



Independent Monitoring Board

**Harmondsworth
Immigration Removal Centre**

Annual Report 2014

**Monitoring fairness and respect for people in
custody**

February 2015

Section 1 - The Statutory Role of the IMB

Every prison and immigration removal centre (IRC) has an independent monitoring board made up of members of the public from the community in which the prison or IRC is situated. IMB members have access to all parts of the establishment they monitor and to all its records, and can speak to any prisoner or detainee. They are unpaid volunteers who are appointed by ministers – in the case of IRCs by the Minister for Immigration. This Board monitored the Harmondsworth Immigration Removal Centre, near Heathrow.

The Board is specifically charged to:

1. Satisfy itself as to the humane and just treatment of the detainees held in the Centre.
2. Inform promptly the Minister of State for borders and immigration, or any official to whom he has delegated authority, any concern it has.
3. Report annually to the Minister on how far Harmondsworth IRC has met the standards and requirements placed on it – and what impact these have on those held in the centre.

Harmondsworth IMB is committed to an inclusive approach to diversity which encompasses formally recognised differences, such as race, religion, gender, disability, sexual orientation etc. and differences that cut across these categories, such as mental health or literacy levels.

Could you be an IMB Member?

Being an IMB member is rewarding, challenging - and frequently frustrating. It offers a way to make a real difference to people held in custody and to observe, challenge and hold the system to account.

The Board also values diversity within its own membership, recognising that a group with a range of skills, experiences and backgrounds is better placed to monitor effectively. We will endeavour to recruit board members widely and fairly in a manner that makes us welcoming both to traditional constituencies and to those who have historically been under-represented.

We have vacancies for extra members. If you are interested in joining us, please contact the IMB Secretariat on 020 3344 3265 for further information and an application pack.

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Section 3 - Detention at Harmondsworth IRC Described

Harmondsworth Immigration Removal Centre (IRC) can accommodate up to 661 men and is located near Heathrow airport. It was run, on behalf of the Home Office (HO), by GEO, an American-owned company. From 1st September 2014 the contract was taken over by Mitie Group plc.

Harmondsworth has two very distinct styles of accommodation:

Cedar and Dove are the two older hostel-style units housing 296 detainees (increased from 250 in late 2013), mostly in two-bedded rooms, but with some three or four-bedded rooms. These detainees are restricted at night to their own corridors of about 20 rooms. Showers and toilets are on each corridor. Detainees have access to two tarmac courtyards; one suitable for playing games of cricket or football and one planted as a garden.

Ash, Gorse, Beech and Fir (the induction unit) are four newer, prison-style, residential units housing a further 365 men. This accommodation is built to Category B prison standard so the cells contain bunked beds, a washbasin and a toilet, with no seat, behind partial screening. Showers with three-quarter doors are located off corridors. Detainees in Ash and Gorse share a courtyard suitable for outdoor games, those in Beech have their own similar outdoor space. The courtyard for Fir unit is extremely small but men in this unit had timetabled access to the Beech courtyard, for no more than two hours per day until the change of contractor, they now have full access to the Beech courtyard.

All detainees have access to multi-faith rooms and the internet (some sites are blocked including social networks) on their own units. They also have timetabled access to a central area with gym equipment, shop, barber, library and education classes (Art, English and IT).

There is a segregation unit (Elm) with six cells for detainees who are removed from association or temporarily confined (Rules 40 and 42 of the Detention Centre Rules).

The centre has the most extensive healthcare facilities in the immigration estate and is the principal centre for male Fast Track cases. Fast Track is a speeded-up asylum process for people whose cases the Home Office believes it can determine quickly and who are held in detention to make it easier for the HO to keep track of them while their cases are processed.

There are two entirely different and separate teams of Home Office staff on site. The larger is a team of case-workers and support staff for the Detained Fast Track process, who deal exclusively with the asylum cases of Fast Track detainees. The second is a small team which is part of the Removals Directorate within the Home Office. It has responsibility to oversee the contracted services provided by GEO and now Mitie, and the welfare of all detainees. It has no hand in immigration casework but acts as the main conduit of information between detainees and caseworkers located around the country since direct communication is rare after someone enters detention.

Section 4 - Executive Summary

4.1 Overall Judgement

Harmondsworth IRC is in large parts a depressing, dirty place and in some cases has a destructive effect on the welfare of detainees. Issues that contribute to this include: the poor maintenance of the Centre (See 5.4, 5.8), detaining vulnerable detainees in unsuitable conditions (See 5.33, 5.7), the continued detention of those “unfit to be detained” (See 5.3.1) and the complaints process (See 6.3).

In September 2014, Mitie took over the contract from GEO and the commissioning of healthcare transferred to NHS England.

The IMB welcomes the NHS input into the Centre and hopes that the standards of healthcare will be raised to what an individual would expect in outside community, as well as providing appropriate care to vulnerable detainees. At present however healthcare remains chaotic and the proposed changes are in the process of being implemented. (See 5.3.1)

Some procedures and systems that worked under GEO (albeit to a substandard level) are currently suffering under Mitie as a result of staffing and organisational changes. There have been some positive organisational changes introduced by Mitie, such as new legal visits rooms and a welfare suite. Maintenance issues, inherited by GEO, despite being addressed by Mitie, remain outstanding at the time of writing. (See 5.4, 5.8)

Staffing levels do not seem adequate to meet the needs of detainees. Staff morale is low. This adversely affects the welfare of detainees. The IMB continued to receive complaints about staff behaviour. A current staff recruitment drive may alleviate problems, although it may take time for this to take effect and for staff to develop the necessary experience. (See 5.1.3)

The lengthy detention of some detainees continues to be a concern. A detainee sewing his mouth together in protest for his lengthy detention provides a shocking example of the effect this has on detainees. Given it is Home Office policy not to detain people for lengthy periods, there is an urgent need to set up an independent review of those detained for more than one year. The limbo of excessive lengthy detention serves no one, least of all the suffering detainee. (See 6.1)

Detainees continue to be moved to other IRCs, sometimes without a consideration of their individual needs. We also have evidence that detainees are told they are leaving on a charter flight, but are in fact told on the day of their removal that they have been placed on “reserve lists”. This means that they are not guaranteed to fly. This is a particularly distressing process for a detainee who expects to be leaving and is left uncertain. (See 5.5). However we are pleased to note a reduction of the use of handcuffs for detainees attending external hospital appointments (See 5.3.1).

A key concern has been regarding complaints and the functionality of the complaints system. The IMB has reported instances of property going missing from safe storage. (See 6.3)

It remains the experience of the IMB that many of the problems detainees face relate to the procedures of the Home Office rather than the way in which the Centre is run. However, an increasing number of problems have related to the contractor where the changing of contracts has left gaps in service provision for the detainees.

The IMB welcomed the Parliamentary Inquiry into the Use of Immigration Detention and made a submission. Depriving immigration detainees of their liberty demands a high level of scrutiny and the IMB hopes this report will play a role in providing this.

