Report on an unannounced full follow-up inspection of

Colnbrook Immigration Removal Centre

18–22 June 2007

by HM Chief Inspector of Prisons

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Contents

Introduction

Colnbrook immigration removal centre (IRC), at Heathrow Airport, is the most secure facility in the immigration detention estate. Run by Serco, the centre is equipped with all the paraphernalia of a category B prison, as well as 24-hour medical services. Despite these resources, this unannounced inspection found that Colnbrook was significantly less safe than when we last inspected, with staff struggling to manage an increased proportion of challenging and vulnerable detainees, as a result of serious pressures on the detention estate.

Since our previous inspection in 2005, the mix of detainees at Colnbrook had become more challenging: ex-prisoners, including violent and sexual offenders, now made up 80% of the population; a significant number had been disruptive elsewhere; and a number of detainees presented significant psychiatric and other medical problems. On top of this, some detainees, who could not be removed, had been held for many months – sometimes years – in conditions designed for short stays, inevitably heightening their anxieties and frustrations.

Most aspects of safety were now under strain. The reception process was efficient and welcoming, but population pressures had led to the short-term holding facility attached to the IRC doubling as a first days' centre, a function for which it was ill-suited. A similar confusion of role existed for the 'last night centre', which was also required to house vulnerable detainees and the overspill from the overcrowded healthcare centre.

While security arrangements were not overly restrictive, use of force was high and some detainees spent lengthy periods in separation. Dynamic security based on positive staff–detainee interaction appeared limited, and we were concerned that some staff appeared to find it difficult to manage the challenging behaviour that sometimes confronted them. It was also disappointing that the anti-bullying strategy was underused, and that room sharing risk assessments were not always kept up to date when detainees were moved around the IRC.

Our survey illustrated that levels of anxiety and fear among detainees were high, compounded by evident frustration at the shortage of effective legal advice and lack of up-to-date information about their cases – despite the best efforts of on-site immigration staff. The vulnerability of detainees was starkly demonstrated by the high number who were at risk of suicide or self-harm. It was, therefore, disturbing that, while many staff were clearly caring, suicide and self-harm procedures and practice needed improvement.

Residential areas were clean and well maintained, but remained austere. Rooms were still poorly ventilated, with toilets not fully screened. Staff–detainee relations varied and were not supported by a personal officer scheme. Detainees had little confidence in the complaints system, and racist incident complaints were poorly investigated. Efforts had been made since our previous visit to raise the profile of diversity work, with increased training for staff and regular celebrations of cultural and religious diversity, but management systems remained underdeveloped. An energetic chaplaincy was well integrated into the work of the IRC.

While health services had improved overall, mental health provision was severely stretched by an increase in the number of detainees with psychiatric problems. Similarly, substance abuse problems appeared to have increased and, while detoxification and trained GP support were now available, an independent needs analysis was required to assess the nature and level of services required.

Detainees had plenty of time out of rooms and good access to activities, including a reasonable library, good physical education opportunities and a popular computer and intemet

room. However, the quality and quantity of education and training were insufficient for a population that included some long-term residents. There was no accredited training and minimal paid work, which added to detainees' frustrations.

Efforts to prepare detainees for release were now reasonable, with an effective welfare team. Access to visits was good and the visits area was relaxed. However, some bans placed on visitors suspected of drug trafficking appeared draconian, and the visitors' centre was not very welcoming. Access to telephones was good.

Colnbrook is required to house the most challenging and vulnerable detainees in the immigration estate. In recent months, the population had become an even more volatile mix, as the number of ex-prisoners and those considered difficult to manage elsewhere swelled. To compound this, some of the most vulnerable detainees who could not be cared for in other IRCs were also housed at Colnbrook. Staff and managers conceded that the establishment was at the outer limits of its capacity to cope. It is essential that the Border and Immigration Agency deals expeditiously with casework and ensures a better balance of detainees as soon as other accommodation becomes available.

Anne Owers September 2007
HM Chief Inspector of Prisons

Fact page

Task of the establishment
Immigration removal centre

Location
Colnbrook Bypass, West Drayton, UB7 0HB

Contractor
Serco

Certified normal accommodation
384

Operational capacity
353

Escort provider
Group 4 Securicor (G4S)

Last inspection
September 2005

Brief history
Colnbrook IRC mainly houses detainees who have exhausted the immigration process and are awaiting removal from the UK. The detainee population normally held in Colnbrook is likely to be perceived by the Border and Immigration Agency as posing an unacceptable risk to a less secure establishment. It includes fire raisers, substance abusers, sex offenders and other detainees who constituted a discipline problem to other centres' regimes or their stability. In December 2006, after a major disturbance at Harmondsworth IRC, higher numbers of refractory detainees within the immigration custodial system were housed in Colnbrook, as well as virtually all those in need of psychiatric or 24-hour medical services, and detainees subject to multi-agency public protection arrangements (MAPPA). Approximately 80% of the population of Colnbrook are former foreign national prisoners.

Description of residential units
Colnbrook IRC consists of four long-term residential units each housing 66 male detainees; the short-term holding facility houses 80 male/female detainees for a short period.

Section 1: Healthy establishment assessment

Introduction

HE.1 The concept of a healthy prison was introduced in our thematic review *Suicide is Everyone's Concern* (1999). The healthy prison criteria have been modified to fit the inspection of removal centres. The criteria for removal centres are:

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

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

Purposeful activity – detainees are able to be purposefully occupied while they are in detention

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

HE.2 Although this was a custodial establishment, we were mindful that detainees were not held because they had been charged with a criminal offence and had not been detained through 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 detention centres (now immigration removal centres) as being to provide for the secure but humane accommodation of detainees:

- in a relaxed regime
- with as much freedom of movement and association as possible consistent with maintaining a safe and secure environment
- to encourage and assist detainees to make the most productive use of their time
- respecting in particular their dignity and the right to individual expression.

HE.3 The statutory instrument also states that due recognition will be given at immigration removal centres to the need for awareness of:

- the particular anxieties to which detainees may be subject and
- the sensitivity that this will require, especially when handling issues of cultural diversity.

HE.4 The Inspectorate conducts unannounced follow-up inspections to assess progress against recommendations made in the previous full inspection. Follow-up inspections are proportionate to risk. In full follow-up inspections sufficient inspector time is allocated to enable an assessment of progress and also to allow in-depth analysis of areas of serious concern identified in the previous inspection, particularly on safety and respect, or matters of concern

subsequently drawn to the attention of the Chief Inspector, in focus groups, research analysis of immigration removal centre data and observation. This enables a reassessment of previous healthy establishment assessments held by the Inspectorate on all establishments, and published in reports from 2004 onwards.

Safety

HE.5 The number of vulnerable and challenging detainees had increased substantially, and ex-prisoners now constituted 80% of the population. Detainees who could not be removed were detained for long periods. Many complained of the limited availability of legal advice. Security measures were reasonably effective, but dynamic security based on positive staff-detainee interaction was less evident. The short-term holding facility and the last night unit performed multiple and uneasily combined roles that had evolved as a result of population pressures. Use of force was high, but it was well evidenced and documented. Some detainees spent excessive periods in separation, with a limited regime. A high proportion of detainees said they felt unsafe. Anti-bullying measures were underdeveloped. There was a high rate of self-harm, and the care of detainees at risk was variable. Colnbrook was not performing sufficiently well against this healthy establishment test.

HE.6 Detainees were subject to excessive movements around the detention estate, often for no clear reason. The quality of information that came with new arrivals was variable, and this hindered risk assessments. This was of particular concern, as 80% of detainees were now ex-prisoners, many of whom had been imprisoned for violent and sexual offences. There had been a sharp increase in this population over the past nine months, and it included detainees seen as too difficult to manage in other establishments.

HE.7 The reception process was efficient and welcoming. All new arrivals received a multilingual information booklet and were given a free telephone call, a meal and clean clothing if required. The short-term holding facility (STHF) now doubled as a reception and first days in detention assessment unit for the main centre. This function had evolved in response to population pressures and with little planning. Men, women, experienced ex-prisoners and detainees who had never been in a prison were all held in the same conditions.

HE.8 In our survey, detainees indicated high levels of anxiety about these early days in detention: only 33% of respondents said they had felt safe on their first night, compared to the comparator[1] of 55% for immigration removal centres (IRCs). Detainees were locked in their rooms for most of their time in the short-term facility, which was up to five days or longer for many. They did not receive a structured induction and were often unprepared for the different regime and rules in the main IRC, which had itself only recently started to induct detainees formally.

[1] The comparator figure is calculated by aggregating all survey responses together and so is not an average across establishments.

HE.9 Security was not overly restrictive. The number of security information reports (SIRs) had risen sharply in the previous year, suggesting that staff were generally alert to the changing nature of the population.

HE.10 Use of force appeared high, but we found no evidence that it had been used inappropriately. The standard of use of force documentation was generally good, and included detailed staff statements. We found many examples of positive de-escalation; conversely, we were concerned to find that in some cases staff struggled to deal appropriately with confrontational detainees, which heightened detainee frustration. Stress levels in the centre were high, as many detainees were both frustrated over slow progress of immigration cases and bored as a result of limited purposeful activity. Together with the challenging profile of detainees in Colnbrook, this was a potentially volatile mix.

HE.11 Detainees were temporarily confined (detention centre rule 42) and removed from association (rule 40) for excessive periods, and not enough was done to return them to the main centre. During the first four months of 2007, those subject to rule 42 had been held for an average of 28 hours, and those on Rule 40 for over 38 hours. The regime for separated detainees was very limited, and there was no library or educational provision.

HE.12 An area above the rule 40 rooms had been designated as a 'last night unit'. This unit suffered from a confusion of purpose similar to that of the short-term holding facility: it was also used for vulnerable people, as an overspill for healthcare, and for rule 40 detainees. It was another example of a development that had evolved unplanned as a result of population pressures. Subject to risk assessment, detainees in the last night unit were able to dine out, have association and attend activities such as education.

HE.13 The anti-bullying strategy was little used and was not based on a needs analysis. There was minimal cross-referencing of information on assaults, SIRs and complaints to identify levels and patterns of bullying. Half of the 10 anti-bullying logs opened to date in 2007 had been initiated by a single officer, suggesting under-reporting of bullying and inadequate staff awareness of the strategy.

HE.14 The vulnerability and distress of the population was reflected in the high number of detainees at risk of self-harm or suicide: 480 self-harm at risk (SHARF) forms had been opened in the previous six months, and there had been 66 incidents of actual self-harm or attempted suicide over the same period. The majority of SHARFs did not demonstrate knowledge of the background causes of vulnerability. While many staff demonstrated a caring approach, care plans were often superficial and there was little evidence that objectives were acted upon. The quality of the monthly at risk meetings was mixed, and staff were unaware of an action plan following the last death in detention in 2004. We were told that anti-ligature clothing was used rarely, but there was no log of use to confirm this.

HE.15 Legal visits were available 12 hours a day, seven days a week. However, our safety interviews and discussions with detainees showed that inability to obtain legal advice and representation was a major concern. The problem was alleviated by regular surgeries run by the Immigration Advisory Service and the Refugee Legal Centre, but these advisers took on few cases and made only a

few bail applications, despite the lengthy periods that people remained in detention.

HE.16 Eighteen detainees had been in Colnbrook for a year or more, and one had been detained for nearly three years. The on-site immigration staff responded to queries from detainees but often had limited success in obtaining information from the caseholding authority, usually the Criminal Casework Directorate. The on-site team engaged constructively with detainees. This helped to address the frustrations of some detainees, but the levels of need were very high.

Respect

HE.17 The residential units were in good repair, though little had been done to soften the environment or address detainee concerns about ventilation. While some staff managed a challenging population well, others did not deal with difficult situations confidently or with sufficient sensitivity. The rules of the centre were sensible, but detainees had very little confidence in the complaints system. Some general and most racist incident complaints were poorly investigated. Diversity staff had a high profile, and were approachable and valued, but diversity management systems were underdeveloped. Health services had improved and access to healthcare was generally good. However, there was a shortage of provision for the large number of detainees with mental health problems. A reliable substance use needs analysis had yet to be conducted. The food was satisfactory, and the shop provided a reasonable service. Colnbrook was performing reasonably well against this healthy establishment test.

HE.18 The residential units were clean, light and in a good state of repair. However, the physical surroundings were still stark and austere, and little had been done to create an environment more appropriate to an IRC. Some units were noisy and this was not consistently controlled by staff. As at the last inspection, the air conditioning system was the source of much detainee complaint. Detainees were unable to open their windows, and some rooms were stuffy. Toilets in rooms were not completely screened, which was embarrassing and failed to give detainees appropriate dignity. Detainees had good access to showers and to essential toiletries. There were laundries for detainee use in the long-term IRC, but not in the short-term facility.

