with an effective booking system to ensure fair access and a cultural kitchen where they could cook communal meals under the supervision of a catering tutor. Occasional quizzes and celebratory events to mark cultural festivities were also organised.
- 3.5 Managers had improved their collection and use of data to record and monitor attendance by nationality and type of activity. Attendance was reported on and reviewed, mainly by nationality, in the monthly equality and diversity meetings, but little use had yet been made of this information in curriculum planning or to monitor the effectiveness of the provision for female detainees.

Learning and skills

- 3.6 Detainees could obtain externally accredited qualifications from levels 1 to 3 in IT. The centre also offered internal certification on most other courses to recognise progress and the development of new skills. A monthly awards ceremony was held where detainees'

achievements were celebrated. Classes could be attended on a flexible basis to meet the needs of detainees with legal or immigration appointments. If a class was particularly popular, the three-hour session was divided into two halves to ensure fair access for as many detainees as possible. IT, English for speakers of other languages and arts and crafts were offered every morning and afternoon and on one evening each week. Some detainees could gain useful skills to help them find work on leaving detention. Media and photography and music and radio production were available on at least two afternoons each week.

- 3.7 Teachers were appropriately qualified and experienced in their subject areas. Many also had teaching qualifications and were well established members of staff at Colnbrook. Classes were not usually formally planned on a whole-class basis, but teachers provided good support and effective one-to-one coaching and showed sensitivity towards the needs of the detainees. Some classes, such as arts and crafts, had monthly themed activities to provide a focal point for detainees' work. Cover arrangements were effective and classes were rarely cancelled due to staff absences. Classes were well resourced and welcoming and used appropriate materials. Very good use had been made of detainees' artwork to decorate the walls of the activity area, making it an attractive place to visit. Many male detainees generally made good use of the activities on offer and our survey showed an increase in involvement from 16% at the last inspection to 22%, compared with 21% in other immigration removal centres.

Recommendations

- 3.8 Arrangements to observe and monitor activity sessions should be put in place to assure the quality of teaching and learning and to share good practice.
- 3.9 Suitable and accessible activities should be made available to meet the needs of female detainees.

Paid work

- 3.10 The centre offered paid work opportunities to 177 detainees, split into two teams, each of which worked for half the week. At the time of the inspection, 147 of these positions were filled. The number of jobs available appeared to have increased since the last inspection and the proportion of detainees in paid work remained approximately the same at around one third.
- 3.11 The centre had developed good work opportunities to supplement those supported by UKBA. These were carefully planned to meet the needs of some longer-term detainees. Of the total number of paid work opportunities available, half were supported and paid for by UKBA and half by Serco. Paid work was part time and included: kitchen, servery and laundry work; cleaning; painting and decorating; and work as gymnasium orderlies, unit assistants, barbers' assistants and buddies. Detainees could work in the small garden and assist with bee-keeping and some special wood workshop projects, the results of which were used in the centre. No work opportunities were available for the small number of female detainees, but they were generally in the centre for only very short periods of time.
- 3.12 Detainees were informed about paid work opportunities during their induction to the centre and application forms were distributed around the residential units when positions became or were about to become vacant. Detainees understood the job applications process well and considered it to be fair. Pay rates varied, but they were clear and equitable. Detainees received an appropriate briefing for their work roles and reported that waiting times between application and starting work were generally short. However, work opportunities were not well promoted in the centre or in residential units. At the time of the inspection, a jobs board was

about to be moved to another area of the activity centre, but the main form of promotion was through word of mouth.

Recommendation

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

Library

- 3.14 A well organised library with a good space in which detainees could read, relax and congregate was open on week day mornings and afternoons to male detainees. Female detainees had escorted access to library facilities during week days, at times when it was not open to male detainees. Book trolleys were also available in the Rose and separation units. Access for the majority was fairly allocated between the four main residential units to prevent overcrowding. However, it was limited to week day opening times. Due to a reduction in staffing, the library was not open during week day evenings or at weekends. A trained library assistant managed the library well and provided detainees with very good additional support to help them complete official forms and requests for information.
- 3.15 The library carried a stock of around 4000 books, which included fiction and non-fiction, up-to-date legal references, a good range of magazines and English and foreign language newspapers. Books were available in 26 languages. The library held a small stock of games, but most were available in the games room, as was a selection of DVDs. Easy readers were available in the English classroom.
- 3.16 The librarian responded well to requests from detainees for particular materials and informally monitored the detainee population profile to ensure that resources were available in appropriate languages. Attendance at the library by nationality was also well monitored. Loans and returns were well supervised.

Sports and physical activity

- 3.17 Male detainees, including those from the first night last night unit (FNLNU), had daily and evening access to good, well equipped and maintained indoor sports facilities. The sports hall and two gyms were well managed by trained staff who paid attention to detainees' health and safety. Occasional outdoor sports activities and competitions were organised in the two exercise yards attached to the residential units, but these areas were small and had to be kept free for much of the time to ensure detainees had access to outside areas for fresh air and individual exercise. Some small, permanent items of outdoor equipment were now available in the exercise yards, including the one attached to the FNLNU.
- 3.18 A good range of physical activities such as cricket, football, basketball, table tennis and cardiovascular and weight training was on offer to meet the needs of the significant majority of detainees. Additional activities such as dance and yoga were also available. All activities were well promoted through good quality, informative displays in the sports area, which often encouraged detainees to try something new. However, none of this promotional material was aimed at women. The centre had plans to install some indoor sports equipment in the new unit for female detainees. The small Rose Unit, where females were housed, had no sports equipment or easy access to outdoor exercise.

- 3.19 All detainees received an induction to the sports facilities before being able to use them. Communication between health care and sports staff had improved and the latter were generally kept well informed about any health problems that might have affected participation in physical activities. Appropriate records were kept of any reported accidents, although these were few. Men who did not have suitable sports kit or training shoes were offered mainly second-hand kit to enable them to participate. Detainees could shower in their residential units after sport and physical activity.

Recommendation

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

Section 4: Preparation for removal and release

Welfare

Expected outcomes:

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

- 4.1 The welfare team was keen, supportive, and valued by detainees. The absence of a systematic assessment of detainees' needs on arrival or before release limited the effectiveness of their work.
- 4.2 Detainees found it easy to access the two welfare offices and could obtain useful support from a small team of staff on a range of issues, including help with access to solicitors and to the UK Border Agency (UKBA), referrals to support organisations, appealing removal instructions and voluntary return.
- 4.3 The welfare team was represented during the induction process by detainee buddies (see sections on bullying and violence reduction and equality and diversity), who provided new detainees with information; however, needs were not assessed. The welfare service was therefore not proactive, but relied on detainees coming forward and requesting help. The same was true at the end of the detention period.
- 4.4 There was a perception that unit staff could have dealt with some of the issues that were being referred to welfare, which would have allowed welfare staff to concentrate on more complex cases. There was also some frustration over the potential conflict of interest when helping detainees, as Serco staff were not supposed to help detainees avoid removal by UKBA. Detainees reported feeling caught between two systems. A variety of external organisations were engaged to offer detainees support, either by telephone, individual appointments or group meetings.