This will be the last report of Harmondsworth IMB as we have now formed Heathrow IMB, monitoring both Harmondsworth and Colnbrook (see Section 7).

4.2 Previous Year's Concerns

In this section of the report we review the progress made on recommendations in made in our 2013 report.

4.2.1 Issues Raised with the Minister for Immigration

4.2.1.1 Appropriate accommodation for detainees with mental health problems

Progress: The commissioning of healthcare transferred to NHS England in September 2014. There has been no remodelling of the accommodation thus far. We have been told the following: "That there are plans to improve the aesthetic of the inpatients unit and develop a group room for health and well-being promotion activities. This will involve upgrade of bathrooms and en-suite facilities, sluice facilities and decoration. CNWL also plan to provide a part-time occupational therapist to advise staff and detainees on therapeutic activity and contribute to care plans to ensure that the therapeutic environment is considered holistically. Patient engagement workers will contribute to this agenda. Plans also exist to utilise inpatients areas differently to ensure the environments are appropriate i.e. patients with mental health needs will be located within Colnbrook inpatient unit as this is smaller and quieter, has individual rooms and it is easier for staff to observe detainees in communal areas. Harmondsworth will be utilised for physical health needs, monitoring FFR's, isolation of communicable diseases, as the facilities are more appropriate".

4.2.1.2 Greater contact between Home Office caseworkers and detainees

Progress: On 19 and 27 November and 2nd December 2014, Harmondsworth facilitated visits by caseworkers from NRC Croydon. We have been told that "These were well received and caseworkers found it useful and insightful to see the operational side of the business. DFT are located on-site at Harmondsworth so already have direct contact with their customers." The IMB hopes caseworkers will continue to meet detainees regularly.

4.2.1.3 Fewer movements of detainees from one IRC to another

Progress: Rejected (See 5.5)

4.2.2 Issues Raised with the Contractor

4.2.1.1 Greater access to facilities for detainees in Fir

Progress: Since Mitie began, a new regimes timetable is in place to allow equal access to facilities. The IMB are pleased to note that Mitie has opened up the courtyard to allow detainees in Fir extra outside space.

4.2.1.2. More effort to involve detainees in educational activities

Progress: Since Mitie began, a new timetable is in place to allow greater access. The IMB notes a new games room and cinema room are in place.

4.2.1.3 Refurbishment of accommodation, particularly Cedar and Dove wings

Progress: The IMB have been told that a review of the accommodation is underway, with toilets and showers taking priority. Mitie has fumigated the centre of bed bugs and replaced all the mattresses. The general condition of the accommodation is currently largely the same as last year.

4.2.1.4 Rigour in complaints handling.

Progress: The IMB have been told that new centralised complaints clerk is now in place and quality assurances measures are in place. The IMB have significant remaining concerns. (See 6.3)

4.2.1.5. Larger, better-staffed reception facilities.

Progress: A new reception area is scheduled to open in February 2015. The IMB will monitor its operation.

4.3 Issues for the Minister

1. Appropriate therapeutic accommodation for detainees with mental health problems needs to be realized. (See 5.3.3)
2. The Minister should ensure that NHS services are delivered as planned with agreed staffing levels in place. (See 5.3.1)
3. Skype and Facebook should be made available to detainees. (See 5.5.3)
4. There should be less movement of detainees from one IRC to another. Any exceptional transfers need to automatically check detainees' individual needs before a transfer is arranged. (See 5.5)
5. Reserve lists for charter flights need to be kept to a minimum and detainees on reserve lists need to have this clearly communicated to them. (See 5.5)
6. Detaining those suffering from serious illnesses (physical and mental) needs to be reviewed. (See 5.3.1, 5.3.3)
7. We support the review of the Detained Fast Track Process to ensure the welfare of detainees. (See 5.5.2)
8. An independent review for detainees who are detained for longer than a year is necessary. (See 6.1)
9. An independent body needs to be established to have oversight over the complaints process and an audit of the complaints procedure should be undertaken to identify problems and propose solutions. (See 6.3)

4.4 Issues for the Contractor

1. Allegations about staff behaviour that are raised by the IMB must be investigated whether or not an official complaint is made. (See 5.1.3)
2. All detainees with disabilities need to have equal access to services ensured. (See 5.1.2)
3. Maintenance of the Centre needs to remain a priority issue. This includes: flooring, cleanliness, toilets and washing facilities and fax machines. This includes providing basic hygiene articles: soap, toothbrushes, toothpaste. (See 5.4, 5.8)
4. Segregation should be used appropriately: not for detaining those with mental health problems or for detaining vulnerable persons for extensive time periods. (See 5.7)
5. Staffing numbers need to reflect the agreed numbers in the contract with the Home Office. When staff numbers are lower, essential welfare services for detainees cannot suffer. Staff need to have sufficient time to interact positively with detainees and be able to build rapport with vulnerable individuals. (See 5.1.3)

Section 5 - Key Reporting Areas

5.1 Equality and Inclusion

Our experience is that staff within the Centre, are generally sensitive towards issues relating to diversity. Religious observance plays an important part of life in the centre and religious services and events are well attended and organised. However Christmas celebrations this year were not well planned. Mitie have assured the IMB that greater effort will be made next year to try and make a seasonable celebration as some detainees were disappointed that it passed without much note.

5.1.2 Disabilities

Detainees with disabilities have trouble accessing services within the Centre. Mr A encountered an incident where the nurse could not locate him a wheelchair, nor a bottle to urinate into. Mr A explained to the IMB how he had trouble accessing the computer, doing laundry or attending prayers. Mr B waited over a month for replacement crutches that had gone missing within the Centre.

The IMB identified a blurring of responsibilities between healthcare and the Centre staff regarding coordinating assistance to disabled detainees. Disability issues are regarded to be within the ambit of the Centre staff and separate to "healthcare" issues. This left Mr C without the ability to shower as centre staff felt this was appropriate for a nurse to assist with and healthcare did not feel the detainee needed such assistance. Although the IMB are unable to comment on medical advice, the IMB notes that healthcare did eventually arrange for a member of healthcare staff to shower the detainee.

Given the current level of staffing in the IRC, the IMB is concerned that the numbers of staff available to help vulnerable detainees, such as those with disabilities, to access services may be reduced.

5.1.3 Staff Behaviour

The IMB is very concerned at allegations of racist language being used by staff against detainees. Allegations of racist remarks made by a nurse in healthcare were dismissed by healthcare as “collaboration” by detainees against a member of staff. There was no further investigation. Allegations of the use of racist language have often been raised with the IMB often.

The response by GEO to any allegations was to require precise details of those involved. Understandably detainees are often unwilling to give such details, fearing repercussions (See “complaints”). The IMB consider that the Centre management should review what constitutes an official complaint to include situations where the IMB reports allegations. Mitie has asked the IMB to encourage detainees to make official complaints, through the complaints process, if they encounter racist abuse. Although the IMB recognises this would be ideal, the fact that some detainees do not feel comfortable making official complaints should not prevent a thorough investigation of any general allegations reported by the IMB to Mitie.