HE.19 Room sharing risk assessments were not updated when detainees moved from the short-term facility to the main IRC. Smokers were sometimes forced to share with non-smokers as a result of pressure on spaces.

HE.20 The change in population had been a significant challenge for staff. Many managed the more challenging population well, using personal qualities and experience. But some staff resorted to dismissive and petty behaviour, while others were passive in the face of confrontational behaviour by some detainees. Both responses escalated poor detainee behaviour. Our in-depth interviews suggested that many detainees lacked trust and confidence in staff, and felt that they needed to set clearer boundaries.

HE.21 Unit history files contained many basic and brief comments, usually made over the first days in detention. There were few insightful comments that

demonstrated engagement with detainees. There was still no personal or care officer scheme. The welfare officers mitigated this to an extent, but they were unable to take on the care officer role for every detainee.

HE.22 There were more diversity staff in place, as recommended at the last inspection. They had a high profile around the establishment and detainees expressed some confidence in them. There were popular monthly cultural and religious celebrations, and centre staff made good use of interpretation, particularly in the healthcare centre. However, the management of diversity had deteriorated. Diversity meetings had been combined with the detainee information access committee (DIAC) meetings and provided no strategic oversight. There was a race equality policy, but no diversity policy that covered, for example, disability and sexual orientation. Staff received no specialised training on disability issues, and disabled detainees were inadequately identified in the centre. However, all staff had received wide-ranging diversity training, and nearly all had attended annual refresher training. More attention was given to the detainee experience within both the diversity and the new assessment, care in detention and teamwork (ACDT) training packages.

HE.23 Racist incident complaints were not accurately logged and some were not given to the diversity team for investigation in the first instance. Investigations were generally poor: in some there was no evidence that all parties had been interviewed or that some specific, serious allegations had been investigated. There was minimal nationality or ethnic monitoring, and there was, in any event, no forum to discuss results and consider strategic responses.

HE.24 Detainees had good access to chaplains of all faiths and to relevant religious services. The chaplaincy team was involved in the life of the centre.

HE.25 The rules were sensible and fully explained to detainees, both in the induction booklet issued to all new arrivals and in the establishment compact. Both were available in a wide range of languages.

HE.26 Detainees had very little confidence in the complaints system, and in our survey only 1% of respondents against the already low IRC comparator of 16% felt that complaints were dealt with fairly. Although complaints were usually replied to respectfully, they were not always fully investigated, and responses in over half of the sample we examined were outside of the prescribed time-scales.

HE.27 The rewards scheme inappropriately restricted access to the internet and to detainees' basic daily allowance.

HE.28 Health services had improved since the last inspection. While many survey respondents had negative perceptions of health services, most detainees interviewed were content with the service. There were no waiting lists for the dentist or doctor. However, there was a significant shortfall in mental health provision despite the high numbers of detainees with mental health problems. The centre was at the edge of its ability to cope with mentally unwell detainees, some of whom had been transferred to Colnbrook against the wishes of its health professionals. Medicines management had improved, as had clinical governance. Inpatient beds were included, inappropriately, on the certified normal accommodation, and were also used for constant observation of some

detainees who had no other need to be in healthcare. We were also concerned that most detainees attending outside medical appointments were handcuffed.

HE.29 Detainees told us that there was a significant amount of substance use in the centre. Tenders to buy-in a substance misuse service had been invited in recognition of this need. However, an independent needs analysis had not yet been completed. A detoxification service was provided, if required, and two visiting GPs had received training in substance misuse.

HE.30 Detainees and staff ate the same food, and the standard of catering was generally satisfactory. The centre shop was a good, well-stocked facility and detainees had easy access to it.

Activities

HE.31 Detainees had good access to activities and considerable freedom of movement. The library was a reasonable facility, and physical education and the gym were generally positive areas. There was no accredited education or training and no evidence of planned learning or monitoring or recording of progress. There were very few paid jobs and there had been slow progress on developing work opportunities. The lack of meaningful and purposeful activity contributed to detainees' frustration. The centre was not performing sufficiently well against this healthy establishment test.

HE.32 Detainees had good access to a range of activities, but little of it was purposeful or progressive. In the main IRC, they had at least 12 hours a day freedom of movement and free access to small exercise areas outside each residential unit.

HE.33 Only 11 detainees were in paid work. There had been very slow progress on developing employment opportunities following the lifting of restrictions on detainees engaging in paid work. Many detainees were not aware of these opportunities or the application process.

HE.34 There was a well-equipped and popular computer room with free internet and emailing facilities, which was now better managed than on our previous visit. Information technology training was provided at weekends. There was a good range of arts and crafts activities, but detainees received little formal tuition. Detainees attending classes in English for speakers of other languages were also often left to work individually. There was insufficient attention to initial assessment and the planning of learning. Many detainees stopped attending as they failed to progress, and some classes frequently operated below capacity. There were no arrangements to evaluate the quality of tuition or give tutors formal support and further training. There were no formal or effective systems to evaluate the curriculum or ensure that resources were used effectively. Educational activities were still not promoted sufficiently, and many detainees were unclear about what was on offer. There were few activities for detainees in the short-term holding facility.

HE.35 Detainees had good access to a library, which had a good range of foreign language newspapers, access to internet copies and some legal reference materials. Fiction and non-fiction books were available in 18 languages, but the

range was insufficient to meet the needs of many, particularly longer term, detainees. The lack of a qualified librarian over recent months had created a management vacuum.

HE.36 There was a good range of well-used indoor PE and sports activities run by qualified instructors. The facilities and equipment were good, as was access for detainees. Male and female detainees in the short-term facility and healthcare inpatients had separate daily access to the sports hall.

Preparation for release

HE.37 The welfare team was effective and the visits area was a good facility, though the visitors' centre was not very welcoming. Some visitors had been placed inappropriately on indefinite bans. Access to telephones was good. Detainees who were removed from the centre generally received adequate notice, and an innovative resettlement initiative was under development. The centre was performing reasonably well against this healthy establishment test.

HE.38 The welfare officers were well known in the centre and detainees were appreciative of their help, particularly with property, legal advisers and information about case progress. The team had established links with voluntary groups to help with some of the problems for people who left the centre without accommodation or fares to get from the airport to their homes.

HE.39 Access to visits was good and visitors did not have to book in advance. However, many detainees did not know that visitors had to bring two forms of suitable identification and did not inform them of this requirement. As a result, approximately two sets of visitors a week were turned away, some after travelling long distances.

HE.40 Six detainees were on closed visits at the time of our inspection, and in the last year 28 had been put on closed visits for an automatic three-month period. There was no written policy on closed visits, and we were particularly concerned to find that six visitors had received total and indefinite bans without any indication that this could be reviewed. Letters sent to banned visitors did not give reasons for their bans.

HE.41 The visits facility was a relaxed environment and had good access for people with disabilities, as well as a children's play area. The visitors' centre was a reasonable facility, but less welcoming: visitors had to sit in rows of plastic seats and little useful information was provided. There was no procedure to ensure safe supervision of children visiting detainees with a history of sexual offending.

HE.42 Access to telephones was good. All detainees in the short-term facility received pay-as-you-go mobile phones, and those in the main centre could use room or unit pay telephones, or buy mobile phones from the centre shop.

HE.43 Detainees who were removed from the centre usually received a minimum of 72-hours notice between removal directions and actual removal. A formal resettlement initiative was being developed to assist detainees with basic welfare needs before and after their discharge from the centre.

Main recommendations

HE.44 The functions of Colnbrook short-term holding facility and its alignment to the adjacent removal centre should be reviewed and clarified. Given the mixed function of the STHF, women should no longer be held there.

HE.45 All detainees in need of legal advice and representation should have prompt access to suitably qualified legal representatives.

HE.46 Detainees should not be subject to excessive, unexplained moves around the detention estate.

HE.47 There should be sufficient, suitably qualified and adequately informed immigration staff in removal centres to ensure that all detainees receive prompt explanation of their status and responses to queries, and that all detained casework is diligently monitored and progressed.

HE.48 All staff should receive ongoing training and support to manage difficult and demanding detainees. Less experienced staff should be mentored and supported by senior staff.

HE.49 The functions of the last night unit should be reviewed and clarified.

HE.50 The centre should conduct regular multilingual surveys to examine the extent and nature of bullying, and the results should be used to inform a revised anti-bullying strategy.

HE.51 Prior notice should be given if detainees are being transferred into Colnbrook specifically for healthcare reasons to check the availability of a healthcare bed.

HE.52 Significantly more opportunities for paid work should be available to detainees.

HE.53 The centre should prioritise the development of a programme of learning activity that meets the needs and interests of detainees. A programme of short courses should be designed as part of programme development.

Progress on main recommendations since the previous report

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

Main recommendations

to the director general, IND [now Border and Immigration Agency, BIA]

MR1 Detainees should be able to engage in paid work. (HE.36)

Achieved. The centre had been slow to develop work opportunities. At the time of the inspection, 11 detainees were in paid work in barbering, cleaning and as room painters. They had undertaken this work for several months but had not been paid until recently. The two detainees employed as painters decorated all the rooms in the main centre and in the short-term holding facility (STHF). They had received informal training from their work supervisor. Further opportunities for paid work were being planned and would increase total work places to 40. Rates of pay varied according to the work but were generally around £1 to £1.50 per session. The education manager had recently finalised job specifications for the forthcoming posts, and had identified detainees who wished to undertake them. Many detainees were not aware of these opportunities or the application process. In our survey, only 21% of respondents said they could work at the centre if they wished to. No payments were made for participation in education or PE activities but there were frequent competitions with shop vouchers as prizes.
See main recommendation HE.52.

MR2 A new staff training package should include: basic information about immigration and asylum law and practice; cultural issues relating to the main detainee populations; recognising and addressing racist and discriminatory conduct; the need for interpretation; recognising and responding to symptoms of stress; sources of welfare support and immigration advice. (HE.37)

Partially achieved. A comprehensive training package expected from the then Immigration and Nationality Directorate (now Border and Immigration Agency, BIA) had not been produced and was no longer expected. However, the centre had made efforts to adapt the local training (see paragraph 2.19), and this went part of the way towards giving staff a more appropriate grounding in the backgrounds of detainees (see further recommendation 2.20).

MR3 Detainees should have prompt access to advice and representation from suitably qualified legal representatives. IND and the centre should consult the Legal Services Commission to this end. (HE.38)

Partially achieved. Access to competent legal advice remained a problem, despite the efforts of two Legal Services Commission-funded advice organisations, the Immigration Advisory Service (IAS) and the Refugee Legal Centre (see paragraph 3.3). In our survey, only 57% of respondents said they had a legal representative, only a third had been visited by their legal representative, and only half said they got legal aid, although 43% did not respond to this question. Many of Colnbrook's occupants had been detained for substantial periods (see paragraph 4.1). These included people from Iraq, Somalia and Zimbabwe, to which there was little possibility of effecting removal. This meant that, regardless of whether immigration status was finally determined and understood by the detainee, or whether detainees were

cooperating or not, there was a pressing need for specialist legal advice.
See main recommendation HE.45 and additional information in Section 3.

MR4 There should be dedicated welfare support staff to provide practical assistance to detainees during detention and assistance with release, transfer or removal. (HE.39)

Achieved. The diversity team included a full-time welfare officer, with part-time support from other officers. The job description included broad support for detainees. The full-time officer had an office on a main corridor, and an open door policy. His name and photo were displayed around the centre, and he dealt with around 250 inquiries a month. The main problems raised by detainees were contacting a legal representative or finding legal advice to clarify their position and make some progress, and recovering property. Often he helped simply by making telephone calls because detainees had little or no money for these. Some immigration staff at the centre also followed up detainee inquiries about property left at another place of detention.
See additional information in paragraphs 10.3, 10.4.

MR5 There should be sufficient, suitably qualified, and adequately informed immigration staff in removal centres to ensure that all detainees receive prompt explanation of their status and responses to queries, and that all detained casework is diligently monitored and progressed. (HE.40)

Partially achieved. Our survey indicated that communication between detainees and BIA was poor. Only 14% of respondents said it was easy to see immigration staff (against the comparator of 27% for all IRCs), and only 29% said they had a review of detention every month. Detainees said there was little point seeing immigration staff at the centre because they had no control over their casework, and BIA's Criminal Casework Directorate, the main caseholder, ignored them. Some did not bother to collect their monthly reviews when called by staff because they were generally repetitive.
See further recommendation 4.11.