Recommendation

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

Visits

Expected outcomes:

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

- 4.6 The length and frequency of visiting times was very good. The outside visitors' centre was fit for purpose. Visitors were not told how their personal data would be handled. The visits hall was reasonably pleasant but the children's area required redecorating. There were occasional delays in visitors moving from the visitors' centre to the visits hall. Security measures for visitors were proportionate.
- 4.7 The length and frequency of visiting times was very good. Detainees could see visitors every day from 2pm until 9pm with the last admission at 8.30pm. There was no restriction on the length of the visit. In our survey, more detainees (53%) than at other centres (47%) said that they had had a visit.
- 4.8 The outside visitors' centre was small but suitable and contained soft chairs, lockers, a television, toilets, baby changing facilities and vending machines. Visits centre staff were polite. Visitors had their photographs taken and fingerprints scanned on arrival. The photograph and fingerprints were held electronically together with the visitors' personal details. Photographs and fingerprints were deleted after six months, but personal details were retained permanently. There were no notices explaining the centre's data handling process. UKBA owned the data and used it to assess the strength of detainees' family ties in relation to their immigration cases. Legal representatives could request redacted details of their client's visitors.
- 4.9 The visits hall was reasonably pleasant with soft movable seating. The children's area looked tired: some toys were grubby, the walls were scuffed and the carpet was dirty. Sometimes there were delays in moving visitors from the visits centre to the visits hall. We saw one visitor take 40 minutes to move to the hall. Visits staff were friendly and security measures appropriate. In our survey, more detainees (67%) than at our last inspection (36%) said that visits staff treated them well. A notice stated that praying in the visits hall was banned. The intention was to avoid disturbing other detainees but the effect was heavy-handed.
- 4.10 The practice of allowing detainees to eat meals with their families at weekends in the visits hall had been discontinued because of a lack of take up. The centre was considering re-launching the initiative. There were no family days. The Jesuit Refugee Service visited detainees who did not normally receive visits. Inappropriate restrictions on volunteer visitors had been removed since our last visit. Visitors no longer had to leave the hall when visiting more than one detainee and could take paper and pens in.
- 4.11 During our inspection, 19 visitors were banned from entering the centre and four detainees were on closed visits. These restrictions were reviewed at security meetings. Detainees and visitors were informed in writing of these restrictions. There was no internal appeal against them; detainees and visitors were instead advised to appeal to the Prisons and Probation Ombudsman.

Recommendations

- 4.12 The centre should implement an internal appeal system for detainees on closed visits and banned visitors.
- 4.13 The centre's processes for handling and disposing of personal data should be explained to visitors.

Housekeeping points

- 4.14 The sign banning visitors from praying in the visits hall should be removed.
- 4.15 The centre should introduce family days and reintroduce the facility for detainees to eat meal with their visitors.

Communications

Expected outcomes:

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

- 4.16 Phone access was adequate but mobile phones were not always available. Detainees were not always made aware that they could borrow phones, which was especially important in the early stage of detention. The booking system for the internet room worked effectively, but some relevant websites were blocked. There was good access to faxes and postal mail.
- 4.17 Phone access through fixed lines or mobiles was reasonable overall. According to our survey 59% of detainees stated that it was easy to use the phone. Detainees were allowed a free five-minute phone call on their arrival. Fixed phones were in working order and mobile phones and phone cards were generally available from the shop. However, access was made more difficult when there was a limited availability of mobiles for detainees to borrow, especially in the first night last night unit (FNLNU); at the time of the inspection only nine mobile phones were available for detainee held there. This was exacerbated when mobile phones were in low stock in the shop. Many detainees complained that they had not been made aware of the ability to borrow a phone especially when they first arrived.
- 4.18 Access to personal email and use of the internet in the information technology (IT) room was generally equitable and worked effectively. The booking system had improved access to the IT room and detainees generally thought it was a fair system. The IT room had 12 fully operational terminals. Attachments could be downloaded and printed.
- 4.19 Many detainees complained that certain websites were regularly blocked as a result of a firewall. These included foreign national news websites, as well as other sites, which had, at times, hindered detainees' research. Detainees and some staff were unclear about the need to block sites and blocking appeared to be inconsistently applied. There was no access to social networking sites or Skype to promote family contact.
- 4.20 Detainees could readily access the fax machines, which were available between the units and in the FNLNU, the Rose Unit and other areas. These allowed international and domestic faxing. Detainees were generally content with the fax services.
- 4.21 No complaints were raised about postal mail problems and during the inspection outgoing and incoming mail was handled efficiently. According to our survey, 27% of detainees said that they had problems sending or receiving mail. Destitute detainees who needed to send legal documents received financial assistance.

Recommendations

- 4.22 All detainees should have access to a mobile phone and the shop and trolleys to all areas should always have an adequate supply for sale.
- 4.23 Detainees should have access to Skype and social networking sites unless individual risk assessment determines that this is inappropriate. In general, a more flexible internet firewall that more adequately suits the needs and situations of detainees should be adopted.

Removal and release

Expected outcomes:

Detainees leaving detention are prepared for their release, transfer, or removal. Detainees are treated sensitively and humanely and are able to retain or recover their property.

- 4.24 Detainees were given reasonable notice of release or removal, but planning was not proactive or systematic. Detainees were moved to the FNLC before removal and the accommodation there was poor. Complex removals were managed in a draconian fashion with insufficient attention to detainees' vulnerabilities.
- 4.25 Staff in the resettlement and welfare teams helped a number of detainees resolve issues prior to release, but there was no systematic release planning for all. We were told about detainees who had been released too late in the day to catch the last train home, and cases where detainees were removed without the means for onward travel from the airport to their final destination. Once these issues had been identified, the staff were sometimes able to contact support services or provide financial assistance, but this could not be guaranteed. There was also evidence that staff had worked hard to help detainees retrieve property before removal and of cooperation between centres to develop resettlement packs focusing on different countries. The intention was to offer these to detainees being removed, and to use them to support resettlement planning.
- 4.26 Detainees who were to be removed were moved to different accommodation for their last night, where they were locked up for longer than the rest of the population and had more limited access to communication facilities – this was particularly problematic for those seeking judicial review or for those without a mobile phone. During our inspection, emergency solicitors' telephone numbers were not available in this unit. In one case, centre staff mistook the identity of a Bangladeshi detainee and took him to the FNLNU to be removed on a Sri Lankan charter flight, causing unnecessary distress.
- 4.27 Detainees could request clothing that was suitable for their destination, and were given a bag in which to carry their possessions. All were released with a letter providing details of any medical conditions or ongoing treatment. Ex-prisoners were reminded of their licence conditions and given an appointment with their offender manager as necessary.
- 4.28 A small number of detainees were separated under rule 40 for what were described as 'operational instructions for reason of complex removal'. In these 'complex removal' cases, we were told that detainees were considered to be attempting to thwart removal, often through self-harming behaviour. In the 12 cases we examined we were not assured that separation

was justified. Individual operational plans were poor and did not address the needs of the detainee. The prescribed regime was always too austere and security measures such as strip-searching were routine and not supported by adequate assessments of current risk.

Recommendation

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

Housekeeping point

- 4.30 Telephone numbers for emergency solicitors should be clearly publicised in the first night last night unit.