The IMB received complaints from some detainees regarding DCOs entering their rooms when the detainee was not present. In response to the concerns raised by the IMB, GEO confirmed that their policy if they needed to enter into a room would be to do so in pairs so that one could be a witness to the other’s actions. This does not seem to be a satisfactory situation. The detainee should be able to witness any search of his room.

Despite the change of contractor, the IMB is not optimistic that these staff issues will be resolved. Due to the current staffing levels, we have observed extra pressures on the remaining staff. This may manifest itself in less attention being given to vulnerable detainees and issues regarding inclusion and equality suffering as a result. Although it should be noted that we have also observed some kind and very attentive staff working.

5.1.4 Lesbian, Gay, Bisexual and Transgender (LGBT)

The IMB are pleased to note that certain Mitie staff now display “LGBT lanyards” to make them accessible to LGBT detainees. The IMB has not encountered issues relating to LGBT discrimination.

5.2 Education, Learning, Skills

Unlike a prison it is not a primary purpose of an IRC to develop the education and skills of detainees. It is expected that most detainees will be returned to their home countries within a relatively short period of time. The average stay at the end of 2014 was 63 days, earlier in the year it was 47 days. However there is provision for developing detainees’ abilities and they are encouraged to make use of the library, art room, music room, information technology provision and English language tuition. Unfortunately, the use made of these facilities has not been very great with the exception of IT usage.

The new contractor has been critical of the previous approach taken to purposefully occupy the detainees and we hope that in 2015 they will be able to persuade a higher proportion of the detainees to make further use of the facilities on offer. We note that Mitie have increased the times that detainees can access

the facilities which should assist detainees. There has also been the introduction of more activities such as quizzes and bingo. Cinema films are now shown. A re-equipped games room has been provided. We look forward to a further improvement in the use of the facilities and the benefit this may provide for the detainees.

5.3 Healthcare and Mental Health

5.3.1 Healthcare

After immigration, the largest area for complaint was healthcare with 280 individual complaints to the IMB. There were also 55 official complaints, none of these were found to be substantiated or even partly substantiated. Many complaints relate to detainees' criticisms of medical staff decisions and attitude toward them. One possible reason for dissatisfaction may be expectations that consultation with a GP should not require triage by a nurse and the presentation by detainees of multiple problems when the GPs expect to deal with one issue at a time. Detainees should expect to have the same level of healthcare as one might expect in the community. However, one difference for detainees compared to the situation in the community, is that in the community one may have a choice of healthcare providers and indeed many alternatives: Accident and Emergency departments at a hospital, minor injury centres, or a local pharmacist. The IRC should ensure that information on access to healthcare and what to expect should be more clearly provided so that expectations can be managed.

The IMB consistently questions whether certain detainees are fit to be detained. We remain concerned when doctors declare that a detainee is unfit for detention, yet the detainee remains detained, sometimes for significant periods of time. The IMB believes that continued detention of someone whom a doctor has declared unfit for detention should happen in the most rare of exceptional circumstances. The IMB notes that the Home Office guidance states that those with "serious medical conditions which cannot be satisfactorily managed within detention" should only be detained in "very exceptional circumstances".¹ We are concerned at the potential impact on detainees when they are declared unfit for detention and continued to be detained, as has been the case during this year.

When detainees have hospital appointments outside of the centre, security assesses their risk and may handcuff if they deem this appropriate. The IMB has heard from detainees that they have cancelled their appointments because of pain of being handcuffed; the humiliation this may make them feel; as well as detainees who remained handcuffed during intimate medical examinations. Mitie have explained that they will be handcuffing fewer detainees leaving the Centre for hospital appointments and have demonstrated to the IMB their more rigorous approach to completing risk assessment forms. There has been a decrease of 50% of those handcuffed for external appointments. The IMB will look to monitor the use of handcuffs for external hospital appointments.

Provision of healthcare was eventually taken over from Medco in September 2014 by the NHS. This had been planned to be done earlier in 2014 and the deficiencies in healthcare had been raised by the HMIP inspection in 2013 and accepted as

¹ Home Office Enforcement Instructions and Guidance Section 55.10

needing attention by GEO early in 2014. The provision is now by Central and North West London Health Care NHS Trust. It is clear from the analysis done of previous provision that the new contractor felt that the previous provision was inadequate and substandard measured against NHS requirements. This was demonstrated by the purchase of x-ray equipment which was not previously available, by the replacement of beds and bedding and new IT systems for record keeping. Concern was raised by the Trust about the adequacy of infection control and the need to improve dental services. The level and appropriateness of staffing, in particular the number of general nurses has led to a review of provision and to recruitment. In brief, the plans and intentions of the current provider of healthcare demonstrate that previous provision and complaints made by detainees and the IMB were justified. It would be premature to yet evaluate how far healthcare has improved. We are aware that at the end of the year there was a considerable way to go before healthcare facilities and services are up to standard and complaints are still significant. For example, the appointments system does not seem to be functioning effectively and healthcare are still short of the staff they had planned to have working. The IMB would expect to see that the services are delivered as planned with adequate staffing levels as soon as possible.

Further general issues with healthcare include the lack of complaint forms available in healthcare, the delays in DCOs coming to take detainees from healthcare on their fresh air breaks, and the delays detainees face in obtaining notes from their doctors outside in the community, to be used by the doctors inside the IRC. Overall, there is a feeling that healthcare is a separate and forgotten area in the Centre.

5.3.2 Food and Fluid Refusers

Detainees sometimes refuse to eat or drink, most often as a protest for a lack of decision in their immigration case. The frequency of monitoring those detainees on hunger strike should be determined solely by their care needs. It is the IMB, not their caseworkers, which see the distress being on hunger strike causes detainees. The IMB observed sensitive communication between the Home Office and Mr D whilst he was on hunger strike this year. He was protesting at the lack of any decision on his case which made him feel as if he was being detained indefinitely. A decision was then made on his case and he stopped his hunger strike and was removed. That detainees are driven to such extremes, with such poor health consequences, often as a result of delayed decision making by the Home Office, continues to concern the IMB.

5.3.3 Mental Health

The IMB remains concerned about the lack of provision in mental health care. The IMB is concerned at the use of segregation for those suffering from mental health illnesses. Whilst the IMB recognises that the waiting period for a bed in a mental health unit in the community is outside of the control of the IRC, the IMB is concerned that waiting in a segregation unit is not an appropriate therapeutic environment for such a person, such as Mr E who was held in segregation for 6 weeks. Indeed, there is no suitable therapeutic environment within the Centre for those suffering from severe mental health illnesses. The IMB notes that although we observed staff interactions with a detainee kept in segregation whilst waiting for a bed to become available to be positive, Detention Custody Officers cannot be

expected to offer the appropriate care for someone who has been assessed as needing to be in a psychiatric ward. This is not their role and they are not trained to do so.