Main recommendations to the centre manager

MR6 Any detainee physically injured following restraint in the centre, on escort or during removal should be medically examined and logged to identify any patterns and allow effective investigation of alleged abuses. (HE.41)

Achieved. A member of healthcare staff routinely attended planned use of force incidents, examined the detainee involved, and recorded any injuries. In a spontaneous incident, healthcare attended at the earliest opportunity. A monitor checked all use of force documentation to identify any areas of concern. Rule 42 (temporary confinement) was routinely used for detainees following use of force incidents, and the monitor and the Independent Monitoring Board (IMB) visited all detainees held under this rule daily. This was an opportunity for the detainee to raise any complaints about their treatment. The monitors confirmed that the levels of allegations were low, and they were generally satisfied that force was used appropriately.

MR7 The centre should conduct regular multilingual surveys to examine the extent and nature of bullying. (HE.42)
Not achieved. An anti-bullying strategy had been published in May 2005, but was not based on any needs analysis or detainee survey.
See main recommendation HE.50.

Progress on recommendations since the last report

Section 1: Arrival 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 that they understand.

Escort vans and transfers

1.1 Escort complaint procedures should be clarified and made known to detainees, escorters and all staff working in the centre, including healthcare. Detainees who are the subject of an investigation into possible abuse should be kept informed of the progress and outcome of the investigation. (1.8)

Achieved. There had been improvements in complaint procedures. The principal escort contractor, G4S, displayed brief notices about complaints procedure in most short-term holding facilities. BIA had developed a new complaints procedure, which included informing the complainant of outcome, although this was not necessarily known before the detainee was removed. Information and forms were available in a wide range of languages, including in reception. Healthcare staff who worked in reception were aware of procedures, but told us that they received few complaints relating to escorts. During this inspection we met no detainees who had made a complaint about escorts. However, we noticed that none of a three-person immigration enforcement team who brought in a detainee had a visible means of identification.

Further recommendation

1.2 All officers escorting detainees should wear visible means of identification.

1.3 When detainees are being moved, all information relevant to risk should be documented with the detainee transferable document for the benefit of escorts and the receiving establishment. (1.9)

Partially achieved. The detainee transferable document was designed to encourage transmission of information, including about risk. The first IRC opened it and it was supplemented as it followed the detainee from one IRC to another. However, IRC staff could only insert what came to their attention and, although many files included essential information, at least in summary form, history documented by BIA or the Prison Service was not always passed on. Some former prisoners arrived without their prison file. The detention authority issued by BIA sometimes indicated no more than 'serious criminal activity', which could be applied to a passport offender or a sex offender, both within the range held at Colnbrook but with considerable variation of risk.
We repeat the recommendation.

1.4 Detainees should be given written notice of movement, with information about where they are being taken and what to expect. (1.10)

Partially achieved. Nearly half of those who left the centre were removed. They were subject to a recent change of BIA policy, which required a minimum of 72 hours, including two working days, between the detainee being given removal directions, specifying time, place and destination, and actual removal. The 40% who were moved from Colnbrook to another detention centre were unlikely to get much notice of where they were going or what to expect. Because of population pressures within a crowded immigration detention estate, there was often short notice to the centre, escorts and detainees once a detainee was identified for movement. In our survey, two-thirds of respondents said they did not know where they were going on their last journey, and three-quarters said they were not given written information about what would happen to them in a language they could understand; 13% said they had been held in six or more places as an immigration detainee.
We repeat the recommendation.

Additional information

1.5 One of the few women we met at Colnbrook had, in the previous 10 days, been initially detained overnight in a London police station, moved during the second night to Yarl's Wood in Bedfordshire (where she arrived at 1am), moved the next day to Dungavel in Scotland, and had just been brought back to the London area. She did not know why she was being moved about, and was so tired, confused and upset she could barely respond to questions. Another detainee we met had arrived at Colnbrook for the fourth time in six weeks, during a journey between Dungavel and Dover IRCs, and had just come from Manchester. He was looking forward to the hot meal and free telephone call he had come to expect on arrival at Colnbrook, but escorts arrived to move him again, this time to Dover. In effect, Colnbrook was just a comfort stop and an opportunity to change escorts, which added to the busy evening reception workload.

1.6 The frequency, abruptness and mystery of moves aroused much discontent among detainees, not least because it made it difficult for families to visit and property to catch up. (See also paragraph 10.1.)

Further recommendation

1.7 Detainees' property should accompany them when they are transferred from one place of detention to another.

Reception

1.8 The IND case file accompanying detainees should include a cumulative history of the period of detention, completed at all places of detention, including police stations, and documenting access to telephones, legal advice, showers, property and visitors, as well as any reviews of detention. (1.11)

Partially achieved. There had been some improvement in documentation of detention history accompanying detainees, although information about risk level was of varying quality. Documentation relating to initial custody in police stations remained a problem. Detainees were not routinely given a copy of their custody records, with property sheet, when they left, which made it difficult subsequently to trace and recover missing property.

Further recommendation

1.9 Custody records, including property sheets, should accompany detainees held initially in police stations

First night and induction

1.10 Induction information about the centre should be reinforced during the first days to ensure that it is understood by anxious new arrivals. (1.20)

Partially achieved. Colnbrook produced information about the centre, regime and rules in a wide range of languages. A welcome pack of general information about the IRC was supplemented with additional information specific to the short-term holding facility. The IRC and STHF reception areas had notices and pictures for new arrivals, and the IRC holding rooms showed a multilingual DVD about the centre. Notice boards in the main thoroughfares repeated the information. However, there was little induction in the IRC or the STHF, which had now become the first night centre (see below). Some information was provided verbally during interview on reception and by the detainee custody manager, but few detainees could remember much of this. We met two individuals in the STHF who had no pack and did not know essential information, such as visiting times or that they could apply to see an immigration officer or legal adviser.

1.11 For those who passed from the STHF to the IRC, there was little explanation of the change in rules and regime, which compounded their confusion. In the IRC, most detainees told us they had been given a written information pack on arrival, but in our survey, few detainees recollected useful induction information.

1.12 At the last inspection, it was argued that a more thorough induction process was not warranted as the average stay at the IRC was only 10 days and it was not possible to identify who was likely to stay longer. That situation had changed and there was now a significant static population. The centre had only recently started to develop a more structured induction process in the week following arrival, and it was too soon to judge the effectiveness of this. Although some detainees, notably those detained for the first time, wanted an induction process, others were too disgruntled to take a positive interest. Only one detainee turned up for the induction session we observed, and he spent most of the time railing against conditions in the short-term holding facility and immigration detention in general. (See also further recommendations 1.24-1.26 below.)

Further recommendation

1.13 All detainees entering Colnbrook should receive information in a language they understand about rules, regime and services, including any changes they should expect on transfer from the short-term holding facility to IRC.

Additional information

1.14 Colnbrook IRC was a busy establishment and had around 1,000 people arriving and a similar number leaving each month. Reception staff managed the numbers efficiently without building

up long queues of escort vehicles. Although we observed friendly interaction and staff use of first names, detainees were generally negative about reception and their first night at Colnbrook.

1.15 In our survey, only 33%, against a comparator of 55%, said they had felt safe on their first night. Background problems went some way to explaining this high level of anxiety: 87% arrived with problems, and lost property, housing, substance use, health problems, depression, and difficulty contacting family and ensuring dependants were looked after all scored higher than the comparators. However, respondents reported positively about getting a free five-minute telephone call to anywhere in the world, a hot meal, and healthcare check on reception. They were also given clean clothing, if needed, and toiletries.

1.16 A significant change since the last inspection had been the integration of the two detention facilities at Colnbrook. Although on the same site and managed by the same contractor, the immigration removal centre (IRC) and the short-term holding facility (STHF) had previously been discrete, with separate receptions, but with some beneficial sharing of facilities, such as healthcare. They were previously inspected separately. (See also *Report on the unannounced inspection of one short-term residential immigration holding facility: Colnbrook*, May 2006.) The STHF had been used to hold detainees – men and women – who were about to be removed from the nearby airport. It also had beds for detainees picked up by local immigration enforcement officers working in the community. The latter were likely to have no previous experience of detention, and could be removed within a few days, or they might pass to long-term detention, sometimes to the IRC next door. In any event, the STHF aimed to move people within 72 days, with a ceiling of five days or seven if removal was imminent.

1.17 The STHF retained these short-term purposes, with the ceiling on duration of stay, but had also now taken on a long-term role and become a first night and assessment centre for the whole IRC. Detainees destined for the IRC routinely spent an initial period in the STHF. This period of assessment in relative isolation could be justified partly because of an intake that comprised a wide range of risks and vulnerabilities, some arriving with incomplete information. The centre conducted its own risk assessment on reception, reinforced with hourly checks and 24-hour review. These notes were displayed on the door to each room to ensure staff could see and add to the information.

1.18 Detainees had limited access to information when they most needed it. If they entered via the IRC reception they were likely to be given an information pack, but some people (enforcement cases) entered via the STHF reception, which did not hold a complete stock of information packs, and staff had to go to the main reception to get the pack in the appropriate language.

1.19 The change in use had expanded capacity. An extra bunk bed had been put in every room, doubling capacity from 40 to 80. The rooms were of harsh, cell-like design. Intended for single occupancy, they had an integral toilet, shower and TV. However, the toilet was inadequately screened for a shared room, increased use of the shower sometimes flooded the rooms, and the fixed TV could be seen from only one of the two beds.

1.20 Detainees in the STHF had to spend most of their time in their rooms with room mates who often had health or behavioural problems. They were allowed out twice a day in small groups for a short period of exercise in an internal yard. They could occasionally be escorted to the IRC gym or, on given days, to a religious service in a very small room variously described as a multi-faith or association room, although none of the detainees we spoke to had experienced association. The lack of association meant there was little occasion to gather information by talking to other detainees or reading notice boards. Adequate association was a main recommendation in our 2006 report on the short-term holding facility but it had not been met.

1.21 There was a payphone in the corridor that detainees could use, but they were given free mobiles to use in their rooms. However, they needed to buy telephone credit (minimum £5). There was no allowance for detainees while they were in the STHF. When they left, they left behind the mobiles and any credit in them. Access to the internet was available, but, as with other options, not all detainees knew this.

1.22 People were held for up to seven days in these impoverished conditions. The centre tried to maintain its 72-hour target, but had repeatedly to remind BIA's Detainee Escorting and Population Management Unit (DEPMU) to move people on. In the previous month, one person had been held there for eight days, five for seven days, several for six and many for five days.

1.23 Any women held in the STH were particularly isolated. They were allocated to specific rooms but the corridor held a mixed population, and they were locked in most of the time. They had a separate exercise or gym session, but they were occasionally within sight of and always within hearing of the majority male population. The centre and BIA recognised that it was an unsuitable environment for women and limited numbers to an average of one or two a day, usually for short periods. Ironically, this reinforced the isolation. We never encountered more than a single female at a time.

Further recommendations

1.24 Any detainees received without imminent removal directions should have a structured induction to convey information, and should receive the daily allowance payable to detainees in the IRC.

1.25 Detainees with imminent removal directions should be given information about and access to legal advice and immigration staff.

1.26 Detainees in the short-term holding facility should be able to associate for much of the day, with ease of access to payphones, internet and sources of information.

1.27 At least one unoccupied room should be available to locate newly admitted detainees who may present a risk to others. (1.21)

Not achieved. The centre had rejected this recommendation owing to volume of movements. Room-sharing risk assessment was carried out when detainees arrived, followed by minimum hourly checks and 24-hour review in the STHF, used as the first night and assessment centre. Rooms were not set aside for any new arrival not suitable to share a room. If centre managers assessed an individual as requiring a single room, they could make this request to DEPMU, which effectively meant laying off the second bed in one of the short-term rooms. We were told that DEPMU generally agreed with the centre's assessment. Inappropriate alternatives were to place someone in the removal from association area or multi-purpose 'last night centre', subject to normal regime.
We repeat the recommendation.

Section 2: Environment and relationships

Residential units

Expected outcomes:
Detainees are held in decent conditions in an environment that is safe, well maintained and respectful of cultural norms.

2.1 A coordinated approach to lessening the austerity of the centre's environment and decoration should be adopted. (2.20)

Not achieved. The centre was described in our unannounced inspection report of September 2005 as a stark and oppressive environment. The decoration of communal areas was similar to the last inspection, and there were few pictures or other means of softening the environment.
We repeat the recommendation.

2.2 The programme of room redecoration should keep pace with the high level of wear and tear. (2.21)

Achieved. Room decoration was generally to a good standard. We saw one room damaged by graffiti, but this was repainted during the inspection. There was a rolling painting programme.