Section 5: Recommendations, housekeeping points 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 centre manager

-
- 5.1 Detainees held in the FNLNU should have access to an open and full regime in a clean and properly ventilated environment. (HE.45)
 - 5.2 Key information such as the induction booklet should be translated into prominent languages. Professional interpretation should always be used whenever sensitive matters are discussed, or when accuracy and confidentiality are important. (HE.46)
 - 5.3 There should be swift improvements in the quality, variety and cultural range of the food. Consultation should include a regular food survey, and demonstrable action should be taken in response to key findings. (HE.47)

Recommendations

To the centre manager

Escort vehicles and transfers

-
- 5.4 Detainees should not be subjected to excessive or overnight transfers around the detention estate. (1.6)
 - 5.5 Full prison files should accompany detainees arriving from prison. (1.7)

Early days in detention

-
- 5.6 First night procedures should include systems to ensure that detainees' individual needs are identified and addressed, and that they feel supported and safe on their first night. (1.17)
 - 5.7 Women detainees and those who speak little English should receive an effective induction to the centre. (1.18)

Bullying and violence reduction

-
- 5.8 A survey of detainees' perceptions of safety should be completed and analysed, and findings used to inform safer detention strategies. (1.29)
 - 5.9 Buddies should be available to all detainees, and they should be able to attend diversity and stay safe meetings. (1.30)

Self-harm and suicide prevention

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

Safeguarding (protection of adults at risk)

- 5.11 A safeguarding policy should be developed and links made with the local authority adult safeguarding board. (1.42)
- 5.12 The purpose of the assessment and integration unit should be clarified and the criteria for its use adhered to. (1.43)

Safeguarding children

- 5.13 Formal links with the local safeguarding children's board should be strengthened and used to help develop and promote child protection measures throughout the centre. (1.49)
- 5.14 All staff should be shown to be up to date with Criminal Records Bureau checks. (1.50)

The use of force and single separation

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

Legal rights

- 5.16 Women should be routinely informed of the detention duty advice scheme and referred to it when necessary. (1.84)
- 5.17 There should be a sufficient number of consultation rooms for legal visits. (1.85)
- 5.18 Detainees should receive bail summaries by 2pm on the working day before their bail hearing. (1.86)

Casework

- 5.19 There should be sufficient onsite immigration staff to induct and respond to detainees' queries within 24 hours. (1.99)
- 5.20 Rule 35 reports should provide clinical opinions, particularly on the consistency between scarring and alleged methods of torture. (1.100)
- 5.21 The decision to detain someone should be a last resort and only taken after a thorough examination of the facts. (1.101)

Residential units

- 5.22 All rooms and communal areas in residential units should be kept clean, decorated, well ventilated and free from graffiti. (2.9)
- 5.23 Showers should be adequately screened. (2.10)
- 5.24 Sound proofing should be introduced in residential units. (2.11)

Staff-detainee relationships

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

Equality and diversity

- 5.26 The strategy to support detainee equality and diversity should be actively promoted and supported by a programme of regular consultation with detainees and detainee representatives from the different protected groups. (2.24)
- 5.27 Diversity monitoring should be meaningful and presented so that potential disadvantages are obvious. The analysis and investigation of any imbalances identified should be recorded. (2.25)
- 5.28 Detainees with disabilities should be identified and assessed to ensure that their needs are met. The reasons for their more negative perceptions should be investigated and corrective action taken. (2.33)
- 5.29 Female detainees should not be held alongside male detainees in the same unit. (2.34)
- 5.30 Female detainees should have equitable access to the regime and welfare services. (2.35)
- 5.31 There should be strategies to support gay and bisexual detainees and young adults. (2.36)

Faith and religious activity

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

Complaints

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

Health services

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

- 5.35 Nurses delivering triage clinics should receive appropriate training and triage algorithms should be used to ensure consistency of treatment. (2.64)
- 5.36 Health care staff should attend training in the recognition of alleged trauma and torture. (2.65)
- 5.37 The use of stock medicines should be reduced and a greater proportion of patients should receive their medicines in possession. (2.69)
- 5.38 Detainees should have access to the same level of dental care as is available in the community. This applies more significantly to detainees who remain in custody for extended periods of time. (2.72)

Substance misuse

- 5.39 Effective strategies should be developed for the management of patients with drug and alcohol problems. (2.77)
- 5.40 Specialist dual diagnosis services should be available for detainees with mental health and substance misuse problems. (2.78)
- 5.41 Detainees with substance misuse problems should have access to psychological interventions that are integrated with their clinical treatment. (2.79)

Services

- 5.42 The cultural kitchen should be expanded to enable more detainees to benefit from it more regularly. (2.86)
- 5.43 Detainees in all areas of the centre should have full shop access. (2.87)

Activities

- 5.44 Arrangements to observe and monitor activity sessions should be put in place to assure the quality of teaching and learning and to share good practice. (3.8)
- 5.45 Suitable and accessible activities should be made available to meet the needs of female detainees. (3.9)
- 5.46 The promotion of paid work should be improved so that all detainees are made aware of job opportunities. (3.13)
- 5.47 Suitable and accessible indoor and outdoor activities should be made available for female detainees. These should be well promoted to encourage women to attend. (3.20)

Welfare

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

Visits

- 5.49 The centre should implement an internal appeal system for detainees on closed visits and banned visitors. (4.12)
- 5.50 The centre's processes for handling and disposing of personal data should be explained to visitors. (4.13)

Communications

- 5.51 All detainees should have access to a mobile phone and the shop and trolleys to all areas should always have an adequate supply for sale. (4.22)
- 5.52 Detainees should have access to Skype and social networking sites unless individual risk assessment determines that this is inappropriate. In general, a more flexible internet firewall that more adequately suits the needs and situations of detainees should be adopted. (4.23)

Removal and release

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

Housekeeping points

Early days in detention

- 5.54 All detainees should start their induction on the first day after their arrival. (1.19)

Bullying and violence reduction

- 5.55 The escort contractor and UKBA staff should attend stay safe meetings. (1.31)

Safeguarding children

- 5.56 Arrangements to safeguard children during visits from detainees identified as being a potential risk should be formalised and included in the visits policy. (1.51)

Security

- 5.57 Links with drug service providers should be improved and a supply reduction strategy should be put into place. (1.58)

The use of force and single separation

- 5.58 Data analysis should identify emerging patterns and trends. (1.73)

- 5.59 The quality of video recordings of planned incidents should be improved. (1.74)

Legal rights

- 5.60 Country of origin reports in the library should be up to date. (1.87)
- 5.61 News websites in detainees' countries of origin should be accessible and centre staff should be able to unblock websites easily. (1.88)
- 5.62 Notices promoting legal advice should be up to date. (1.89)
- 5.63 Complaint forms and information leaflets promoting the services of the Legal Ombudsman should be available in a range of languages. (1.90)

Casework

- 5.64 The onsite contact management team should easily be able to access statistics on detainees' accumulated length of detention. (1.102)
- 5.65 Caseworkers should have access to UKBA's casework information database during criminal casework directorate surgeries. (1.103)
- 5.66 Detainees should be given a bail application form during their induction interviews. (1.104)
- 5.67 Detainees should only be interviewed on chairs chained to the floor following an individual risk assessment. (1.105)
- 5.68 Photographs taken in preparation of a rule 35 report should be forwarded to a caseworker for consideration. (1.106)

Staff-detainee relationships

- 5.69 Staff should knock before entering detainees' rooms. (2.18)

Equality and diversity

- 5.70 The wheelchair accessible room in the normal location should be properly equipped and fitted with a shower. (2.37)

Complaints

- 5.71 Complaints monitoring should examine long-term trends and include analysis by unit location. (2.48)

Health services

- 5.72 Patient rooms in the in-patient unit should be redecorated. (2.60)
- 5.73 All detainees should receive written information about the health care services available. (2.66)