In addition, the IMB is not satisfied that the timescales on mental health assessment are adequate. For example, in one case that the IMB observed, the time period between the Home Office requesting a mental health assessment and this assessment taking place was one week. This meant that there was at least one week where this particularly vulnerable detainee's needs were not being addressed.

The IMB is pleased to see that since September there are now three psychiatrists visiting the Centre on 3 days a week, an increase from once a week.

In May 2013, the UN Committee against Torture, in its review of the UK's law and practice, recommended HMG should have a blanket ban on detaining those suffering from serious medical conditions or serious mental illness rather than allowing for the detention of such individuals where officials believe conditions can "be managed in detention."² It is the experience of the IMB that serious medical conditions and serious mental illness cannot always be "managed" in detention to the standards that an individual would get in the community. This is in part due to the level of service being provided as detailed above. It is in part also due to the nature of detention, which does not allow for a detainee to choose healthcare options as someone in the outside community would be able to do. Those suffering from mental health illnesses are often the most vulnerable detainees who may be the least likely to be able to self-advocate. The IMB has anecdotally heard from health care staff their own sense of the difficulties of "managing" such conditions in detention, that they do not have the correct resources within the Centre to do so. Hopefully these resourcing issues will be rectified with the NHS provider, although we are yet to see evidence of the proposed actions coming into fruition. Moreover, because of the short-term nature of most detainees' stays in the IRC, the concept of "management" of health needs rather than "treatment" does seem to be the pervasive approach. This may have a detrimental impact of the welfare of the detainee.

5.4 Purposeful Activity

There is good use of the multi-gym and pool tables. Sport in the form of cricket and football is popular in good weather in the courtyards.

The demand for paid work is high but this can only absorb a small proportion of the detainees. This work consists of cleaning, painting, hairdressing and work in the kitchens. The rate is £1 per hour. Detainees clearly enjoy particularly jobs, such as working in the kitchen. Some detainees explain that they send their earnings to their families. There is a need for more regular and weekend cleaning duties for the legal services area and in reception and departures. These are areas with high traffic of detainees and visitors. In reception and departures there is 24 hour 7 day usage and refreshment facilities and toilets could benefit from

² UNCAT, Concluding observations, 27 May 2013, para. 30

more attention. Our rota reports have commented on substandard cleanliness, for instance at weekends in reception. It is noted that Mitie cut the number of jobs available for new detainees entering the Centre as they considered there to be too many jobs for the amount of work needed to be done. They argue that this accords with the Home Office service specification for the contract and leads to more purposeful activity.

Cooperation with Home Office should not affect a detainee's ability to work. The IMB encountered two situations where jobs were perceived by detainees to be withdrawn as a result of complaints being made by the detainees regarding staff. Both jobs were returned to detainees following the IMB raising the issues.

There may too be opportunities to brighten and smarten up the Centre generally by painting, in particular the Healthcare areas. These are drab and need not be so.

5.5 Resettlement: Movement of detainees, Connection with the Outside

The population at IRC Harmondsworth is fluctuating with men coming and going almost every day.

In 2014, 3,602 (41%) men arrived from other IRCs, 1,491 (17%) arrived from prisons or the police and 3,677 (42%) men spent their first night in detention at Harmondsworth, arriving from a port or airport. This is a more than a 10% increase of detainees arriving from ports or airports.

The total figure of men given temporary admission to the country in 2014 is 1,379 (23%), a total of 1,482 (24%) were transferred to other IRC's, the police or to HMP, 2,017 (35%) were removed to their country of origin unescorted and 1,055 (18%) were released via an escorted removal directions, in all except one case by air. Please note that unlike in previous years we are not able to provide a separate figure of detainees sent to the police or a prison.

In our 2013 report, the IMB made a recommendation (4.3.3.3) that there should be less movement of detainees from one IRC to another, unless in response to a specific request from the detainee. Unfortunately this recommendation was rejected by the Home Office. They stated that "We endeavour to keep transfers of detainees to a minimum. However, on occasions detainees have to be transferred for operational reasons, to accommodate specific needs, or to maximise the use of the detention accommodation. we try to never move detainees randomly, but inevitably some get moved more than others such as those with no; interviews, court appearances, hospital appointments, High Commission interviews can often fall into the group that get moved to free up space in the areas where demand for space is high, such as Heathrow."

The Detainee Escorting and Population Management Unit (DEPMU), responsible for the management of the transfer and location of the Immigration Estate, added "DEPMU try to minimise unnecessary moves and ensure detainees welfare is taken into consideration when moves for reasons of population control are set up. However those with no immediate specific needs to be in a centre where the demand on beds is high, such as those beds in Heathrow are likely to be moved to a more remote removal centre, to ensure those needing high commission

interviews, court appearances, removal or a hospital appointment in London can be accommodated.”

While the IMB recognised the need for some detainees to stay at the IRC Harmondsworth and its sister site IRC Colnbrook for High Commission interviews, hospital appointments and to facilitate an imminent removal, the IMB has once more observed during the past year, that when transferring men to other removal centres to make room for those who need to be close to London, specific interests of the detainees to be moved were often not taken into consideration. This is possibly because the information is not available to DEPMU. Due to a required move, some detainees with family living within ten miles of Harmondsworth and receiving daily visits from their family including small children were suddenly cut off from their important family support network, others missed dental appointments or important hospital appointments, for which they had waited for weeks. For example, Mr F was moved to another IRC a day before a legal visit and on the same day as an appointment with an ophthalmologist, for which he had waited for two months. When the IMB raised this in their rota report, asking whether such appointments would be taken into consideration, the Home office replied “not unless DEPMU are notified”. Thus such concerns can only be picked up locally.

The IMB hopes that in the future when DEPMU initiates a transfer, that as a matter of course checks are being made by the Home Office representatives, based at the IRC, whether the detainee has family living close by and/or is on a list for specialist treatment or examination within the centre or in the community, and to request the detainee to be removed from the transfer list, where appropriate to minimise individual hardship. The IMB has come across cases, where a detainee was taken off the transfer list once individual circumstances were raised. If individual circumstances are automatically checked is in place, detainees would no longer be dependent on the officers, or the IMB, to alert DEPMU about their specific position.

The IMB has anecdotal evidence that in some cases, detainees who made complaints about missing properties were also moved to other Centres, making it harder for them to follow through their complaint.

It is also always possible for a detainee to make a written transfer request to be moved to another IRC.

The IMB has evidence of several cases where detainees, really keen to get home as soon as possible, were told that buying their own ticket would speed up the process, or would allow a voluntary departure as opposed to an enforced removal. Doing so with the help of family or friends has its own challenges apart from the monetary aspect, for example getting access to a printer to print out the e-ticket. This process has helped detainees to get home sooner but some could not take the booked flight, because their identity documents could not be brought to the airport in time. There were cases where there was confusion when advising the detainees to buy their own ticket, when in fact this was premature, as no removal directions had been served yet. This led to very traumatic experiences and a substantial loss of money for the detainees. The IMB expects that in future such suggestions are only made to individual detainees, when all administrative procedures have been concluded before deportation.