2.3 The risk assessment pro-forma used on admission should be amended to include a section allowing a judgement to be made about suitability for sharing accommodation. (2.22)

Achieved. All detainees were risk assessed in the short-term holding facility, on an appropriate pro forma, for suitability to share a room. Further room movements by detainees were not risk assessed. Given the prison history and length of sentence served by some detainees, this posed a potential risk.

Further recommendation

2.4 Room sharing risk assessments should be completed by staff on all subsequent room moves in the IRC.

2.5 Non-smokers should not be allocated to share rooms with smokers. (2.23)

Not achieved. The STHF and reception informed the IRC when a detainee was to be moved to the main centre and whether he smoked. Staff endeavoured to ensure that non-smokers remained together or that space was available for non-smokers. However, despite their efforts, it was not always possible to accommodate non-smokers and they sometimes had to share with a smoker for some days, which was unacceptable.
We repeat the recommendation.

2.6 Premier should review the specification for its safety netting and bring it into line with Prison Service standards. (2.24)

Not achieved. The centre could not provide evidence that safety netting had been satisfactorily addressed. Facilities staff had tried previously to address the apparent fault but trials had not been successful.
We repeat the recommendation.

2.7 A booking arrangement should be introduced to ensure that access to the laundry is managed efficiently. (2.31)

Not achieved. Although there was no booking arrangement, a laundry orderly operated on each unit, and supervised two washing machines and tumble dryers. Although detainees had reasonable access to the facilities in the main IRC, those in the STHF could not wash their own clothes. While a washing machine was available, staff told us it had never been used by detainees and that it was used for washing items such as towels.

Further recommendation

2.8 Detainees in the STHF should have access to laundry facilities.

Additional information

2.9 The residential units were light, well decorated and in a good state of repair. However, there was little to distinguish the centre from a prison, and detainees said they felt that they were, to all intents and purposes, in a prison. Room toilets were inadequately screened; this was potentially embarrassing and undignified.

2.10 Ventilation was a major source of detainee complaint. In every one of our group interviews, detainees complained of stuffy rooms and units. They were clearly frustrated and irritated at not having the basic ability to control the ventilation of their rooms.

2.11 Although the A unit exercise yard had some benches and a grassed area, the other three yards had a tarmac surface and were surrounded by high buildings on three sides and a six-metre fence topped with razor wire on the fourth. We saw detainees playing football and cricket on the yards.

2.12 The detainee information access committee (DIAC) met monthly, and was chaired by an assistant director. Details of the DIAC representatives for detainees were published on the unit notice boards. However, the meeting had no set agenda or action points, so it was difficult to measure outcomes on issues raised.

2.13 Some detainees complained that it took some time to replace locker keys, sometimes up to a week. This was a problem as their rooms were left open for most of the day. There were also cases of items going missing from rooms, which added to detainees' concern about the security of their property.

Further recommendations

2.14 Full screening should be fitted to all room toilets.

2.15 The use of sealed windows, which remove any control that detainees have over ventilation of their rooms should be reviewed at Colnbrook and should not be reproduced elsewhere in the detention estate.

2.16 The exercise yards should provide a more welcoming and relaxing environment.

2.17 The detainee information access committee should have an agenda and set clear action points, reviewed at each subsequent meeting.

2.18 Locker keys should be made available to detainees on their first day of detention and replaced as soon as possible if they are lost.

Staff-detainee relationships

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

2.19 Staff should receive training in the particular issues facing immigration detainees. The training package should include: basic information about immigration and asylum procedures; information on the experiences of asylum-seekers, refugees and detainees; cultural issues relating to the main detainee populations; the appropriate use of interpretation; recognising and responding to symptoms of stress; sources of welfare support and immigration advice. (2.29)

Partially achieved. The amount and content of training delivered by the centre was generally good, and included a wide-ranging initial staff training course (ITC), annual diversity training, and assessment, care, detention and teamwork (ACDT) training. Twenty staff had also received training in post-traumatic stress. The ITC was regularly reviewed and included information on immigration and asylum law and most of the other areas recommended. The ACDT training included some useful information on detainees' experiences. However, the ITC and diversity training contained little on the specific experiences of and challenges faced by asylum-seekers, refugees and detainees, which could have helped build staff understanding of the population.

Further recommendation

2.20 Initial staff training and the diversity training package should include specific components to enhance understanding of the experiences and histories of people seeking asylum, refugees and those detained under immigration powers.

2.21 The personal officer scheme should be implemented. (2.30)

Not achieved. There was no personal or care officer scheme. This had apparently been tried and quickly abandoned as impractical, although few staff could remember its existence. Such a scheme had also been recommended by the Prisons and Probation Ombudsman's 2004 death in custody report. In our survey, only 41% of respondents, against a comparator of 57%

and 55% at the last inspection, said they had a member of staff they could turn to if they had a problem.
We repeat the recommendation.

Additional information

2.22 The centre held a more complex and challenging mixture of detainees than at the last inspection. Some were considered too disruptive for other IRCs or prisons. They were frustrated over the slow progress of their immigration cases, and bored as a result of limited purposeful activity. Many were also vulnerable and at risk of self-harm. This change in the centre's population had been a significant challenge for staff and required confidence, strong inter-personal skills and sensitivity to detainees' situations. Some staff were able to manage the population well using their personal qualities and experience. However, we received many reports from detainees of dismissive and petty behaviour by staff, and also observed staff resorting to such behaviour or simply not engaging with frustrated or confrontational detainees. These reactions escalated detainees' frustration and poor behaviour. It was notable that our in-depth safety interviews (see Appendix III) suggested that a lack of confidence and trust in staff, and a lack of staff presence on the units, contributed to feelings of insecurity.

2.23 Some detainees felt that staff needed to be more responsive and more consistent, and have clearer boundaries with them. One interviewee summed this up when he said that: 'They only help those who get angry and shout. If you are quiet you get nothing.' The initial training course now made more use of role play and one element was devoted to managing confrontational detainees. However, the skills of the more senior and experienced staff could have been used to mentor and support other staff.

2.24 Detainees' unit history files generally contained basic and minimal comments, usually made during their first days in detention. There were few comments after that, and very few that were insightful or demonstrated engagement with detainees.

Further recommendation

2.25 Detainees' history files should contain regular and good quality comments that demonstrate engagement with detainees, particularly from personal or care officers.

Section 3: Legal rights

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

3.1 Legal visitors should be required to provide a letterhead confirming their name, address and professional status. (3.5)

Achieved. The centre asked legal visitors to fax a letterhead when they booked appointments and bring this with them to confirm their identity and status.

Additional information

3.2 During the inspection, we conducted detailed safety interviews with randomly selected detainees on all units to shed light on why so many reported feeling unsafe in our survey (see Appendix III). Access to legal advice was rated the third most serious problem from a range of 36 suggested indicators. Moreover, it had a direct link with the most frequently cited problem, which was uncertainty over their immigration case. We asked some further questions about access to legal advice. Of 21 interviewees, 13 said they had no solicitor. Some said they had had a representative in the past but no longer – transfer (for example, from Scotland to England) or inability to pay were cited as obstacles more than once. Many detainees told us that they or their friends had paid for legal advice because they could not find legal aid solicitors, but this ended when they ran out of money. Thus, the longer they were detained and more in need of legal advice, the less likely it was they could fund this. A large majority appeared to be financially eligible for legal aid. We looked at account printouts for just under half the population, of whom two-thirds had less than £100, and 21% had less than £10.

3.3 The Legal Services Commission (LSC) and the centre had taken some steps to address the legal advice shortfall. Legal advisers could visit seven days a week between 9am and 9pm. Two LSC-funded advice organisations, the Immigration Advisory Service (IAS) and the Refugee Legal Centre, provided advice surgeries two days a week, totalling around 10 appointments. An IAS representative told us that it could take on cases or represent at bail applications in only a small minority of cases. We were also concerned that some people who passed through the short-term holding facility, with a short time between detention and removal, did not find out about or could not be referred to the advice surgery in time.

Section 4: Casework

Expected outcomes:
Detention is carried out on the basis of individual reasons that are clearly communicated.
Detention is for the minimum period necessary.

4.1 IND should aim to complete the cases of those serving prison sentences and cooperating with deportation or removal processes to coincide with release from custodial sentences. (4.10)

Not achieved. A substantial majority of the centre's population were former prisoners. We met many detainees who had been detained for more than a year, and one who had been detained for nearly three years. Half of the population completed our survey and 83% of respondents said they had been in Colnbrook for more than one month. Half said they had been in the centre more than six months, including a quarter who had been there for more than 12 months.
We repeat the recommendation.

4.2 Criteria and processes for determining age, where this is in doubt, should be clarified. Claimants and their representatives should be informed of criteria and processes to which they are subject, including any reasons for divergence from these. (4.11)

Achieved. Staff were not currently aware of any detainees whose age was in dispute, and uncertainty was usually decided before their arrival at the centre. BIA policy was to refer cases of doubt to local authority social services. Centre staff had meetings with Hillingdon local authority and had developed a flow chart to guide the referral process in the event of age-dispute cases arriving.

4.3 IND caseworkers and IRC healthcare staff should receive training in the purposes of rule 35 of the detention centre rules, which requires the medical practitioner to report on the case of any detained person whose health is likely to be adversely affected by detention, or conditions of detention, including where there is a suspicion of suicidal intent or an allegation of torture. (4.12)

Partially achieved. Since the last inspection, BIA had issued a policy referring to 'allegation of torture' forms rather than the wider purposes of rule 35. Centres were required to keep a log of letters and acknowledgments from the caseholder. There was no evidence of training. Discussion was underway with the voluntary organisation, the Medical Foundation for the Care of Victims of Torture, to develop training for health services staff.
We repeat the recommendation.

4.4 When a rule 35 letter is issued, IND should review the case. Detainees and their legal representatives should be informed. (4.13)

Partially achieved. The central rule 35 folder in the immigration office held 40 rule 35 letters sent to BIA caseholders in the previous four months, of which only 11 had replies attached, and some of these were no more than acknowledgements of receipt. In a few cases the respondent referred to review, usually reporting that the allegation of torture had been considered during the asylum determination process. Only one addressed the fundamental issue of whether the person should be released. Detainees and their representatives usually did not appear to be informed of the exchange; only two indicated that detainees were given

this information.
We repeat the recommendation.

Additional information

4.5 A range of factors inhibited casework progress. Although some detainees did not cooperate with their removal, many were cooperating and still confronted obstacles. Staff were concerned about a suicidal detainee, held so far for 10 months after a short custodial sentence, who had complied with attempts to document and remove him to his home country. He had had a series of telephone interviews with his high commission to get a travel document, but with no result. He had descended into depression and was on constant suicide watch. As he had no visits at Colnbrook, immigration staff had just negotiated his transfer to Campsfield House, to be closer to a friend in the West Midlands who might be able to visit him there. Detainees at Colnbrook who were difficult to move and lingering in detention included 14 Iraqis who, because of the political situation in Iraq, had faced a number of obstacles to safe removal for some years. One summed up their frustration: 'I signed to go back to Iraq, but can't, nor will they release me'.

4.6 The immigration team that worked at Colnbrook aimed to see detainees within 72 hours of arrival. Inevitably, some passed through too quickly to see immigration staff. Although detainees could apply if they had an urgent inquiry, not everyone knew this. New arrivals generally passed through the short-term holding facility, where they were locked up most of the time, which limited their access to information or staff.

4.7 In the files we saw, Colnbrook immigration staff generally tried to respond to detainees' needs. They conducted an induction interview, which included a list of essential questions, within one to three days of arrival. Detainees were asked if they had a legal representative and advised to find one. Responses to written inquiries varied from the same day to within a few days. The office received around 10 to 20 applications a day, and we observed staff dealing with them within a day or two. Inquiries were often repetitive, and staff sometimes had to face challenging behaviour, but responses were respectful.

4.8 The immigration team based at Colnbrook was affected by the BIA policy of transferring immigration officers to other duties, leaving administrative staff to link detainees with caseholders but not take on casework themselves. However, an experienced chief immigration officer was currently retained as joint immigration manager, and the team had been supplemented by two immigration officers from the west London immigration enforcement office. These two officers were temporarily based at Colnbrook to work on cases that were the responsibility of BIA's Criminal Casework Directorate (CCD) – the majority of cases. Even though some cases were intractable, the presence of experienced immigration staff had benefits. They were better placed to recognise and explain detainees' circumstances and the actions to take, sometimes to caseholders as well as to detainees. One detainee custody officer said that constructive face-to-face engagement alleviated the dehumanisation of detainees' situation.