- 5.74 Attendance at GP clinics should be investigated and measures taken to reduce the number that fail to attend. (2.67)
- 5.75 Drug trolleys should be adequately secured to the wall in the pharmacy. (2.70)

Services

- 5.76 A longer-term shop sales monitoring and trend analysis approach should be taken to better respond to detainees' needs. (2.88)

Visits

- 5.77 The sign banning visitors from praying in the visits hall should be removed. (4.14)
- 5.78 The centre should introduce family days and reintroduce the facility for detainees to eat meal with their visitors. (4.15)

Removal and release

- 5.79 Telephone numbers for emergency solicitors should be clearly publicised in the first night last night unit. (4.30)

Appendix I: Inspection team

Martin Lomas	Chief Inspector
Hindpal Singh Bhui	Team leader
Colin Carroll	Inspector
Paul Fenning	Inspector
Francesca Gordon	Inspector
Jeanette Hall	Inspector
Gordon Riach	Inspector
Mick Bowen	Health services inspector
Linda Truscott	Ofsted inspector
Caroline Elwood	Researcher
Olayinka Macauley	Researcher

Appendix II: Detainee population profile

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

Age	No. of men	No. of women	No. of children	%
Under 1 year	0	0	0	0
1 to 6 years	0	0	0	0
7 to 11 years	0	0	0	0
12 to 16 years	0	0	0	0
16 to 17 years	0	0	0	0
18 years to 21 years	32	0	0	9
22 years to 29 years	140	1	0	40
30 years to 39 years	112	0	0	32
40 years to 49 years	51	0	0	15
50 years to 59 years	13	0	0	3.5
60 years to 69 years	0	0	0	0
70 or over	2	0	0	0.5
Total	350	1	0	100

Nationality Please add further categories if necessary	No. of men	No. of women	No. of children	%
Afghanistan	20			5.7
Albanian	6			1.7
Algeria	15			4.3
Angola	1			0.3
Bangladesh	32			9.1
Belarus	0			0
Canadian	1			0.3
Cameroon	2			0.6
China	4			1.1
Colombia	1			0.3
Congo (Brazzaville)	1			0.3
Congo Democratic Republic (Zaire)	2			0.6
Dutch	2			0.6
Egyptian	1			0.3
Ecuador	0			0
Estonia	0			0
French	1			0.3
Gambian	8			2.3
Georgia	0			0
Ghana	5			1.4
Guinean	1			0.3
India	30			8.5
Iran	4			1.1
Iraq	9			2.6
Ivory Coast	1			0.3
Jamaica	20	1		5.7

Jordan	1			0.3
Kenya	3			0.9
Kosovo	1			0.3
Latvia	0			0
Liberia	1			0.3
Libyan	1			0.3
Lithuania	1			0.3
Malawian	2			0.6
Malian	1			0.3
Mauritanian	1			0.3
Malaysia	0			0
Moroccan	2			0.6
Nepalese	2			0.6
Nigeria	33			9.4
Pakistan	88			25.1
Palestinian	2			0.6
Polish	4			1.1
Portuguese	4			1.1
Romanian	1			0.3
Russia	0			0
Saudi Arabian	1			0.3
Sierra Leone	2			0.6
Somali	5			1.4
Sri Lanka	8			2.3
Trinidad and Tobago	0			0
Turkey	0			0
Ukraine	0			0
Vietnam	0			0
Yugoslavia (FRY)	0			0
Zambia	0			0
Zimbabwe	0			0
Other (please state)	0			0
Total	350	1	0	100

Religion/belief Please add further categories if necessary	No. of men	No. of women	No. of children	%
Buddhist	8		0	2
Roman Catholic	18		0	5
Christian	66	1	0	19
Orthodox			0	
Other Christian religion			0	
Hindu	15		0	4
Muslim	206		0	59
Sikh	16		0	4.4
Agnostic/atheist	10		0	3
Unknown	10		0	3
Other (please state what) Rasta	2		0	0.6
Total	351	1		100

Length of time in detention in this centre	No. of men	No. of women	No. of children	%
Less than 1 week	57	1		17
1 to 2 weeks	45			13
2 to 4 weeks	57			17
1 to 2 months	59			17
2 to 4 months	58			17
4 to 6 months	23			7
6 to 8 months	23			7
8 to 10 months	8			2
More than 10 months (please note the longest length of time)	12 (1079 days)			3
Total	342	1		100

Detainees' last location before detention in this centre	No. of men	No. of women	No. of children	%
Community	0	0	0	0
Another IRC	148	0	0	41
A short-term holding facility (eg at a port or reporting centre)	133	4	0	38
Police station	27	1	0	8
Prison	45	0	0	13
Total (as at 04/02/13)	353	5	0	100

Appendix III: Summary of detainee survey responses

Detainee survey methodology

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

Choosing the sample size

At the time of the survey on 28–29 January 2013, the detainee population at Colnbrook Removal Centre was 346; two of which were female. The questionnaire was offered to all detainees.

Selecting the sample

Questionnaires were offered to all adult detainees available at the time of the visit.

Completion of the questionnaire was voluntary. If a detainee was not bilingual, an interpreter was used via a telephone to communicate the purpose and aims of the survey.

Questionnaires were offered in 12 different languages.

Interviews were carried out with any respondents with literacy difficulties. In total, two respondents were interviewed.

Methodology

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 fill out the questionnaire immediately and hand it straight back to a member of the research team;
- 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.

We were unable to hand out questionnaires to seven detainees as they were 'DSI' (transferred or removed) at the time of distributing surveys.

Response rates

In total, 194 respondents completed and returned their questionnaires; both detainees from the Rose Unit returned their questionnaires. This represented 56% of the detainee population. The response rate was 56%. In total, 22 detainees refused to complete a questionnaire and 123 questionnaires were not returned or returned blank.

One hundred and forty-seven questionnaires (77%) were returned in English, 16 (8%) in Urdu, eight (4%) in Bengali, four (2%) in Chinese, three (2%) in Pashto, three (2%) in Punjabi, two (1%) in Albanian, two (1%) in Arabic, two (1%) in French, two (1%) in Polish, one (1%) in Farsi, one (1%) in Russian, and one (1%) in Tamil. Two interviews were conducted via telephone interpretation one (1%) in Kurdish Sorani and one (1%) in Swahili.

Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2013 against comparator figures for all detainees surveyed in detention centres. This comparator is based on all responses from detainee surveys carried out in 10 detention centres since April 2009.
- The current survey responses in 2013 against the responses of detainees surveyed at IRC in 2010.
- A comparison within the 2013 survey between the responses of non-English speaking detainees with English speaking detainees.
- A comparison within the 2013 survey between the responses of detainees who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2013 survey between the responses of Muslim detainees and non-Muslim detainees.
- A comparison within the 2013 survey between responses of those detainees aged under 21 years of age and those detainees aged over 21 years of age.

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

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

Summary

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

No questions have been filtered within the summary so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary, for example 'Not made a complaint' options across questions, may differ slightly. This is due to different response rates across questions, meaning that the percentages have been calculated out of different totals (all missing data is excluded). The actual numbers will match up as the data is 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 has been weighted for comparison purposes.