Another problem the IMB came across during the year on several occasions were a large number of detainees on reserve lists for charter flights. We have been told by onsite Home Office representatives that CROS operations usually request double the number of referrals to seats available to ensure they have enough cases to fill the charter – normal attrition is at least 50 %. Whilst the IMB acknowledges that there needs to be some flexibility to ensure that resources as charter flights are used as economically as possible, thus are full at the point of departure, in a number of cases, it was not explained to individual detainees that they would only be on a reserve list, and /or it was not explicitly stated on the paperwork they received. Detainees only learned at the very last minute that they would not be on the flight after all, having already gone through the departure procedure at the IRC. This led to the frustration and anguish of detainees who were keen to get home and who already had informed their family about their imminent arrival. This happened to a group of young men from Albania for several charter flights in a row. The IMB recommends that, the number of detainees on the reserve list are kept to a minimum and that those few detainees who may have to be on a reserve list are unambiguously made aware in plain language that their departure is not certain. Any detainees who are removed from a flight schedule due to the flight being full should be given priority for the next possible flight. According to the Home Office, priority given will depend on length of time in detention, harm score and compelling special needs.

5.5.1 Access to Legal Advice

The IMB has heard from detainees that they often do not have access to legal advice. Legal advice surgeries are held at the Centre by three contracted law firms. Those detainees that do not have their cases taken on in this way understandably feel frustrated and have difficulty navigating such a complex system on their own.

This is exacerbated by the difficulties that detainees have contacting their Home Office case owners, whom do not meet the detainees that they are responsible for and are difficult to reach by telephone.

Some detainees have relied upon private firms to provide legal advice. The IMB has heard anecdotal evidence that suggests that some of these firms have taken large sums of money without providing competent legal service. The IMB encourages detainees who have had this experience to complain to the Solicitors' Regulation Authority.

The IMB remains concerned about detainees who are too ill, or unable to access legal advice. They will be dependent on other detainees trying to help them, or by a member of staff noticing their needs.

5.5.2 The Detained Fast Track Process (DFT)

For detainees on the DFT process, the IMB regularly heard from detainees who did not have adequate time to consult with their duty solicitor representative prior to their substantive interview. The IMB notes that the lack of adequate legal advice was a primary reason why Mr Justice Ouseley found the DFT system contained an

“unacceptable risk” of unfairness.³ The IMB welcomes any reforms made to the DFT process that will increase the welfare of detainees as a result of the legal action taken by Detention Action.

The IMB is concerned that the DFT screening interview questions that aim to identify the suitability of a detainee for the DFT procedure do not explicitly ask about torture. Instead a general question about physical and mental health is asked. A question specifically addressing torture would seem to be a basic requirement for a process which the Home Office states is aimed at avoiding the detention of torture victims. We note that the new healthcare provider has provided training in this area, as it was identified that there was need for improvement in identifying victims of torture.

The IMB frequently experiences detainees asking questions about the DFT process, not understanding the process, or even whether or not they are on DFT. Given the confusion of many detainees, the IMB is worried that a detainee who may be a victim of torture may not be able to understand when and how they should raise this, and that the DFT screening interview may not facilitate this in a robust way.

The IMB were concerned to hear from DFT that there were cases where Rule 35 reports had not been carried out by healthcare in sufficient time, for example because healthcare appointments were not correctly made or reports did not contain enough information and had to be re-requested. This may have the consequence of detainees who have been victims of torture remaining in detention for a longer period than anticipated by the DFT system. The IMB are concerned therefore that the Home Office policy of not having victims of torture held in detention may not be adhered to strictly.

IMB members are sometimes shown physical evidence of torture by detainees, desperate to be believed.

5.5.3 Access to Internet, Phones and Faxes

Detainees are given a mobile phone upon arrival, though there is sometimes a shortage in supply. Access to the internet is through computers on the wings. The IMB regularly checks the functioning of these computers.

The IMB is concerned that access to Facebook and Skype are blocked by a Home Office decision. These are important tools of communication, particularly for immigration detainees who may have family in different countries. The IMB sees no legitimate reasons why detainees should be blocked from using these sites. The IMB has checked that access to ombudsman, solicitors and complaints services websites are not blocked.

We are further concerned at the functioning of fax machines. Fax machines are available on each wing and in welfare. When these do not work, detainees understandably are very distressed. Faxes are a crucial way to progress a legal

³ Detention Action v SSHD, [2014] EWHC 2245 (Admin) para 194.

case and communicate with a solicitor. Although Mitie have ordered new machines, these have not been set up properly and not all staff knew how to use them. There must be access to functioning fax facilities throughout the Centre.

5.5.4 Charities that Help Detainees

Medical Justice, Bail for Immigration Detainees, Detention Action, Refugee Council, the Jesuit Refugee Society and Hibiscus all provide important help for detainees. The IMB hopes that they will continue to be welcomed within the Centre for the assistance that they give. The new welfare room provides a good opportunity for charities to be able to offer their assistance, although the IMB hopes they will also continue to have access to the wings to provide further assistance if needed.

5.6 Safer Custody

5.6.1 Deaths in Custody

In June 2014 a jury in an inquest found that neglect by DCOs at Harmondsworth IRC contributed to the death of Brian Dalrymple, who had schizophrenia and dangerously high blood pressure.⁴ Mr Dalrymple died on 31 July 2011. The IMB again extends its condolences to the family and friends of Mr Dalrymple.

5.6.2 Support for those who May Self-harm and Other Vulnerable Detainees

The contractor opens up Assessment Care in Detention and Teamwork (ACDT) files for detainees that they feel may self-harm or have self-harmed (and Detainee Individual Support Plans (DISPS) for detainees who may be vulnerable in other ways (disabled, elderly, being bullied etc.).

As an example, in the month of June there were 40 ACDT booklets opened and 7 instances of actual self-harm, 2 of which required hospital treatment. There have been detainees identified as vulnerable and placed on ACDTs who then go on to self-harm. This demonstrates the difficulties staff have in preventing self-harm even when detainees are identified as being vulnerable. The IMB believes that further works needs to be undertaken to reduce self-harm.

Mr G was due to be removed from the Centre, he was suspected of intending to self-harm which would prevent his removal. Mr G stated to his caseworker, his Embassy, the Immigration team and the IMB that he would be willing to comply with his removal directions however he would not accept to be placed into segregation ahead of the deportation, otherwise he would self-harm. GEO felt that in order to carry out his removal safely he needed to be strip searched and moved into segregation pending his removal. Despite these precautions, a razor was found the morning after the search in segregation concealed under a smoking patch. Again, further work is necessary to reduce self-harm.