4.9 The team pursued inquiries on behalf of detainees efficiently, including late reviews of detention, which should be issued at least every month. There had been some recent improvement in timely issue of monthly reviews from CCD. But casework was not uniformly progressed and detainees were not always well informed. This was marked in the case of a young Iraqi detained so far for 34 months after the end of a short custodial sentence. He had previously been given exceptional leave to remain following an asylum claim. He was cooperating with his removal, although some mental health problems had been noted at the outset in 2004. He could not be returned to Iraq because of the political situation. For a time he received no monthly detention reviews and, when issued, they were repetitive and did not

inform him of progress to justify prolonged detention. After two-and-a-half years detained and cooperating but not removable, a mental health assessment was requested, as he was by now withdrawn, not communicating and not keeping himself clean. Fitness to fly was queried. Other detainees reported that he even refused to speak to his mother when she occasionally telephoned. There was also little sign of legal intervention to assist this detainee.

4.10 We noted uninformative monthly detention reviews in other long-term cases. These reported no progress, did not explain why continuing lengthy detention was considered justified without progress, and sometimes included incorrect standard paragraphs, such as those that suggested that detainees were not cooperating when they were. In one case, the review issued to a detainee detained for 13 months so far following a five-month sentence for a driving offence included standard reasons that he had little incentive to remain in contact and not enough close ties to make it likely he would stay in one place. However, he had lived in the UK for 12 years, had been given leave to remain, had a home and four young children born here, and had a High Court case pending. Other than the pro forma monthly review, we could see no response that addressed the issues he raised in a written application for temporary release four months previously.

Further recommendation

4.11 Detainees should receive written reviews of their detention, at least monthly, which address changes of circumstances, including prolonged detention and any issues raised by the detainee.

Section 5: Duty of care

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

Bullying

5.1 Staff should receive more initial training and regular refresher training on anti-bullying awareness and anti-bullying policy and procedures. (5.10)

Not achieved. There was not enough initial or refresher training on anti-bullying (see additional information below). Staff were generally aware that a strategy existed, and how it worked, but their knowledge was superficial and concentrated on opening a booklet with observational comments and, on occasion, moving the alleged victim to another unit.
We repeat the recommendation.

5.2 Unit managers and officers should take responsibility for identifying, monitoring and managing bullying behaviour, with the support of the anti-bullying coordinator. (5.11)

Not achieved. Ten anti-bullying booklets had been opened in 2007, though only eight were available for inspection. One anti-bullying officer had opened five of the logs. Anti-bullying officers completed reviews after seven days without involvement from the anti-bullying coordinator or a detainee custody manager. There was rarely any explanation of why the review had taken place or who had attended, or any examination of behaviour or consideration of subsequent actions.
We repeat the recommendation.

5.3 All security information reports relating to bullying should result in bullying incident report forms being sent to the anti-bullying coordinator, and anti-bullying booklets should be opened in all appropriate circumstances. (5.12)

Not achieved. There was very little cross-referencing of security information reports (SIRs). In the previous six months, two cases of bullying had been identified in SIRs, but these had not been investigated by the anti-bullying coordinator. We also saw a complaints form where a detainee claimed he had been bullied, but which had not been investigated or given to the anti-bullying coordinator.
We repeat the recommendation.

5.4 Anti-bullying committee meetings should be run according to a standard basic agenda, and include clear action points to be examined at subsequent meetings. (5.13)

Not achieved. The anti-bullying meeting usually took place monthly. Most meetings in the last six months had been poorly attended – only four representatives had attended the meeting in May 2007, and only three had attended the previous three. These meetings addressed very little, and did not examine any trends. The last well-attended meeting had been in December 2006, and had also included detainees. This meeting had discussed the bullying log and took into account detainee's views. Since then, there had been little set agenda, structure or purpose to the meetings.
We repeat the recommendation.

5.5 Staff chairing and participating in review meetings should receive appropriate training in carrying out these roles. They should also be aware of appropriate avenues of referral and consider these at each meeting. (5.14)

Not achieved. There had been no appropriate training and this was reflected in the low standard of reviews, which did not examine the bully's behaviour, identify any causes or make any appropriate referrals.
We repeat the recommendation.

Additional information

5.6 In our survey, 61% of respondents said they had felt unsafe at some point at Colnbrook, against a comparator of 48%. Forty per cent said they had been victimised by other detainees, against a comparator of 24%, and 21% said other detainees had made insulting remarks about them or their families, against a comparator of 6%.

5.7 Our previous recommendations had not been tackled in any depth. The strategy was clearly not followed, and had not been reviewed or updated, nor was it based on any analysis of need (see main recommendation HE.50).

Self-harm and suicide

5.8 SHARF (self-harm at risk form) reviews should be multidisciplinary. Chaplaincy staff and onsite counsellors should be invited as a matter of course, as well as unit managers, healthcare staff and responsible detention custody officers. (5.28)

Achieved. The four most recent high risk assessment team (HRAT) meetings had been attended by three staff – a detainee custody manager, detainee custody officer and a nurse. Other staff, such as the Muslim chaplain, told us that they were routinely invited to contribute to these reviews, but few other disciplines attended

Further recommendation

5.9 In addition to custody and health services, staff from other disciplines, including the chaplaincy, should regularly attend self-harm risk reviews.

5.10 SHARF reviews should be carried out in suitable rooms that have sufficient seating and are free from avoidable interruptions. (5.29)

Partially achieved. Meetings took place in the healthcare centre, which was an appropriate venue, but we were concerned that detainees were no longer invited to this review (see further recommendation 5.25).

5.11 Staff should endeavour to engage positively with detainees on a SHARF, rather than simply monitoring them. This should be recorded on the SHARF. (5.30)

Partially achieved. Although SHARF forms demonstrated engagement with detainees, and an officer on each shift was allocated to individual detainees on a SHARF, contact was normally superficial and did not show an understanding of the underlying causes of vulnerability.
We repeat the recommendation.

5.12 Staff should receive regular refresher training in suicide and self-harm prevention practice and policy. (5.31)

Achieved. A one-day training course in the self-harm at risk assessment was delivered as part of the staff training programme. The slides from this training suggested that it was good quality. In 2006, refresher training (which included a SHARF refresher) was completed by 215 staff, and by June 2007, 65 staff had completed refresher training.

5.13 Care plans should specify what action is to be taken, by whom, and within what time-frame, and assessments by medical and other staff should convey evidenced professional judgements on the detainee's state of mind, risk of self-harm and appropriate care. (5.32)

Not achieved. Actions listed in the care plan were not usually allocated to an individual or given a date for completion. Detainees were not always referred to the counsellor or psychiatrist when there was an apparent need. Where referrals had been made, there was no indication whether there had been action on this, and there were no judgements on the detainee's state of mind, risk of self-harm and appropriate care as a result of the referral. Concerns about the quality of documentation had been raised at the most recent monthly self-harm meeting.
We repeat the recommendation.

5.14 Self-harm prevention committee meetings should take place as scheduled, should be run according to a standard basic agenda, should include clear action points to be examined at subsequent meetings, and should incorporate detainee representation. The anti-bullying coordinator should also be invited as a matter of course. (5.33)

Not achieved. Self-harm prevention committee meetings took place monthly. However, minutes suggested that the two most recent meetings were very brief and had no agenda. There was no detainee representation, and the anti-bullying coordinator was not present. The most recent meeting minutes also demonstrated no analysis or discussion of relevant data monitoring.
We repeat the recommendation.

5.15 The SHARF log should be kept up to date and used to inform discussion during self-harm prevention committee meetings. (5.34)

Partially achieved. The SHARF log was kept up to date, but had not been discussed at the most recent self-harm prevention committee meeting.
We repeat the recommendation.

5.16 A 'buddying' scheme should be implemented. (5.35)

Not achieved. There was no formal buddy or peer support scheme, although staff often asked detainees informally to help other detainees out. For instance, detainees who spoke the same language were routinely put in a room together.
We repeat the recommendation.

Additional information

5.17 The incidence of self-harm and the number of detainees on a SHARF were both high; 480 self-harm at risk (SHARF) forms had been opened in the previous six months, and there had been 66 incidents of actual self-harm or attempted suicide over the same period.

5.18 The majority of new SHARFS were opened on detainees held in the STHF. On a typical day during our inspection, 18 SHARFS were open – 11 in the STHF, two in healthcare and one in each of A, B, C, D and segregation units. Two 'at risk coordinators' were responsible for arranging SHARF reviews and collating and analysing self-harm related data for monthly meetings. These staff were keen and proactive but had no job specification for their role. Despite the prevalence of self-harm, there were no full-time staff to manage the risks. The centre's approach had also become process-driven. For instance, detainees did not attend their HRAT review and there was no formal mechanism for them to feed into the review. The meeting had to rely on staff entries in the SHARF to assess the current status of the detainee under review.

5.19 Assessment, care, detention and teamwork (ACDT) self-harm monitoring procedures were due to be introduced. They would represent a significant improvement in the quality of management of those at risk of suicide or self-harm, in particular because of the involvement of the detainee in the process. At the time of our inspection, 224 staff had received ACDT training.

5.20 Anti-ligature clothing was used on some detainees who had moved from a level one watch to a level two, and where the detainee was held in healthcare or the last night centre. Healthcare staff estimated that it was used approximately once a month. The limited documentation on its use that was available did not show in-depth discussion of risks and how they could be managed, and there was no log of the number of occasions or time periods anti-ligature clothing was used. Constant observation might have been more appropriate where this level of harm prevention was required.

5.21 Where a detainee was moved within the UK while still on an open SHARF, arrangements to communicate risk to ensure continued care were satisfactory. However, where the detainee was deported into foreign custody, only the escort staff were informed of concerns and there was no formal communication with receiving custodians.

5.22 An action plan had been developed in response to recommendations from the Prisons and Probation Ombudsman following the death of a detainee in 2004. However, the current contractor was not aware of the action plan and did not have immediate access to it, although this should have been a live document under periodic review. Many of the Ombudsman's recommendations remained unachieved.

Further recommendations

5.23 At risk coordinators should have a specific job specification.

5.24 There should be a full-time suicide and self-harm prevention post.

5.25 Where possible, detainees should be actively involved in the management of their risks of suicide and self-harm, and should attend their own reviews as a minimum.

5.26 Anti-ligature clothing should only be used in exceptional circumstances. There should be a detailed log of usage. Individual risk management documents should demonstrate that all other alternatives, including constant observation, have been considered before the use of anti-ligature clothing.

5.27 As far as is practicable, the centre should, in conjunction with BIA, make efforts to pass on information regarding detainees' suicide and self-harm risks to overseas agencies.

5.28 Recommendations and action plans from self-inflicted death investigations should be monitored and periodically reviewed, including following a change of contractor, to ensure that appropriate changes are made and sustained.

Health and safety

5.29 The first aid kits should be monitored and kept up to date. (5.40)

Achieved. First aid kits were now checked daily and the ones we looked at were up to date.

5.30 First aid boxes should always be available at the designated first aid points. (5.41)

Achieved. First aid boxes were available at all designated points.

Diversity

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

5.31 Ethnic monitoring should be introduced so that relevant patterns and trends can be analysed. (5.57)

Partially achieved. Although there was some ethnic and nationality monitoring, for example, of complaints, this was limited and there was no forum in which to discuss trends or make use of the information provided. Monitoring data was not routinely provided to the diversity team.

Further recommendation

5.32 There should be systematic nationality and ethnic monitoring, which should be discussed at regular diversity team meetings.

5.33 The race relations liaison officer should be allocated sufficient time to carry out all of her duties. (5.58)

Achieved. Although the race relations liaison officer had wider responsibilities as the assistant director for religion and culture, three full-time diversity and welfare officers now worked with him, which meant a significantly more manageable workload.

5.34 Training on diversity should be compulsory for all staff working in the centre. (5.59)

Achieved. Administrative staff and managers now also received regular diversity training. All staff had annual one-day diversity refresher training.

5.35 The issue of disability should continue to be given more prominence, and specialist training should be provided on a regular basis. (5.60)

Not achieved. There had been no specialist training in this area, and there was limited staff awareness of the specific issues facing, for example, the substantial proportion of detainees with mental health problems. There was no disability equality scheme, health screening did not include an assessment of disability, and the diversity officer with responsibility for disability issues was neither trained in this area nor aware of the numbers of disabled people in the centre.

We repeat the recommendation.

Further recommendations

5.36 Health screening of new arrivals should include systematic identification of disabled detainees, and this information should be relayed immediately to the diversity team.