Survey summary

Section 1: About you

Q1	Are you male or female?	
	Male.....	185 (100%)
	Female	0 (0%)
Q2	What is your age?	
	Under 18.....	0 (0%)
	18-21.....	21 (11%)
	22-29.....	72 (38%)
	30-39.....	60 (32%)
	40-49.....	25 (13%)
	50-59.....	10 (5%)
	60-69.....	0 (0%)
	70 or over.....	0 (0%)
Q3	What region are you from? (Please tick only one.)	
	Africa.....	50 (27%)
	North America	2 (1%)
	South America.....	1 (1%)
	Indian subcontinent (India, Pakistan, Bangladesh, Sri Lanka).....	82 (45%)
	China	3 (2%)
	Other Asia	14 (8%)
	Caribbean	13 (7%)
	Europe.....	12 (7%)
	Middle East.....	5 (3%)
Q4	Do you understand spoken English?	
	Yes	150 (79%)
	No	39 (21%)
Q5	Do you understand written English?	
	Yes	132 (74%)
	No	47 (26%)
Q6	What would you classify, if any, as your religious group?	
	None	8 (4%)
	Church of England	12 (7%)
	Catholic	23 (13%)
	Protestant.....	4 (2%)
	Other Christian denomination	17 (9%)
	Buddhist.....	2 (1%)
	Hindu	8 (4%)
	Jewish	0 (0%)
	Muslim.....	102 (56%)
	Sikh	7 (4%)

Q7	Do you have a disability?	
	Yes	25 (13%)
	No	162 (87%)

Section 2: Immigration detention

Q8	When being detained, were you told the reasons why in a language you could understand?	
	Yes	123 (69%)
	No	54 (31%)

Q9	Including this centre, how many places have you been held in as an immigration detainee since being detained (including police stations, airport detention rooms, removal centres, and prison following end of sentence)?	
	One to two.....	110 (60%)
	Three to five.....	56 (31%)
	Six or more.....	16 (9%)

Q10	How long have you been detained in this centre?	
	Less than 1 week.....	27 (14%)
	More than 1 week less than 1 month.....	40 (21%)
	More than 1 month less than 3 months	51 (27%)
	More than 3 months less than 6 months	28 (15%)
	More than 6 months less than 9 months	13 (7%)
	More than 9 months less than 12 months.....	9 (5%)
	More than 12 months.....	22 (12%)

Section 3: Transfer and escorts

Q11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	
	Yes	71 (38%)
	No	99 (53%)
	Do not remember	18 (10%)

Q12	How long did you spend in the escort vehicle to get to this centre on your most recent journey?	
	Less than one hour.....	19 (10%)
	One to two hours	47 (25%)
	Two to four hours.....	59 (31%)
	More than four hours	52 (28%)
	Do not remember	12 (6%)

Q13	How did you feel you were treated by the escort staff?	
	Very well	30 (16%)
	Well	73 (39%)
	Neither.....	52 (28%)
	Badly.....	15 (8%)
	Very badly.....	14 (7%)
	Do not remember	3 (2%)

Section 4: Reception and first night

Q15	Were you seen by a member of health care staff in reception?	
	Yes	162 (85%)
	No	22 (12%)
	Do not remember	6 (3%)
Q16	When you were searched in reception, was this carried out in a sensitive way?	
	Yes	116 (64%)
	No	48 (27%)
	Do not remember/not applicable	16 (9%)
Q17	Overall, how well did you feel you were treated by staff in reception?	
	Very well	21 (11%)
	Well	76 (41%)
	Neither.....	50 (27%)
	Badly.....	23 (12%)
	Very badly	13 (7%)
	Do not remember	2 (1%)
Q18	On your day of arrival did you receive information about what was going to happen to you?	
	Yes	52 (28%)
	No	127 (67%)
	Do not remember	10 (5%)
Q19	On your day of arrival did you receive information about what support was available to you in this centre?	
	Yes	44 (23%)
	No	133 (70%)
	Do not remember	13 (7%)
Q20	Was any of this information given to you in a translated form?	
	Do not need translated material	46 (26%)
	Yes	29 (16%)
	No	105 (58%)
Q21	On your day of arrival did you get the opportunity to change into clean clothing?	
	Yes	95 (50%)
	No	87 (46%)
	Do not remember	7 (4%)
Q22	Did you feel safe on your first night here?	
	Yes	56 (30%)
	No	117 (63%)
	Do not remember	13 (7%)
Q23	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)	
	Not had any problems	30 (16%)
	Loss of property.....	21 (11%)
	Contacting family	56 (31%)
	Access to legal advice.....	48 (26%)

<i>Feeling depressed or suicidal</i>	95 (52%)
<i>Health problems</i>	60 (33%)

Q24	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	
	<i>Not had any problems</i>	30 (17%)
	Yes	36 (21%)
	No	107 (62%)

Section 5: Legal rights and immigration

Q26	Do you have a lawyer?	
	<i>Do not need one</i>	11 (6%)
	Yes	116 (62%)
	No	61 (32%)
Q27	Do you get free legal advice?	
	<i>Do not need legal advice</i>	18 (10%)
	Yes	78 (44%)
	No	80 (45%)
Q28	Can you contact your lawyer easily?	
	Yes	72 (39%)
	No	42 (23%)
	<i>Do not know/not applicable</i>	72 (39%)
Q29	Have you had a visit from your lawyer?	
	<i>Do not have one</i>	72 (39%)
	Yes	55 (30%)
	No	58 (31%)
Q30	Can you get legal books in the library?	
	Yes	78 (43%)
	No	50 (27%)
	<i>Do not know/not applicable</i>	55 (30%)
Q31	How easy or difficult is it for you to obtain bail information?	
	<i>Very easy</i>	16 (9%)
	<i>Easy</i>	43 (24%)
	<i>Neither</i>	35 (20%)
	<i>Difficult</i>	33 (19%)
	<i>Very difficult</i>	33 (19%)
	<i>Not applicable</i>	17 (10%)
Q32	Can you get access to official information reports on your country?	
	Yes	35 (19%)
	No	99 (55%)
	<i>Do not know/not applicable</i>	46 (26%)
Q33	How easy or difficult is it to see the centre's immigration staff when you want?	
	<i>Do not know/have not tried</i>	27 (15%)
	<i>Very easy</i>	5 (3%)

Easy.....	22 (12%)
Neither.....	23 (13%)
Difficult	51 (28%)
Very difficult.....	53 (29%)

Section 6: Respectful detention

Q35	Can you clean your clothes easily?	
	Yes	136 (72%)
	No	53 (28%)
Q36	Are you normally able to have a shower every day?	
	Yes	159 (85%)
	No	28 (15%)
Q37	Is it normally quiet enough for you to be able to relax or sleep in your room at night time?	
	Yes	98 (52%)
	No	89 (48%)
Q38	Can you normally get access to your property held by staff at the centre if you need to?	
	Yes	81 (44%)
	No	58 (31%)
	Do not know	47 (25%)
Q39	What is the food like here?	
	Very good.....	4 (2%)
	Good.....	21 (11%)
	Neither.....	44 (23%)
	Bad.....	40 (21%)
	Very bad	79 (42%)
Q40	Does the shop sell a wide enough range of goods to meet your needs?	
	Have not bought anything yet	11 (6%)
	Yes	71 (38%)
	No	103 (56%)
Q41	Do you feel that your religious beliefs are respected?	
	Yes	121 (66%)
	No	45 (25%)
	Not applicable	16 (9%)
Q42	Are you able to speak to a religious leader of your faith in private if you want to?	
	Yes	87 (47%)
	No	50 (27%)
	Do not know/not applicable	48 (26%)
Q43	How easy or difficult is it to get a complaint form?	
	Very easy.....	29 (15%)
	Easy.....	68 (36%)
	Neither.....	25 (13%)
	Difficult	12 (6%)
	Very difficult.....	22 (12%)