⁴ Guardian, 'Inquest blasts immigration centre's shambolic records in US man's death', 27 June 2014.

Mr H spent 6 days in segregation prior to removal to prevent self-harm. The IMB raised concerns that this was an excessive amount of time to be kept in segregation, even if it was accepted that a small amount of time in segregation would facilitate a safe removal. This is not an appropriate environment for someone who may self-harm.

5.6.3 Serious Incidents

On 2 May a protest took place within the IRC against the DFT system. The IMB were not informed of the incident at the time as we should have been. 300 detainees refused to eat lunch and were in the courtyard. The incident was resolved peacefully.

On 24 June a protest took place within the IRC against the DFT system. 120 detainees refused to eat lunch and were protesting in the courtyard. At 9.30pm, 64 detainees refused to go inside. 42 detainees spent the night outside. 9 Tornado Units were called in and 10 dogs. By 6.30am the courtyards were cleared of people. 50 detainees were transferred to the prison estate, 14 remained in Fir. The IMB was kept informed of the incident throughout the day and early evening. The IMB observed large parts of the incident, including the protest, the arrival of the Tornado Units and removal of detainees from the courtyard into the sports hall before they were sent to their new locations. The impression that members who observed the incident had was that it was handled very professionally and calmly.

Body cameras have been implemented in both Centres to capture footage of serious incidents since the new contractor began. It is too early to evaluate the effect these will have, although the IMB feels this is a positive step.

On 13 December, 9% of CCTV cameras were out of use, although Mitie stated that those out of use have alternative area coverage. The IMB will continue to check the functioning of CCTV cameras in the Centre.

5.7 Segregation Unit

Table showing incidence of use of Rules 40, 41 and 42 in 2014, 2013, 2012 and 2011

	2014	2013	2012	2011
Rule 40 (removal from association)	212	217	246	338
Rule 42 (temporary confinement)	30	76	93	143
Rule 41 (use of control and restraint)	101	99	89	87

The fall in the number of men who were held under Rule 42 in 2014 is encouraging, though the numbers are not completely comparable to the figures of the previous three years. Since the 1 November 2014, some detainees under Rule 40 or 42 are being transferred to the IRC “next door”, Colnbrook, as soon as it is assessed to be safe to do so. Since then, the segregation unit has been used 12 times, either for a cooling off period, or, in some cases, because a short stay separated from the other population was deemed enough to meet the objectives. As such, this may explain the lower figures for 2014.

Whilst the IMB understands the rationale of the contractor to streamline operations over the two sites, especially in times where staff numbers are very low anyway, the IMB is concerned about the fabric of Elm (the segregation unit), even for short occupations. For example, the IMB has heard from detainees that their cells were unheated. Another potential concern, which the IMB will monitor in the coming month, is the staffing of Elm even for short periods, to ensure that well trained, sensitive and experienced officers are dealing with detainees in potentially volatile situations, often with a mental health issue playing a part in the behaviour displayed by the individual detainee. The experience to date is that this has been the case, but given the movement of staff roles within the Centre, the IMB hopes those staffed on Elm will continue to be some of the most attentive and caring staff members.

Elm was not only used to prevent self-harm ahead of a planned deportation (See 5.6.2), but also as a precautionary measure to ensure compliance of difficult detainees with a history of threatening behaviour. The IMB recognises that some detainees will try everything possible in an attempt to prevent a deportation to go ahead, including the use of violence, but the stay in a segregation unit like Elm should always be proportionate to the risk. The IMB is concerned that in some cases, the time period is excessive, for example Mr I, who was held at Elm for 7 days ahead of his deportation. Mr J was held at Elm for 8 days “for his own protection”.

5.8 Residential Services

The change of contractor has led to new bedding and other changes. This demonstrates that provision before September 2014 needed improvement. Our record of detainee complaints to the IMB shows that this area needs improvement. Complaints ranged from cleaning of toilets and showers, washing machines out of action, fax machines not working, inadequacies with bedding and curtains around toilets in shared provisions and heating. There was a significant problem with bed bugs, which the previous contractor had not eliminated. A dog was brought in to identify infected rooms and fumigation was used. Bed bugs were found in 23 rooms in the Centre. We are pleased that action was taken.

It is concerning to note that toothbrushes, toothpaste and soap are not always available for detainees in good supply.

At the end of the year there was still evidence that some of these maintenance problems had not yet been solved. We are aware that there is a plan of works agreed between Mitie and the Home Office to address maintenance issues. Whilst we appreciate that there may be difficulty in assigning responsibility for maintenance issues between GEO and Mitie in the wake of the change of contract, it is the detainees that suffer as a result of this. There are plans by Mitie to improve facilities and areas such as worn flooring. Next year’s report on the new Heathrow IRC should reveal the extent of the changes.

Food is an important aspect of provision. Whilst there are complaints, this was not a major area for complaint. It is difficult to satisfy a wide variety of food preference of detainees from different national and ethnic backgrounds whilst also producing at high volume. The IMB taste at least one meal per week. Our observation shows that the food is normally acceptable and ample in its portions. Fresh fruit is

sometimes lacking. The intention is to provide a “cultural kitchen” in 2015, which we welcome.

Section 6 - Additional Issues

6.1 Long Term Detention

Home Office policy states that “It is not an effective use of detention space to detain people for lengthy periods.”⁵ Home Office statistics for July - September 2014 reveal that across the whole immigration detention estate, 144 people have been in detention for between one and two years and 30 for two years or longer.⁶

The experience of the IMB is that many detainees are being held for periods of time that adversely affect the welfare of the detainee. The IMB are shocked to note the long term detention of detainees at Harmondsworth. In December 2014, the 10 longest stayers in Harmondsworth had stayed in immigration detention custody for extensive periods of time:

Detainee	Date first detained in immigration detention
Mr K	28.01.11
Mr L	21.06.13
Mr M	06.08.13
Mr N	08.08.13
Mr O	17.12.09
Mr P	08.03.13
Mr Q	10.12.13
Mr R	12.12.13
Mr S	13.01.14
Mr T	17.01.14

The IMB request the length of stay of the longest staying detainees in Harmondsworth and ask for updates on the progress of their cases every month. The main reasons given by the Home Office for continued detention are that they are awaiting travel documents from another country, or if there is an outstanding legal case.

The IMB are concerned that despite outstanding legal cases, Emergency Travel Documents are still not organised in some of the cases, meaning that if legal cases were dropped tomorrow, the Home Office would still not be able to deport these detainees.

The statistics however do not reveal the real suffering that these men endure. They are effectively in limbo. The courts have decided not to grant them bail and the Home Office is unable to deport them. The impact this has on detainees is severe. One such detainee in this situation has been in healthcare for over one year and the IMB has observed his condition deteriorating.