5.37 A disability equality scheme should be drawn up.

5.38 Modifications should be made to an additional room within the centre, so that the provision available for detainees with a disability is extended. (5.61)

Not achieved. There was still only one room available for detainees with disabilities. This was not in use at the time of inspection. An eight-bed 'vulnerable person unit' was being built, which could accommodate those with physical or mental health problems.

Further recommendation

5.39 There should be sufficient rooms in the centre suitable for detainees with disabilities.

Additional information

5.40 In our survey, 18% of respondents said that they had been victimised by staff on the basis of their nationality, and 15% said they had been victimised on the basis of their ethnic or cultural origin. These figures were identical to our previous survey. However, detainees reported significantly less discrimination by other detainees than at the last inspection, and few detainees in our group interviews reported discrimination.

5.41 The popular celebrations of cultures started during the last inspection continued to take place every month in accordance with a published timetable. A 'Summer around the World' celebration took place during the inspection and involved detainees and staff sampling different ethnic foods and listening to world music. Forthcoming events included a Hawaiian/tropical event, Black history and Diwali celebrations.

5.42 The telephone interpreting service was well used, particularly, though not exclusively, in healthcare. Invoices for the previous five months showed that an average of £2,300 a month had been spent on the service, amounting to over 70 calls per month.

5.43 Pictures of the diversity team were displayed around the centre. They were well known and had an open door policy for detainees who wanted to discuss any diversity or welfare issues. However, the diversity team felt that ex-prisoners had less confidence in the centre's diversity structures than the previous, largely non-prisoner population. It was disappointing, therefore, that the good diversity management structures seen at the previous inspection had deteriorated significantly.

5.44 The diversity meeting had been combined with the detainee information access committee (DIAC) and food consultation meeting, and was a diversity meeting in name only. It provided no strategic oversight or detailed consideration of race or other diversity issues. There was a race equality policy, but no diversity policy that included, for example, disability and sexual orientation issues. There had been no impact assessments on any aspect of diversity.

5.45 All racist incident complaints were now dealt with via the generic complaints system. If a complaint had a racial aspect, it was sent to the diversity officers for investigation. However, in a sample of general complaints we found some with a racial aspect that had not been referred to the diversity team. The basic monthly summary of racist incident complaints (not a systematic log) kept by one of the diversity officers was therefore incomplete, and any discussion of themes and trends that took place informally in the diversity team was not based on full information.

5.46 In the examined sample of racist incident complaints, investigations were mostly poor. In several, there was no evidence that all involved parties had been interviewed or that specific allegations were investigated. There were some examples of particularly poor practice: one complaint about a member of education staff was passed to the education manager to investigate, without a member of the diversity team interviewing the complainant. Two recent complaints had been withdrawn by detainees with no further investigation, although one was a particularly serious allegation that an officer had threatened a detainee with violence.

Further recommendations

5.47 A distinct diversity meeting should provide strategic oversight of diversity issues, including examination of nationality and ethnic monitoring and detailed consideration of race and other diversity issues, particularly racist incident complaints.

5.48 There should be a broader diversity policy that addresses the specific needs of all detainees, including those with disabilities and different sexual orientations.

5.49 Diversity impact assessments should be completed.

5.50 All racist incident complaints should be investigated by the diversity team and logged separately. Investigations should be thorough: all involved parties should be interviewed and their statements recorded. Withdrawn allegations should be monitored, and complainants should always be interviewed to identify the reasons for withdrawal.

Faith

Expected outcomes:
All detainees are able to practise their religion fully and in safety. The chaplaincy plays a full part in centre life and contributes to detainees' overall care, support and release plans.

No recommendations were made under this heading at the last inspection

Additional information

5.51 In our survey, only 40% of respondents felt that their religious beliefs were respected, which was significantly below the comparator of 78% and the response of 69% in 2005. Only 43%

said they could speak to a religious leader of their own faith, which was significantly less than the comparator of 66% and the finding of 58% in 2005. However, our observations were that detainees' access to chaplains of all faiths and relevant services was generally good. The chaplaincy facility consisted of a chapel, mosque and multi-faith room and was adequate.

5.52 Chaplaincy staff included representatives from Muslim, Christian, Buddhist, Hindu and Sikh faiths, and detainees of other faiths could have access to a chaplain by arrangement with the chaplaincy. Detainees in the IRC could see the chaplaincy on a daily basis and were able to attend the main services. Chaplains on duty went to the STHF and segregation unit each day and offered support, and delivered the main services separately to those on the STHF.

5.53 There was some integration of the chaplaincy into the work of the centre, and we noted support for religious festivals and saw good examples of pastoral work. Chaplains offered support to detainees at times of personal crisis and, where appropriate, made contact with families.

5.54 There were plans to develop links to groups such as Enabling Christians to Serve Refugees (ECSR), but there was little proactive work, such as organising support and discussion groups, and few links with religious groups in the community.

Further recommendation

5.55 The chaplaincy should offer support groups to detainees, and develop greater links with religious groups in the community.

Substance use

No recommendations were made under this heading at the last inspection

Additional information

5.56 Detainees with substance-related needs were identified through the healthcare reception screening. Two of the visiting GPs, who held the certificate in the management of drug misuse, took the lead in treatment and support of detainees requiring detoxification. There were also links with the local drug and alcohol service, which offered advice and support if required. There were no dual-diagnosis services available. The STHF had no specific treatment or support available for pregnant women with substance dependency.

5.57 Nurses discussed possible risk of blood-borne viruses as part of healthcare reception screening and offered referral to the sexual health clinic, which also gave harm reduction advice. One of the nurses had trained as a smoking cessation counsellor, and worked with detainees who wished to give up smoking. Nicotine replacement therapy was available.

5.58 The need for a wider substance misuse service had been recognised and tenders to provide this had been invited. However, the only needs assessment in this area appeared to have been conducted by one of the organisations that had tendered to provide the service.

5.59 Detainees told us that there was a significant amount of drug use in the centre. There had been 91 security finds relating to drugs since January 2007. The main drug used seemed to be

cannabis, and there was little apparent opiate use. Drug use had been recognised and detoxification was provided.

Further recommendations

5.60 Specialist dual-diagnosis services should be provided for detainees with both mental health and substance-related problems.

5.61 There should be appropriate treatment and support for pregnant detainees with substance dependency.

5.62 There should be an independent needs assessment of substance misuse to identify the level of service required.

Section 6: Health services

Expected outcomes:
Healthcare is provided at least to the standard of the National Health Service, includes the promotion of well being as well as the prevention and treatment of illness and recognises the specific needs of detainees as displaced persons who may have experienced trauma.

6.1 A health needs assessment and skill mix review should be undertaken to ensure that healthcare staff have the right qualifications, skills, knowledge and competencies to meet the needs of the detainee population. (6.29)

Achieved. A health needs assessment had been completed in February 2007, and there had been a skill mix review of staff, using the knowledge and skills framework to identify skills and training needs. Nursing staff had recently been divided into teams; each had a mix of registered general nurses (RGNs) and registered mental health nurses (RMNs), with responsibility for a different area of the centre. An independent trainer provided competency-based training for staff, identified through the skill mix review.

6.2 All healthcare staff should have training in recognising, reporting and caring for detainees who have been subject to torture. (6.30)

Partially achieved. Since out last inspection, four staff had received specific torture awareness training, although three of these had since left the centre. Torture awareness training was part of the ACDT training, which all clinical healthcare staff were due to have completed by the end of July 2007. There was a clear protocol on reporting and supporting detainees who had been subject to torture, and healthcare staff we talked to were aware of this.
We repeat the recommendation.

6.3 Clinical records no longer in use should be stored in line with Caldicott[2] guidelines on confidentiality. (6.31)

Achieved. Clinical records no longer in use were stored in a separate store room in the inpatient area. This room was secured with a combination lock and was accessible to healthcare staff only.

6.4 All policies and protocols should be up to date, evidence-based, clear and concise, and should have a date for review. (6.32)

Achieved. Healthcare policies and protocols were up to date and had a 12-month review date from the date of publication. Policies and protocols were clear and concise and available to staff in both hard copy and electronic versions. Some protocols, such as guidelines for minor illness management, had been adapted from the guidelines used in the local GP practice that provided the visiting GPs.

6.5 All staff should have clinical supervision. (6.33)

Partially achieved. Although not yet fully established, clinical supervision was being introduced. All staff had access to clinical supervision and contracts between staff and supervisors had been drawn up. Three staff were trained as supervisors and differences

[2] Guardian overseeing use and confidentiality of personal health information.

between managerial and clinical supervision were clearly defined. Although evidence of regular sessions was not yet available, the foundations for this were being laid and a clear direction was being followed.
We repeat the recommendation.

6.6 Detainees should be able to see a registered GP. (6.34)

Achieved. GPs from a local practice attended the centre seven days a week. All doctors from the practice were registered GPs, and documentation in the healthcare department confirmed this.

6.7 The arrangements for medical out-of-hours cover should be reviewed. (6.35)

Achieved. The out-of-hours service was provided by the same deputising service used by the GPs for their community practice.

6.8 There should be a complete review of the pharmacy service provided. (6.36)

Achieved. The provision of pharmacy services had been reviewed, and the provider had changed to a local pharmacy in May 2007.

6.9 A medicines and therapeutics committee should be set up, which should include medical, nursing and pharmacy staff. The committee should review at least the following:

- The design of prescription charts
- The introduction of in-possession medications
- The use of named-patient medications
- The introduction of safe and secure areas from where medications can be administered
- The development of a local drug formulary
- The adoption of the best practice detailed in 'A pharmacy service for prisoners'
- The safe storage of unwanted and unused medication. (6.37)

Partially achieved. The medicines and therapeutic committee, which included medical, nursing and pharmacy staff, had met twice since the commencement of the new pharmacy contract in May 2007. The design of prescription charts had been changed, and some medications were available in-possession – a risk assessment tool for accessing suitability for in-possession medication had been developed. The majority of medication was patient named, with tight protocols for the use and ordering of stock items. A local drug formulary was in use, and was currently under review. Unwanted and unused medicines were stored and disposed appropriately. There were still problems with the identification of safe and secure areas from where medicines could be administered to detainees on the residential units. Only medications for detainees on A and B units were administered appropriately – a medication trolley was transported to a room with a stable door, water was available in a water cooler and, although there were no handwashing facilities, hand gel was available. Medication for detainees on C and D units was administered from a spur of corridor with a chain in front of the mobile medicine trolleys; there was no provision for handwashing. Two DCOs supervised detainees

who collected medication, which compromised their medical confidentiality. Detainees in the STHF had their medication delivered to them in their rooms. Although there was a protocol for this, staff did not follow it consistently. Nurses either carried a locked box around the unit to deliver medication to the rooms, or left the locked box in an office while they delivered individual medications. This delivery took place at times when there was no detainee movement in this area. We were told that medication trolleys were on order for the STHF.

Further recommendation

6.10 Medications should only be administered from appropriate safe and secure areas.

6.11 Detainees must be able to obtain condoms without charge, and without having to ask a member of staff. (6.38)

Partially achieved. Condoms were available from an open table in the healthcare department, but detainees could only access this area through an application to visit the department.

Further recommendation

6.12 Detainees should be able to obtain barrier protection freely.

6.13 There should be systems in place to ensure that ongoing treatment or enquiries are followed up and acted upon. (6.39)

Achieved. Clinic nurses made follow-up bookings at the end of every clinic. An electronic booking system was in use, backed up by a manual diary. Information was also entered in the clinical record at each consultation and when external appointments were made.

6.14 Registers of patients with long-term conditions should be maintained. (6.40)

Achieved. Registers of patients with lifelong conditions were in place and maintained. Detainees who required ongoing support or monitoring were added to the appropriate register and reviewed by the GP the day following their reception. Individual nurses took responsibility for the registers and following up the patients in their list.

6.15 There should be adequate facilities for the isolation of infectious patients. (6.41)

Achieved. The inpatient department comprised six single rooms with integral shower and toilet facilities and an independent air conditioning unit. The centre had developed good links with the local public health department and also local respiratory nurses who could be called upon to provide additional advice on isolation of infectious patients if required. An adequate supply of masks, gloves and disposable aprons was available. The centre had been included in the local contingency planning for pandemic flu.

Additional information

6.16 There appeared to be good informal links with the local NHS, and specialist care providers, such as diabetic and respiratory nurses, attended the centre. There were also links with the health protection agency. A senior nurse from the centre attended clinical governance

meetings at the local acute trust. The centre had made an application to the Health Care Commission (HCC) for registration.

6.17 Those detainees who used the health services were generally content with them, although the perceptions of those we interviewed on the units and in groups were generally poor, as was our survey, in which only 26% of respondents considered the overall quality of healthcare as good or very good, against a comparator of 35%. Medication and GPs were the main issues of discontent.