Do not know 32 (17%)

Q44 Have you made a complaint since you have been at this centre?
 Yes 62 (33%)
 No 106 (57%)
Do not know how to 18 (10%)

Q45 If yes, do you feel complaints are sorted out fairly?
 Yes 10 (5%)
 No 48 (26%)
Not made a complaint 124 (68%)

Section 7: Staff

Q47 Do you have a member of staff at the centre that you can turn to for help if you have a problem?
 Yes 103 (56%)
 No 81 (44%)

Q48 Do most staff at the centre treat you with respect?
 Yes 130 (72%)
 No 51 (28%)

Q49 Have any members of staff physically restrained you (C and R) in the last six months?
 Yes 19 (11%)
 No 151 (89%)

Q50 Have you spent a night in the separation/isolation unit in the last six months?
 Yes 40 (23%)
 No 134 (77%)

Section 8: Safety

Q52 Do you feel unsafe in this centre?
 Yes 95 (52%)
 No 88 (48%)

Q53 Has another detainee or group of detainees victimised (insulted or assaulted) you here?
 Yes 55 (33%)
 No 110 (67%)

Q54 If you have felt victimised by a detainee/group of detainees, what did the incident(s) involve? (Please tick all that apply to you.)
Physical abuse (being hit, kicked or assaulted) 15 (9%)
Because of your nationality 19 (12%)
Having your property taken 10 (6%)
Drugs 4 (2%)
Because you have a disability 1 (1%)
Because of your religion/religious beliefs 12 (7%)

Q55 Has a member of staff or group of staff victimised (insulted or assaulted) you here?
 Yes 42 (26%)
 No 119 (74%)

Q56	If you have felt victimised by a member of staff/group of staff, what did the incident(s) involve? (Please tick all that apply to you.)	
	<i>Physical abuse (being hit, kicked or assaulted)</i>	7 (4%)
	<i>Because of your nationality</i>	18 (11%)
	<i>Drugs</i>	1 (1%)
	<i>Because you have a disability</i>	2 (1%)
	<i>Because of your religion/religious beliefs</i>	8 (5%)
Q57	If you have been victimised by detainees or staff, did you report it?	
	<i>Yes</i>	30 (18%)
	<i>No</i>	33 (20%)
	Not been victimised	102 (62%)
Q58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	
	<i>Yes</i>	33 (20%)
	<i>No</i>	133 (80%)
Q59	Have you ever felt threatened or intimidated by a member of staff in here?	
	<i>Yes</i>	35 (21%)
	<i>No</i>	129 (79%)

Section 9: Health care

Q61	Is health information available in your own language?	
	<i>Yes</i>	54 (31%)
	<i>No</i>	74 (43%)
	Do not know	45 (26%)
Q62	Is a qualified interpreter available if you need one during health care assessments?	
	Do not need an interpreter/do not know	75 (45%)
	<i>Yes</i>	33 (20%)
	<i>No</i>	58 (35%)
Q63	Are you currently taking medication?	
	<i>Yes</i>	90 (51%)
	<i>No</i>	86 (49%)
Q64	What do you think of the overall quality of the health care here?	
	Have not been to health care	16 (9%)
	<i>Very good</i>	7 (4%)
	<i>Good</i>	40 (23%)
	<i>Neither</i>	36 (21%)
	<i>Bad</i>	29 (17%)
	<i>Very bad</i>	43 (25%)

Section 10: Activities

Q66	Are you doing any education here?	
	<i>Yes</i>	39 (22%)
	<i>No</i>	139 (78%)

Q67	Is the education helpful?	
	<i>Not doing any education</i>	139 (79%)
	Yes	35 (20%)
	No	2 (1%)
Q68	Can you work here if you want to?	
	<i>Do not want to work</i>	29 (17%)
	Yes	91 (53%)
	No	51 (30%)
Q69	Is there enough to do here to fill your time?	
	Yes	55 (34%)
	No	109 (66%)
Q70	How easy or difficult is it to go to the library?	
	<i>Do not know/do not want to go</i>	12 (7%)
	Very easy.....	43 (24%)
	Easy.....	55 (31%)
	Neither.....	32 (18%)
	Difficult	27 (15%)
	Very difficult.....	7 (4%)
Q71	How easy or difficult is it to go to the gym?	
	<i>Do not know/do not want to go</i>	20 (12%)
	Very easy.....	38 (22%)
	Easy.....	53 (31%)
	Neither.....	32 (18%)
	Difficult	22 (13%)
	Very difficult.....	8 (5%)

Section 11: Keeping in touch with family and friends

Q73	How easy or difficult is it to use the phone?	
	<i>Do not know/ Have not tried</i>	14 (8%)
	Very easy.....	43 (25%)
	Easy.....	59 (34%)
	Neither.....	20 (12%)
	Difficult	16 (9%)
	Very difficult.....	21 (12%)
Q74	Have you had any problems with sending or receiving mail?	
	Yes	46 (27%)
	No	89 (52%)
	<i>Do not know</i>	37 (22%)
Q75	Have you had a visit since you have been here from your family or friends?	
	Yes	91 (53%)
	No	81 (47%)
Q76	How did staff in the visits area treat you?	
	<i>Not had any visits</i>	53 (32%)
	Very well.....	18 (11%)

<i>Well</i>	57 (35%)
<i>Neither</i>	18 (11%)
<i>Badly</i>	10 (6%)
<i>Very badly</i>	9 (5%)

Appendix IV: Photographs

First night last night unit



Rose unit



Rose unit



Residential unit



Residential unit



Main comparator and comparator to last time



Detainee survey responses: Colbrook IRC 2013

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

Key to tables

		Colbrook 2013	IRC comparator	Colbrook 2013	Colbrook 2010
	Any percentage highlighted in green is significantly better	Colbrook 2013	IRC comparator	Colbrook 2013	Colbrook 2010
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		194	998	194	160
SECTION 1: General information					
1	Are you male?	100%	87%	100%	100%
2	Are you aged under 21 years?	11%	11%	11%	8%
4	Do you understand spoken English?	80%	74%	80%	83%
5	Do you understand written English?	74%	68%	74%	75%
6	Are you Muslim?	56%	42%	56%	44%
7	Do you have a disability?	14%	15%	14%	26%
SECTION 2: Immigration detention					
8	When being detained, were you told the reasons why in a language you could understand?	70%	72%	70%	65%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	9%	8%	9%	13%
10	Have you been detained in this centre for more than one month?	65%	61%	65%	
SECTION 3: Transfers and escorts					
11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	38%	34%	38%	22%
12	Did you spend more than four hours in the escort van to get to this centre?	28%	24%	28%	28%
13	Were you treated well/very well by the escort staff?	55%	56%	55%	50%
SECTION 4: Reception and first night					
15	Were you seen by a member of health care staff in reception?	85%	85%	85%	79%
16	When you were searched in reception was this carried out in a sensitive way?	64%	66%	64%	56%
17	Were you treated well/very well by staff in reception?	52%	60%	52%	38%
18	Did you receive information about what was going to happen to you on your day of arrival?	28%	33%	28%	25%
19	Did you receive information about what support was available to you in this centre on your day of arrival?	23%	38%	23%	
For those who required information in a translated form:					
20	Was any of this information provided in a translated form?	22%	23%	22%	16%
21	Did you get the opportunity to change into clean clothing on your day of arrival?	50%	61%	50%	32%
22	Did you feel safe on your first night here?	30%	53%	30%	23%
23a	Did you have any problems when you first arrived?	84%	69%	84%	85%
23b	Did you have any problems with loss of transferred property when you first arrived?	11%	16%	11%	35%
23c	Did you have any problems contacting family when you first arrived?	31%	19%	31%	27%