⁵ Enforcement Instructions and Guidance 55.1.3

⁶ <https://www.gov.uk/government/publications/immigration-statistics-july-to-september-2014/immigration-statistics-july-to-september-2014#detention-1>

Mr U sewed his lips together. He could not eat, drink or medicate. He wrote a note which said “Release me or send me home”. He spent nearly 9 months in detention and was later released. This makes the IMB question the use of detention for such an extended period of time when the man was released back into the community anyway.

Mr V, an ex-foreign national prisoner remained in detention for just over 4 months after the end of his sentence whilst the Home Office arranged for his complex removal. The IMB is concerned that these arrangements only begun at a late stage and progressed very slowly, prolonging his detention.

Mr W, in explaining the effects his long term detention had on him, told the IMB about his daughter, who is being looked after in the community by foster carers (not her mother), who he was unable to see, the stress in having no control over his life and his coping strategy of working at the barbers. When asked about his plans for the future, he said “I want to be a family man. I have spent my life being a lonely person. My dream it to get out of mistakes and be better and be close to my daughter. This is not life the way I am living. This is what happened to me, growing up with no family, I don’t want that to happen to her. I need to tell her my life story, teach her what is good and bad and support her and be behind her.”

There needs to be an independent assessment of the cases of those detainees who are detained for over one year. It is unacceptable that the welfare of a detained person should be so adversely affected by a system that is not intended to accommodate long-term detention. An independent assessment would require persons from outside of the Home Office to review the cases and publish their findings. Independence from the Home Office is crucial to determine whether the exceptional circumstances for detaining someone for this amount of time are truly justified. The IMB does not consider the current review mechanisms to be sufficiently independent or effective.

6.2 Children

Age assessments are a crucial tool to prevent that minors are being held at an IRC, which is not suitable to cater for their specific needs and puts them in a vulnerable position for being exploited. Home Office policy states that ‘unaccompanied children must only ever be detained in the most exceptional circumstances, and then only overnight, with appropriate care, whilst alternative arrangements for their safety are made’⁷.

The Refugee Council puts the problem in context:

“Only half of the children under five years old in the developing world have their births registered. In sub-Saharan Africa 64% of births go unregistered, and in South Asia 65% of all births go unregistered (UNICEF, 2010:44).”⁸ This relates to a considerable numbers of detainees held at Harmondsworth IRC.

⁷ Chapter 26 of the Home Office Enforcement Instructions and Guidance, <http://www.ukba.homeoffice.gov.uk/sitecontent/documents/policyandlaw/enforcement/oemsectione/chapter26?view=Binary>

⁸ Refugee Council, *Age Assessment, Practice and Pitfalls*, 2012, p. 2.

Furthermore, “it has been known for several years that developmental milestones can be different depending on the cultural background of the child. There have been few studies into developmental milestones in African countries and assessment is usually done with Western tests.”⁹.

With this background information in mind, it should be noted that not all detainees who claim to be under 18, are in fact considered by social services in the form of a “Merton compliant” age assessment. If their physical appearance or demeanour strongly suggest that the person is an adult, the detainees in question may be informed that they would be treated as an adult by the immigration authorities by issuing an IS97M.

Whereas the IMB was initially disappointed that a recommendation made in the IMB Annual Report for 2012 that there should be a Memorandum of Understanding between UKBA (now the Home Office) and Hillingdon Children’s Services, in relation to the detention of young people claiming to be under 18 was rejected, the experience in 2014 was that detainees claiming to be under 18 now, and not being treated as an adult by immigration authorities as above, appear to be taken into the care of Hillingdon Social Services much more speedily. In almost all cases, they are kept in a single cell on Fir, where officers can keep a close eye on the young detainees, until an assessment has been made.

Figures provided by the Home Office show that in 2014, 7 detainees claimed to be a minor. Of those, 3 were released into the care of Social Services as age disputes. This was done after 2, 3 and 6 days respectively. One of those cases was assessed to be over 18 and the outcome of the assessment in the other two cases is not yet known.

6.3 Complaints

In its report titled “Biased and Unjust: The Immigration Detention Complaints Process”,¹⁰ the charity Medical Justice notes their deep concern that since the Home Office closed down the Complaints Audit Committee¹¹ after it found that 83% of complaint investigations were inadequate, no systematic overview of complaints has taken place to make sure lessons are learnt. The IMB contributed to Medical Justice’s report and believe its findings resonate with our experience at Harmondsworth.

Key findings of the report were:

- Many detainees, including key witnesses to the event, are removed before the complaint has been investigated;
- Many detainees do not make complaints out of fear of retribution. When they do, they often face an inequitable process. Some detainees have been

⁹ “Refining the milestones: assessing child development in Africa,” Ailbhe Goodbody, Wellcome Trust Blog 11 Aug, 2010

¹⁰ “Biased and Unjust: The Immigration Detention Complaints Process”, Medical Justice, <http://www.medicaljustice.org.uk/images/stories/reports/BiasedUnjustComplaintsProcess.pdf>, published on 27 August 2014.

¹¹ This was abolished in 2008, with the responsibility for investigating the handling of detainees’ complaints passed to the Independent Chief Inspector of Borders and Immigration.

left unable to challenge the dismissal of their complaint because the Home Office cites evidence - photos, CCTV, witness statements etc - that it does not automatically disclose;

- Alarming low levels of substantiated complaints raise serious concerns about the impartiality of the investigations. One immigration removal centre's substantiation rate was 2.5%, in contrast to the Prison & Health Service Ombudsman's rate of 80%.¹²

The Home Office has a robust procedure for the handling of complaints.¹³ The aims for the service delivery are set at a very high standard: "An effective system for dealing with a concern or complaint underpins much of detention life. A detainee's positive state of mind is more likely to be maintained if there is an accessible and effective means of making and resolving a complaint, they are confident that it has been taken seriously, and has been considered properly and fully. It also demonstrates transparency and that we are committed to dealing with people fairly and openly, taking their concerns seriously.

The principles behind our complaints system are those established by the former Prisons and Probation Ombudsman (PPO), Stephen Shaw:

- There are clear and easy procedures to complain;
- There is a simple investigation process which everyone can understand, free of unnecessary bureaucracy;
- Complaints are investigated in a timely manner;
- The confidentiality of complaints and investigations are respected
- There are no penalties for complaining;
- Complaints are dealt with by the most appropriate person;
- Staff should take responsibility for their actions and be prepared to explain them, with redress as necessary;
- There is a right of appeal to an Ombudsman."¹⁴

Unfortunately standards at Harmondsworth IRC have not always met the Home Office's ambition for delivering a good, transparent service.

The IMB attempts to get clear data about the complaints received throughout the reporting year were hampered by the fact that GEO apparently deleted crucial data in relation to complaints, which is difficult to re-establish. Since 1 September 2014 there is a central complaints clerk nominated for both Harmondsworth and Colnbrook and we hope this will lead to a better service delivery overall.