6.18 Health services were led by a nurse-trained healthcare manager. There were 15 nurses in post (12 registered general nurses, RGNs, and three registered mental health nurses, RMNs), five healthcare assistants and two medical clerks. There were six vacancies for nursing staff, three of which were for RMNs.

6.19 Contracts were in place for physiotherapy, general practice, pharmacy, psychiatry, optician, counselling, sexual health, podiatry and dental services. Waiting lists for services were short, and most could be accessed on the practitioner's next visit. Detainees were able to self-refer to services.

6.20 There were consultation rooms in the reception areas and the primary care department. These were clean, tidy and welcoming, and displayed appropriate information, including details of access to same-gender doctors and the option of seeking a second medical opinion. However, not all these notices were multilingual. Healthcare staff frequently used telephone interpreting services when they saw detainees, and interpreters were brought into the centre to assist with psychiatric consultations as required.

6.21 The needs of older detainees were overseen by a nurse who had completed the older persons' specialised leadership programme, and also a course on developing services for older people. At the time of our inspection, there were two detainees over 50 and two over 60.

6.22 A comprehensive guide to healthcare services at Colnbrook and how to access them was available in a variety of languages. Although we were told that a copy of this was given to all new detainees as part of the healthcare reception process, we did not see this happen in all cases.

6.23 New arrivals with outstanding medical appointments could attend the appointment, unless the distance from the centre prohibited it or there were security concerns, although we were told that cancellation of appointments for reasons other than distance was unusual. Detainees who awaited specialist appointments while at the centre were usually, but not always, put on a medical hold. We were concerned that, although there was a risk assessment, most detainees who attended outside medical appointments were handcuffed.

6.24 Clinical governance was developing, but was not yet fully embedded. Staff vacancies had affected the level of mental health services provided in the centre. All healthcare staff were encouraged to audit areas of service provision, and there was a system for staff to suggest improvements in the service.

6.25 Clinical records were generally well managed and were securely stored. Care plans were included where necessary. Health and social care histories were included, and clinical records were automatically drawn and entries made every time a detainee was seen by healthcare staff. Mental health notes were written on pink paper to distinguish them in the record. Some staff had very poor handwriting, which made some records difficult to read. There was a simple yet effective tracking system for clinical records, which appeared to work well.

6.26 There were no information-sharing protocols with appropriate agencies to ensure sufficient sharing of relevant health and social care information, or with non-clinical centre staff, including the DCOs who worked on the inpatient unit.

6.27 Healthcare reception screening was thorough and supportive. Healthcare staff took an holistic approach. The interview began with a check on when detainees had last eaten and slept, and ascertaining their ability to understand English. Self-completion questionnaires were available in a number of languages, if required, although if a detainee was not able to communicate in English the telephone interpreting service was usually used. Questions about communicable diseases and experience of mistreatment, including torture, were asked in a sensitive manner. Access to first night prescribing was available from the visiting GPs or the out-of-hours service, depending on the detainee's time of arrival. The detainee's community GP or other relevant care agencies were not routinely contacted at the beginning of detention, unless nursing or medical staff required additional information about an identified health issue. All detainees were automatically included in the following day's GP clinic, which also ran at weekends.

6.28 Clinical equipment was regularly checked and maintained and records keep of this. Healthcare staff were aware of its location and use. Clinical staff had completed basic life support training and some had also completed advanced life support training.

6.29 The change of GP contract had led to the introduction of some practices from the GPs' community practice, including protocols for the management of minor injuries that reflected guidelines of the National Institute for Health and Clinical Excellence (NICE) and national service frameworks; nurses used these protocols to triage detainees' care.

6.30 Detainees accessed health services by application. Forms were obtained on the units and given to a nurse at treatment times or to an officer to forward to healthcare. Envelopes were available, but we saw applications arrive in the department without envelopes. There were no healthcare application boxes on the units. Detainees were collected from the units in small numbers to attend clinics and were returned promptly following their appointments. A designated DCO acted as runner for clinics.

6.31 Anti-natal services were not available, although we were told that pregnant women would not be held in the centre.

6.32 In addition to the monitoring of detainees with lifelong conditions, all those held at Colnbrook for longer than six months were invited to attend a clinical review. Health promotion literature was available in the healthcare centre in a range of languages

6.33 There were no community-based services for detainees with long-term physical or mental health conditions. There was no palliative or end-of-life policy.

6.34 Assistance with continence needs was available if required. One detainee had recently completed an intensive programme of therapy with the nursing staff, which had helped him to regain continence lost before his arrival.

6.35 On departure from the centre, all detainees who moved to another centre were accompanied by their clinical records. Detainees who returned to the community or left the country were given a detailed discharge letter for their doctor. Healthcare staff did not always receive advance notification of a detainee's deportation, which sometimes made provision of prescribed medication difficult, although, where possible, a month's supply was provided.

6.36 Detainees did not have direct access to a pharmacist and, although patient information leaflets (PILs) were available with in-possession medications, detainees were not aware that they could have access to PILs for all medication on request and that these could be translated for them if necessary.

6.37 Dental services provided treatment for pain. Any requirement for laboratory work, such as the fitting of dentures, had to be sanctioned by the healthcare manager. The dentist attended weekly and there was no waiting list for the service. The dental contract included ad hoc emergency advice, and the GPs also prescribed analgesics and antibiotics if necessary.

6.38 Inpatient beds were included on the certified normal accommodation of the centre, and detainees who required a constant watch were located in healthcare, even when there was no clinical indication for this. The accommodation in healthcare was not ligature-free. Any detainee who used a wheelchair would also need to be located in healthcare. There were gym sessions specifically set aside for healthcare patients, and education and library staff visited the unit. Where possible, inpatients were also encouraged to attend education or the library alongside other detainees, if they were considered well enough. Meals were brought to healthcare and detainees were given the option of eating in association or in their rooms. The food was left in the disposable containers it was transported in rather than transferred on to plates. Detainees were sometimes moved to Colnbrook specifically because they required an inpatient bed, although as these detainees were sometimes moved without advance warning to the centre, a healthcare bed was not always available. This happened during our inspection. (See main recommendation HE.51.)

6.39 Detainees had access to counsellors at the centre and could be referred by anyone, including themselves. Those identified as urgent referrals were seen the same or following day, and the remainder were seen in one to two weeks. All three counsellors who worked at the centre had qualifications in counselling and experience of working with people with mental health needs.

6.40 All DCOs had received or were due to receive training in mental health awareness as part of the preparation for the implementation of ACDT. The centre's RMNs had also developed a training package for DCOs working in the inpatient unit, but this had not yet been delivered. The three RMNs provided initial mental health assessments and ongoing support for detainees, although with three vacancies currently they were not able to provide anything further. A consultant psychiatrist and a staff grade psychiatrist visited the centre, providing a total of eight hours a week between them. Detainees who required specialist mental health assessment were seen within seven days, but sooner if their case was identified as urgent. It was sometimes difficult to identify funding responsibilities for individuals who needed to transfer to tertiary services.

Further recommendations

6.41 The reasons for detainees' poor perception of healthcare services should be identified and addressed.

6.42 All new arrivals should receive a copy of the guide to healthcare services in an appropriate language.

6.43 Restraints should not be used for detainees on outside medical or dental appointments, unless in exceptional circumstances following a risk assessment.

6.44 Movements of detainees should not disrupt their ongoing medical treatment where this is avoidable.

6.45 There should be a palliative and end-of-life policy.

6.46 There should be information-sharing protocols with appropriate agencies and centre staff to ensure efficient sharing of relevant health and social care information.

6.47 All units should have locked healthcare application boxes.

6.48 A detainee's GP or relevant care agency should be contacted at the beginning of detention, with the detainee's consent, to provide relevant information and to ensure continuity of care.

6.49 Healthcare staff should provide a community-based service for detainees with long-term physical or mental health conditions to support and promote their independence.

6.50 Healthcare staff should be made aware of impending detainee departures.

6.51 Detainees should receive dental checks and treatment to a standard and range at least equal to that in the NHS.

6.52 Ante-natal services should be available to pregnant women in the centre.

Housekeeping points

6.53 Notices displayed in healthcare consultation rooms should be available in a range of languages.

6.54 Entries in clinical records should be clearly legible.

6.55 All detainees should be aware of the availability of patient information leaflets.

6.56 Inpatient meals should be served on plates, rather than in disposable containers.

Good practice

6.57 *Detainees held at Colnbrook for longer than six months were invited to attend a clinical review.*

Section 7: Activities

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

Education and skills training

7.1 The supervision and monitoring of computer use should be improved. (7.19)

Achieved. The management and supervision of the internet suite had improved. A tutor monitored detainee access to and use of internet sites through a centrally networked computer. Detainees who had misused the facility by accessing inappropriate sites were warned and subsequently banned from the suite. Rules, procedures and rights of appeal were clear, and most detainees were familiar with them.

7.2 Training and support should be provided for detainees in the use of information and communications technology (ICT). (7.20)

Achieved. Support in information and communications technology (ICT) was provided in the internet suite. A well-qualified tutor had recently begun to offer some more formal ICT training at weekends. There were plans to offer the European Computer Driving Licence (ECDL) computing qualification to detainees.

7.3 The centre should prioritise the development of a programme of learning activity that meets the needs and interests of detainees. A programme of short courses should be designed as part of programme development. (7.21)

Not achieved. Education activities were offered on a drop-in basis and detainees joined and left sessions freely. In many sessions, learning activity had not been planned. Little information was available about an individual detainee's starting point, previous learning, individual needs and intended learning outcomes. In many sessions, detainees were left to work on their own projects with little direct supervision or individual tuition.
See main recommendation HE.53.

7.4 Adequate and effective promotion of educational activity should be ensured. (7.22)

Not achieved. Educational activity was not promoted adequately or effectively. The corridors and most of the rooms in the education centre were well decorated with interesting displays of learners' work and copies of internally awarded certificates of achievement. However, there were few displays and other promotional materials in the residential units. Many detainees were not clear about what educational activities were on offer or how to access them. A formal induction had been introduced very recently, and an induction pack was now issued to new arrivals. However, the pack was long and difficult to read for those with little English and very few detainees had received this information.
We repeat the recommendation.

7.5 The centre should ensure that the education programme and teaching and learning activities are properly planned, monitored and evaluated. (7.23)

Not achieved. There were no formal curriculum review arrangements to enable the education

department to plan and manage the use of resources appropriately to the changing detainee population. There was insufficient use of monitoring information to make improvements. The education department had no formal quality assurance or self-assessment arrangements, and little information on the variation in the quality of teaching and learning. A detainee survey had been carried out, but the response rate was very low and little use was made of the information.
We repeat the recommendation.

7.6 Staff should have appropriate professional expertise for the roles they carry out. (7.24)

Not achieved. Many staff were not appropriately qualified or experienced in their subject area or were not qualified teachers of adults. These tutors often struggled to support detainees effectively in their learning and they, in turn, were not offered sufficient formal support and further training themselves. Cover arrangements were inadequate. Tutors sometimes had to cover two classes at the same time if other staff were absent. This was difficult enough for qualified tutors, but less experienced or unqualified tutors were not able to carry out this task effectively. Detainees either remained in classes and carried out unproductive work on their own or often left classes in frustration. Some staff were appropriately qualified and experienced for their roles, though not all were teacher-trained. The qualified and experienced teachers generally planned and managed learning effectively.
We repeat the recommendation.

Additional information

7.7 There was a good range of arts and crafts activities, but detainees mainly worked on individual projects and received little or no formal tuition to develop their practical skills. The music tuition available at the previous inspection was no longer provided due to the difficulty of finding suitable staff. The music room and its equipment were little used.

7.8 Individual coaching in English for speakers of other languages (ESOL) was available but detainees were often left to work individually using photocopied materials. There was insufficient attention to initial assessment and the planning of learning, in the short- or medium-term, and this provision was not well used. Detainees often failed to make satisfactory progress and stopped attending the classes.

7.9 Access to activities was good. The education department was centrally located and well resourced, with three classrooms that were pleasant learning environments. Education staff interacted well with detainees. There was a flexible approach towards those detainees who wished to attend additional education sessions outside their allocated hours. The centre was registered to offer some accredited qualifications but none were undertaken at the time of the inspection. The internet suite was used to maximum capacity most of the time. Detainees used this facility on a first come, first served basis but most were able to access the equipment during one of their allocated time slots.

7.10 Regular cultural and group events with displays and competitions brought larger groups of detainees together and provided a welcome change of routine. Detainees had access to a multi-channel television and a DVD/film channel in their rooms, but the position of these televisions was difficult for some detainees (see paragraph 1.19). Each unit offered activities such as board games, a table tennis table and games consoles.