Main comparator and comparator to last time

Key to tables

		Colbrook 2013	IRC comparator	Colbrook 2013	Colbrook 2010
	Any percentage highlighted in green is significantly better	Colbrook 2013	IRC comparator	Colbrook 2013	Colbrook 2010
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 4: Reception and first night continued					
23d	Did you have any problems accessing legal advice when you first arrived?	26%	20%	26%	23%
23e	Did you have any problems with feeling depressed or suicidal when you first arrived?	52%	31%	52%	43%
23f	Did you have any health problems when you first arrived?	33%	26%	33%	44%
For those who had problems on arrival:					
24	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	25%	34%	25%	13%
SECTION 5: Legal rights and immigration					
26	Do you have a lawyer?	62%	70%	62%	61%
For those who have a lawyer:					
28	Can you contact your lawyer easily?	64%	72%	64%	64%
29	Have you had a visit from your lawyer?	49%	51%	49%	53%
27	Do you get free legal advice?	44%	41%	44%	38%
30	Can you get legal books in the library?	43%	38%	43%	17%
31	Is it easy/very easy for you to obtain bail information?	33%	31%	33%	30%
32	Can you get access to official information reports on your country?	19%	19%	19%	11%
33	Is it easy/very easy to see this centre's immigration staff when you want?	15%	26%	15%	
SECTION 6: Respectful detention					
35	Can you clean your clothes easily?	72%	76%	72%	
36	Are you normally able to have a shower every day?	85%	94%	85%	93%
37	Is it normally quiet enough for you to be able to sleep in your room at night?	52%	61%	52%	40%
38	Can you normally get access to your property held by staff at the centre, if you need to?	44%	53%	44%	39%
39	Is the food good/very good?	13%	30%	13%	13%
40	Does the shop sell a wide enough range of goods to meet your needs?	38%	38%	38%	16%
41	Do you feel that your religious beliefs are respected?	66%	71%	66%	47%
42	Are you able to speak to a religious leader of your own faith if you want to?	47%	53%	47%	41%
43	Is it easy/very easy to get a complaint form?	52%	54%	52%	46%
44	Have you made a complaint since you have been at this centre?	33%	27%	33%	50%
For those who have made a complaint:					
45	Do you feel complaints are sorted out fairly?	18%	22%	18%	17%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	Colnbrook 2013	IRC comparator	Colnbrook 2013	Colnbrook 2010
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 7: Staff					
47	Do you have a member of staff you can turn to for help if you have a problem?	56%	62%	56%	52%
48	Do most staff treat you with respect?	72%	74%	72%	51%
49	Have any members of staff physically restrained you in the last six months?	11%	14%	11%	21%
50	Have you spent a night in the segregation unit in the last six months?	23%	14%	23%	31%
SECTION 8: Safety					
52	Do you feel unsafe in this centre?	52%	38%	52%	
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	33%	25%	33%	44%
54a	Have you been hit, kicked or assaulted since you have been here? (By detainees)	9%	5%	9%	17%
54b	Have you been victimised because of your nationality since you have been here? (By detainees)	12%	8%	12%	12%
54c	Have you ever had your property taken since you have been here? (By detainees)	6%	5%	6%	14%
54d	Have you been victimised because of drugs since you have been here? (By detainees)	2%	3%	2%	8%
54e	Have you ever been victimised here because you have a disability? (By detainees)	1%	3%	1%	6%
54f	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	7%	5%	7%	6%
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	26%	20%	26%	36%
56a	Have you been hit, kicked or assaulted since you have been here? (By staff)	4%	5%	4%	11%
56b	Have you been victimised because of your nationality since you have been here? (By staff)	11%	8%	11%	11%
56c	Have you been victimised because of drugs since you have been here? (By staff)	1%	2%	1%	4%
56d	Have you ever been victimised here because you have a disability? (By staff)	1%	2%	1%	5%
56e	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	5%	3%	5%	6%
For those who have been victimised by detainees or staff:					
57	Did you report it?	47%	46%	47%	64%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	20%	19%	20%	38%
59	Have you ever felt threatened or intimidated by a member of staff in here?	21%	15%	21%	33%

Main comparator and comparator to last time

Key to tables

		Colinbrook 2013	IRC comparator	Colinbrook 2013	Colinbrook 2010
	Any percentage highlighted in green is significantly better	Colinbrook 2013	IRC comparator	Colinbrook 2013	Colinbrook 2010
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 9: Health services					
61	Is health information available in your own language?	31%	34%	31%	36%
62	Is a qualified interpreter available if you need one during health care assessments?	20%	14%	20%	13%
63	Are you currently taking medication?	51%	43%	51%	48%
For those who have been to health care:					
64	Do you think the overall quality of health care in this centre is good/very good?	30%	39%	30%	14%
SECTION 10: Activities					
66	Are you doing any education here?	22%	21%	22%	16%
For those doing education here:					
67	Is the education helpful?	94%	84%	94%	73%
68	Can you work here if you want to?	53%	54%	53%	43%
69	Is there enough to do here to fill your time?	34%	42%	34%	13%
70	Is it easy/very easy to go to the library?	56%	71%	56%	42%
71	Is it easy/very easy to go to the gym?	53%	74%	53%	33%
SECTION 11: Keeping in touch with family and friends					
73	Is it easy/very easy to use the phone?	59%	62%	59%	
74	Have you had any problems with sending or receiving mail?	27%	25%	27%	25%
75	Have you had a visit since you have been in here from your family or friends?	53%	47%	53%	51%
For those who have had visits:					
76	Do you feel you are treated well/very well by staff in the visits area?	67%	71%	67%	36%



Key questions (non-English speakers) Colnbrook IRC 2013

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

Key to tables

		Non-English speakers	English speakers
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		39	150
8	When being detained, were you told the reasons why in a language you could understand?	50%	76%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	3%	11%
10	Have you been in this centre for more than one month?	52%	68%
11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	29%	40%
13	Were you treated well/very well by the escort staff?	47%	56%
17	Were you treated well/very well by staff in reception?	52%	53%
18	Did you receive information about what was going to happen to you on your day of arrival?	17%	30%
19	Did you receive information about what support was available to you on your day of arrival?	16%	25%
22	Did you feel safe on your first night here?	35%	29%
23	Did you have any problems when you first arrived?	89%	82%
26	Do you have a lawyer?	57%	65%
33	Is it easy/very easy to see the centre's immigration staff when you want?	19%	14%
35	Can you clean your clothes easily?	80%	70%
36	Are you normally able to have a shower every day?	79%	87%
43	Is it easy/very easy to get a complaint form?	57%	51%
44	Have you made a complaint since you have been at this centre?	14%	37%
47	Do you have a member of staff you can turn to for help if you have a problem?	56%	56%
48	Do most staff treat you with respect?	82%	69%
52	Do you feel unsafe in this centre?	53%	52%
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	22%	37%