The IMB's anecdotal evidence shows that in 2014 there were the following incidents, none of which were isolated:

¹² "Biased and Unjust: The Immigration Detention Complaints Process", Medical Justice, <http://www.medicaljustice.org.uk/images/stories/reports/BiasedUnjustComplaintsProcess.pdf>, published on 27 August 2014 p. 14. Note this figure does not refer to Harmondsworth IRC.

¹³ Handling of Complaints in Immigration Removal Centres, Short Term Holding Facilities, Holding Rooms and During Escort, Guidance Manual https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/257728/complaintsIRC.pdf, June 2011.

¹⁴ Ibid. page 6,7

- DCF9 forms were not always available next to the complaints boxes;
- Detainees preferred not to follow the official complaint procedure because they were afraid of repercussions;
- Detainees who had put in a complaint were being spoken to by Centre staff and asked to withdraw their complaint;
- Detainees have alleged that they have been threatened that they would lose their job within the Centre if they upheld their complaints;
- Detainees were being transferred to other Centres before the complaints process has been concluded;
- The investigation into the complaint did not include speaking to the detainee who made the complaint in order to seek clarification or secure more details about the issues at stake;
- Detainees did not always get a copy of the responses from the Detention Services Complaint Unit or the Immigration Enforcement Professional Standards Unit (investigating serious misconduct complaints), both based at the Home Office.

Throughout the year, there have been a number of complaints about money missing from registered mail letters addressed to detainees. Under GEO, the attitude was often, “how can you prove there was money in the envelope- your family member or friend might have forgotten to include the money in the envelope.” The IMB is pleased that Mitie has taken a different approach by planning to make changes to the process of receiving and delivering registered mail to the detainees, with fewer officers handling the mail to create greater accountability. Detainees have also been reimbursed for money, which had gone missing.

Another frequent complaint is the loss of property at reception. Though there are some CCTV cameras in place, they do not cover the whole area, where the detainees’ property, including valuable items, is stored.

The complaint of Mr X illustrates the issues. It was not an isolated complaint on this topic. Mr X brought two bags with him to Harmondsworth, when he was transferred from another IRC. In the smaller of the two bags were an iPad, a camera and an iPhone. Mr X holds copies of receipts issued to him at the previous IRC, confirming that these items were kept in a safe box. Upon his arrival Mr X quickly checked whether his valuables were still in the smaller bag. When he handed over the two bags, he simply got a receipt for both pieces of luggage. Mr X enquired whether his valuables would not be kept separately as in the other IRC. The officer at the reception told him that he needed to move on and that he should not worry, his belongings would be safe. Reluctantly Mr X followed these instructions and left. 10 weeks later, Mr X asked to be taken to the reception to check whether his items were there as other detainees had warned him that items would go missing at reception. When the small bag was brought to him, Mr X discovered that only the camera was left. Mr X raised the issue of his missing property (without stating to the officer what had gone missing yet) and an officer told him that Mr X was informed one month ago that his iPad and iPhone had gone missing. Mr X rejected this claim vehemently, explaining that if that was the case, he would have made an immediate protest when he was told that information. Mr X’s complaint about his missing property was found not to be substantiated. The decision was based on the evidence of staff who searched Mr X, stating that they did not see any iPad or iPhone within his property as the

procedure for this was indeed to separate valuable items to keep them in a valuable property safe. Thus there would be insufficient evidence to support Mr X's claim.

This investigation is unsatisfactory in our view. It does not deal with the fact that the two missing valuables were accounted for at the previous IRC (there was no opportunity for Mr X to dispose them during the transfer); that if the general procedure in all cases is that valuables are put separately in a secure place then the camera which remained in his bag should have been placed in such a secure place too; and how it was possible for an officer to refer to the specific missing property items before Mr X had outlined which property items were no longer in his bag.

As the complaint was found not to be substantiated, Mr X has also not received any compensation. Mitie is currently investigating how the risks of detainees' property being stolen can be minimised further. The IMB hopes that this will lead to a substantial reduction in such cases. Mitie also plans to introduce keys to the individual cells, which should address the problem of property going missing from individuals' cells.

Figures provided by the Detention Services Complaints Unit at the Home Office show a breakdown of official complaints as follows (for figures on health issues see above 5.3.1 Healthcare, page 9)

Type of complaint	Number	Substantiated	Partially substantiated
Service delivery (includes accommodation, property, catering, communication etc)	153	20 (13%)	8 (5%)
Serious Misconduct (which were referred to the Professional Standards Unit)	18	1 (5.5%)	2 (11%)
Minor misconduct	84	1 (1.2%)	2 (2.4%)

Statistics for complaints about case-working were not provided.

Given the extent of the issues identified, the IMB recommends that an independent body needs to be established to have oversight over the complaints process and an audit of the complaints procedure should be undertaken to identify problems and propose solutions.

6.4 Communication with Detainees

Official communication from the Home Office may relate to immigration decisions or responses to official complaints.

Whilst appreciating that some letters are necessarily formal and legalistic because of the nature of the subject, it would help if where possible directions to detainees were written in clear and simple English. Most detainees do not have English as a first language. Text messages may be useful when charter flights are cancelled at short notice to avoid confusion.

It is particularly important to ensure that detainees on a reserve list for a charter flight know this is the case, as we are aware of distress caused by the expectation that they are to leave only to find they are being returned to detention when they are at the airport.

Replies to complaints are couched in formal bureaucratic language and must at times be hard to understand and to accept the answer. Whilst appreciating the need to include standard information such as the right to complain further, there must be clearer ways to answer a complaint.

The IMB is pleased to see Detainee Consultative Meetings being held fortnightly with buddy representatives from each wing bringing concerns to the senior management of the Centre. Detainees seem to be pleased to be involved in this process, which includes reviewing food plans.

Section 7 - The Work of the Independent Monitoring Board

We typically make 4 visits a week to the Centre, collecting applications to see us from our post boxes on each Residential Unit, talking to detainees and monitoring what is happening. We have a procedure in place for ensuring that we visit all parts of the Centre and that special attention is paid to the segregation unit, the healthcare wards, and first and last night accommodation.

We hold monthly formal board meetings with the Centre Manager and the Home Office. These have been held jointly with Colnbrook IMB since the new contractor has begun. In 2015, Colnbrook and Harmondsworth IMBs have joined to form Heathrow IMB. We will be monitoring across both Harmondsworth and Colnbrook in order to mirror the new structure of the two buildings, which are being run as Heathrow IRC.

The table below shows the topics of substantive conversations IMB members had with detainees in 2014:

Topic	Total
Immigration	289
Health	280
Property	72
Food	31
Accommodation	66
Regimes	17
Staff Behavior	130
Legal	25
Other	30

Note: All statistics in this report except where the source is given have been obtained at Harmondsworth IRC and are not audited.

References to individual detainees use an alphabetical code which does not relate to the actual names of the detainees concerned.



Karina Kielbinska - Vice Chair Harmondsworth IMB 2014
Tony Swabe - Vice Chair Heathrow IMB (Harmondsworth Site) 2015

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