Key to tables

		Non-English speakers	English speakers
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	17%	29%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	0%	25%
59	Have you ever felt threatened or intimidated by a member of staff in here?	11%	23%
61	Is health information available in your own language?	19%	35%
62	Is a qualified interpreter available if you need one during health care assessments?	30%	18%
66	Are you doing any education here?	13%	24%
68	Can you work here if you want to?	50%	53%
69	Is there enough to do here to fill your time?	45%	30%
70	Is it easy/very easy to go to the library?	60%	55%
71	Is it easy/very easy to go to the gym?	55%	52%
73	Is it easy/very easy to use the phone?	71%	56%
74	Have you had any problems with sending or receiving mail?	25%	28%
75	Have you had a visit since you have been in here from your family or friends?	42%	55%



Diversity analysis - disability

Key questions (disability analysis) Colnbrook IRC 2013

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

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		25	162
4	Do you understand spoken English?	80%	79%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	5%	10%
10	Have you been in this centre for more than one month?	74%	64%
13	Were you treated well/very well by the escort staff?	32%	57%
15	Were you seen by a member of health care staff in reception?	80%	86%
16	When you were searched in reception was this carried out in a sensitive way?	56%	65%
17	Were you treated well/very well by staff in reception?	56%	51%
22	Did you feel safe on your first night here?	34%	29%
23	Did you have any problems when you first arrived?	95%	82%
23f	Did you have any health problems when you first arrived?	54%	29%
26	Do you have a lawyer?	48%	65%
33	Is it easy/very easy to see this centre's immigration staff when you want?	10%	14%
35	Can you clean your clothes easily?	73%	72%
36	Are you normally able to have a shower every day?	67%	89%
43	Is it easy/very easy to get a complaint form?	47%	52%
44	Have you made a complaint since you have been at this centre?	42%	32%
47	Do you have a member of staff you can turn to for help if you have a problem?	30%	58%
48	Do most staff treat you with respect?	72%	72%
49	Have any members of staff physically restrained you in the last six months?	14%	11%
50	Have you spent a night in the segregation unit in the last six months?	24%	22%

Diversity analysis - disability

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
52	Do you feel unsafe in this centre?	54%	52%
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	50%	31%
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	29%	26%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	14%	21%
59	Have you ever felt threatened or intimidated by a member of staff in here?	24%	21%
62	Is a qualified interpreter available if you need one during health care assessments?	27%	20%
63	Are you currently taking medication?	76%	47%
66	Are you doing any education here?	14%	23%
69	Is there enough to do here to fill your time?	15%	36%
70	Is it easy/very easy to go to the library?	56%	55%
71	Is it easy/very easy to go to the gym?	41%	55%
73	Is it easy/very easy to use the phone?	47%	61%
74	Have you had any problems with sending or receiving mail?	41%	25%
75	Have you had a visit since you have been in here from your family or friends?	36%	54%



Diversity analysis - Religion

Key questions (religion analysis) Colnbrook IRC 2013

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

Key to tables

		Muslim detainees	Non-Muslim detainees
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		102	81
4	Do you understand spoken English?	74%	87%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	8%	9%
10	Have you been in this centre for more than one month?	62%	67%
13	Were you treated well/very well by the escort staff?	53%	57%
15	Were you seen by a member of health care staff in reception?	83%	91%
16	When you were searched in reception was this carried out in a sensitive way?	63%	72%
17	Were you treated well/very well by staff in reception?	53%	53%
22	Did you feel safe on your first night here?	26%	37%
23	Did you have any problems when you first arrived?	84%	83%
23f	Did you have any health problems when you first arrived?	32%	35%
26	Do you have a lawyer?	61%	67%
33	Is it easy/very easy to see this centre's immigration staff when you want?	17%	12%
35	Can you clean your clothes easily?	75%	71%
36	Are you normally able to have a shower every day?	83%	91%
43	Is it easy/very easy to get a complaint form?	56%	49%
44	Have you made a complaint since you have been at this centre?	33%	32%
47	Do you have a member of staff you can turn to for help if you have a problem?	56%	58%
48	Do most staff treat you with respect?	72%	73%
49	Have any members of staff physically restrained you in the last six months?	10%	12%
50	Have you spent a night in the segregation unit in the last six months?	23%	20%

Diversity analysis - Religion

Key to tables

	Any percentage highlighted in green is significantly better	Muslim detainees	Non-Muslim detainees
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
52	Do you feel unsafe in this centre?	53%	50%
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	29%	35%
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	23%	27%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	17%	21%
59	Have you ever felt threatened or intimidated by a member of staff in here?	15%	29%
62	Is a qualified interpreter available if you need one during health care assessments?	21%	17%
63	Are you currently taking medication?	53%	49%
66	Are you doing any education here?	15%	30%
69	Is there enough to do here to fill your time?	27%	37%
70	Is it easy/very easy to go to the library?	55%	56%
71	Is it easy/very easy to go to the gym?	55%	50%
73	Is it easy/very easy to use the phone?	60%	59%
74	Have you had any problems with sending or receiving mail?	26%	27%
75	Have you had a visit since you have been in here from your family or friends?	50%	58%



Diversity analysis - Age under 21

Key questions (aged under 21 analysis) Colnbrook IRC 2013

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

Key to tables

		Detainees aged under 21	Detainees aged over 21
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		21	167
4	Do you understand spoken English?	76%	80%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	11%	9%
10	Have you been in this centre for more than one month?	62%	65%
13	Were you treated well/very well by the escort staff?	53%	54%
15	Were you seen by a member of health care staff in reception?	87%	85%
16	When you were searched in reception was this carried out in a sensitive way?	59%	66%
17	Were you treated well/very well by staff in reception?	62%	52%
22	Did you feel safe on your first night here?	29%	31%
23	Did you have any problems when you first arrived?	88%	83%
23f	Did you have any health problems when you first arrived?	28%	33%
26	Do you have a lawyer?	56%	63%
33	Is it easy/very easy to see this centre's immigration staff when you want?	14%	15%
35	Can you clean your clothes easily?	68%	73%
36	Are you normally able to have a shower every day?	69%	88%
43	Is it easy/very easy to get a complaint form?	40%	53%
44	Have you made a complaint since you have been at this centre?	27%	34%
47	Do you have a member of staff you can turn to for help if you have a problem?	69%	54%
48	Do most staff treat you with respect?	75%	73%
49	Have any members of staff physically restrained you in the last six months?	6%	11%
50	Have you spent a night in the segregation unit in the last six months?	13%	24%

Diversity analysis - Age under 21

Key to tables

	Any percentage highlighted in green is significantly better	Detainees aged under 21	Detainees aged over 21
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
52	Do you feel unsafe in this centre?	60%	51%
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	28%	34%
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	28%	26%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	36%	19%
59	Have you ever felt threatened or intimidated by a member of staff in here?	17%	21%
62	Is a qualified interpreter available if you need one during health care assessments?	32%	18%
63	Are you currently taking medication?	38%	53%
66	Are you doing any education here?	15%	23%
69	Is there enough to do here to fill your time?	17%	35%
70	Is it easy/very easy to go to the library?	56%	57%
71	Is it easy/very easy to go to the gym?	65%	52%
73	Is it easy/very easy to use the phone?	63%	59%
74	Have you had any problems with sending or receiving mail?	23%	27%
75	Have you had a visit since you have been in here from your family or friends?	53%	53%