7.11 There were no organised or structured activities for detainees in the short-term holding facility. Detainees received access to the outdoor exercise areas for around 30 minutes twice a day.

Men and women were separated for this exercise. There was a small activities room with a few books and some board games, but this was little used.

Further recommendation

7.12 Effective quality improvement arrangements should be put in place.

Library

7.13 The library should provide facilities for audio playback and for accessing CD-ROMS. (7.25)

Achieved. Detainees had access to audio playback facilities in the library on request. CD-ROMS had been provided in the library but many had been lost. This facility had been replaced by a DVD film channel, available to detainees in their rooms.

Additional information

7.14 Detainees had reasonably good access to a small library, which was open for seven and a half hours each day. In our survey, 41% of respondents said that it was easy to go to the library. Library visits were monitored, and there had been, on average, 5,000 visits a month in 2007. A library trolley was available to detainees in the short-term holding facility.

7.15 The library was staffed by four unqualified library assistants. There had been no qualified librarian for at least eight months. Library staff were approachable and helpful but had little current information on book stocks, issues and losses, and were not familiar with the systems for ordering new stock. The library was well stocked with newspapers in a variety of appropriate languages, and could produce internet copies of other newspapers for library use on request. Some legal reference materials were available but many detainees obtained these from the internet suite in the main education centre. Library staff offered a photocopying and faxing service to detainees. The library held fiction and non-fiction in 18 languages, some large-print books and audio tapes. However, the range was not wide enough to suit the needs of many detainees, and some longer term detainees had insufficient books available. There were few dictionaries, which were available in only eight languages.

Further recommendation

7.16 The stock of fiction and foreign language dictionaries in the library should be improved.

Physical education

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

Additional information

7.17 There was a good range of PE and sports activities run by qualified instructors. Recreational sports were available seven days per week, and there was a cardiovascular suite, weights room and sports hall. Each detainee could use of the facilities for around 25 hours a week. Male and female detainees in the short-term holding facility had separate access to the sports

hall for 45-minutes a day. A daily session was also offered to detainees from the healthcare department. In our survey, 54% of respondents said that it was easy to go to the gym.

7.18 Activities included weights and fitness training, football, cricket, volleyball and basketball. PE staff provided some good individual training and coaching and had recently put together a fitness training regime, for which it was planned to introduce assessment and internal certificates. The PE department was flexible in its response to the needs and interests of detainees. For example, cricket had recently been offered when the Asian population had increased. Relationships between detainees and sports staff were good, and volatile behaviour was managed well. The PE and sports activities were well used, and detainee visits averaged around 2,600 per month.

7.19 PE rooms were well equipped, but there was insufficient ventilation when they were used to full capacity, and equipment was sometimes out of action because of complex systems to repair and maintain it. Detainees were given sports kit and training shoes on arrival if they did not have appropriate clothing. Showers and towels were available in the residential units next to the sports facilities. There was appropriate attention to health and safety, induction and the reporting of accidents.

Further recommendations

7.20 The weights room and cardiovascular suite should have better ventilation.

7.21 The procedures for repair and maintenance of PE equipment and to order supplies should be simplified and accelerated.

Section 8: Rules and management of the centre

Expected outcomes:
Detainees are able to feel secure in a predictable and ordered environment.

Rules of the centre

8.1 All centre rules should be available in the main languages of the detainee population. (8.11)

Achieved. The rules of the centre were included in an induction booklet issued to new arrivals, which had been translated into 20 languages. The rules were also included in the centre compact, which was also available in various languages and well publicised throughout the centre. The compact was explained to detainees as part of the induction process.

Additional information

8.2 We saw examples where rules were ignored by detainees and staff appeared reluctant to enforce them. Examples included offensive materials displayed in rooms, smoking and sitting on tables in classrooms, and use of telephones in education. In general, however, staff applied rules fairly and we saw no examples of collective punishments. Rules about items of property that detainees could hold in possession appeared sensible.

Further recommendation

8.3 Rules of the centre should be consistently applied by all members of staff.

Security

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

Additional information

8.4 The security committee met monthly and was normally chaired by the security manager. Meetings were well attended. The security department provided a weekly security report, which was widely circulated, but this information did not result in monthly security targets for staff. Relevant information, including a list of prominent and development nominals (individuals targeted for legitimate security reasons), was publicised to staff on a board outside the security office.

8.5 The security group consisted of a manager and two detainee custody officers (DCOs) who acted as security analysts. All detainees' rooms were subject to a routine monthly search; target searches were completed as necessary. Routine and target searching was completed by staff on the residential units.

8.6 The security department had been at the brunt of the sharp increase in problematic detainees received during the previous six months. This had followed a series of transfers into Colnbrook

after disturbances and incidents at other immigration removal centres. In one case during our inspection, a detainee removed to HMP Highpoint for security reasons was returned the following day because he was not suitable for category C prison conditions and was due to be moved as soon as a space could be found in the category B estate.

8.7 One indication of the change in population was the rise in the average number of security information reports (SIRs) from 13 per week in 2006 to 22 per week since the start of 2007. There had also been a steep increase in the number of SIRs relating to drugs and alcohol, from 154 received for the whole of 2006 to over 169 in just the first five months of 2007. The security committee had recognised the potential for increased drug activity to lead to other security problems in the centre, and had identified a range of measures, including the use of drug dogs with assistance from the police and a more robust approach to barring visitors and the use of closed visits. Importantly, SIRs were received from staff from all departments and were not purely observational.

8.8 During the inspection, we observed staff on the residential units and in activity areas struggling to deal with loud and confrontational detainees. Many staff appeared to lack basic control in certain situations, such as controlling access to the unit office. Detainees on all units walked into offices at will and staff made no attempt to stop them. (See main recommendation HE.48.)

8.9 Due to the close proximity of activities areas and their limited number, security restrictions did not adversely affect detainee access to them. However, as a general guide, one DCO was not expected to escort more than five detainees at a time. This covered those escorted in secure corridors, which appeared unnecessary, but was an indication of how managers viewed the problematic population.

8.10 Strip searches were not routinely conducted anywhere in the centre, and staff did not carry staves or any other defensive weapon.

Further recommendation

8.11 The security committee should use the analysis from security information reports to set security targets for staff.

Discipline

8.12 Reasons for temporary confinement or removal from association that cannot be internally translated should not be translated through free internet translation sites; a professional telephone interpretation service should be used in these cases. (8.12)

Achieved. The staff at Colnbrook included a wide range of nationalities, and this was an important resource for translating information for detainees who could not speak English. A result of this was that translation services were seldom used. On the few occasions that this was necessary, a professional telephone interpreting service was used rather than a free internet translation site. Basic information about temporary confinement (rule 42) and removal from association (rule 40) had been translated into 20 languages, and this was freely available in the secure/segregation unit used to hold detainees subject to these restrictions.

Use of force and single separation

Additional information

8.13 Detainee custody officers (DCOs) had been trained in control and restraint (C&R) techniques. There had been 170 use of force incidents in 2006 and 65 in the first five months of 2007. These figures appeared high, as was the finding in our survey that 30% of respondents, against a comparator of only 14%, reported that they had been physically restrained by staff in the previous six months. However, Colnbrook held the most difficult detainees in the IRC estate (see paragraph 8.6), which went some way to explain the higher levels.

8.14 We reviewed use of force documentation, which provided assurance that, in all the cases we looked at, force had been used legitimately and as a last resort. We also observed several incidents where staff used de-escalation techniques and avoided the need for force. Several incident reports we read also suggested that de-escalation took place routinely and the need for C&R was often averted. The standard of use of force documentation was generally good, although it was frequently certified by the authorising officer, which was inappropriate. Individual staff statements were sufficiently detailed and gave a good description of the build-up to the deployment of force and their involvement. Planned use of force incidents were video recorded.

8.15 The secure/segregation unit was housed on three levels and could be accessed from the secure corridor linking the residential units. The lower landing (secure) was completely separate from the rest of the unit and was used to hold detainees on temporary confinement (rule 42). The middle landing was normally used to hold detainees removed from association (rule 40). The top landing was used as a last night centre to hold those awaiting an escorted removal. This landing was also used as an overflow from the residential units. There were 16 rooms in total. All rooms and communal areas were impressively clean. There was a very small external exercise area. Most general areas were covered by CCTV.

8.16 The rooms were a good size and had reduced-risk fixtures and fittings. There was adequate natural light, and toilets had been carefully positioned to provide acceptable privacy from the observation port. Detainees on rule 40 and those on the last night centre had showers in their rooms. None of the rooms had tables or chairs, which meant that detainees had to eat meals on their beds.

8.17 Rule 42 had been used on 142 occasions in 2006 and 94 times in the first five months of 2007. Some detailed monitoring of rule 40/42 had been completed but was available for only the first four months of 2007. This monitoring data confirmed that, for this period, the average time a detainee was subject to rule 42 was 28 hours, which was high.

8.18 Rule 40 was used extensively at Colnbrook – 523 occasions in 2006 and 276 times in the first five months of 2007. If the current rate continued throughout the year, it would result in over 660 uses of rule 40, a significant increase on the previous year. We were concerned that the centre's own monitoring data showed that only 20% of those subject to rule 40 were removed within one hour of authority required from the monitor for continued use. This finding gave us no confidence that detainees were removed from these restrictions at the earliest opportunity. The longest period a detainee had been held under rule 40 during the first four months of 2007 was 358 hours, and the average length of time was over 38.5 hours, which again was high.

8.19 During the inspection, five detainees were held on rule 40 and one on the last night landing. There were no detainees on rule 42. We spoke to all those held and they confirmed that they had received their entitlements and were treated appropriately. The staff-detainee relationships we observed on the unit were good.

8.20 On location into the unit, detainees had a rub-down search and there were efforts to ensure that the reason for their segregation was explained in a language they could understand. The regime for those held under rule 40/42 was basic, although those on rule 40 were allowed access to a few personal possessions. All the detainees had daily access to showers, exercise, telephone calls and a newspaper. Those on rule 40 could also have a radio at the unit manager's discretion. None had access to in-room education or the library.

8.21 The detainee held in the last night centre at the time of inspection had been placed there as an overspill awaiting a space on a unit following problems with other detainees on one side of the centre. He was able to dine out of his room and receive association, and could attend normal activities with detainees from his allocated unit. These arrangements appeared to work well.

8.22 All detainees in the secure/segregation unit were visited daily by the duty manager, the monitor, chaplain and healthcare staff. Members of the Independent Monitoring Board attended regularly but did not always meet the requirement to visit all detainees placed on rule 40 within the first 24 hours.

8.23 Monitoring checks were made on each detainee approximately every hour and observations recorded in the unit history files. These entries seldom provided evidence of positive engagement by staff with their charges.

Further recommendations

8.24 Rooms in the segregation/secure unit should be fitted with a table and chair.

8.25 Detainees should be removed from rule 42 restrictions as soon as they have ceased to be refractory or violent, and from rule 40 at the earliest opportunity.

8.26 Detainees on rule 40 should have access to education in-room and library.

8.27 A member of the Independent Monitoring Board should visit all detainees held under rule 40 within the first 24 hours.

8.28 Use of force documentation should be certified by an appropriate manager not involved in the original incident.

8.29 Entries in unit history files should consistently demonstrate that detainees are monitored effectively and that staff engage with them on a daily basis.

Complaints

8.30 There should be better information about the formal complaints system in languages other than English. (8.21)

Achieved. Information about the complaints system was freely available in 12 languages from a display rack on each residential unit.

8.31 Complaint forms should be available on all residential units at all times. There should also be a supply of forms retained in the unit office, so that the forms can be replenished daily. (8.22)

Partially achieved. Along with the translated information about the complaint system (see above) complaint forms were also freely available in 12 languages. Each unit held a stock of forms to replenish supplies as necessary. However, complaint forms were not freely available to those on the last night unit. In our survey, 46% of respondents said that it was easy or very easy to get a complaint form, which was a significant improvement on the finding of just 36% at our last inspection.

Further recommendation

8.32 Complaint forms and confidential envelopes should be freely available to detainees held in the last night unit.

8.33 Pre-printed confidential access envelopes should be available with the complaint forms, so that detainees do not have to ask staff for an envelope. (8.23)

Achieved. Pre-printed confidential access envelopes were freely available on all residential units.

8.34 There should be regular and frequent management oversight of complaint investigations and responses to detainees, as part of a formal quality assurance system. (8.24)

Partially achieved. The investigations officer had a key role in administering the complaints system. Complaint boxes were opened each day by the monitor and logged, and handed to the centre manager to monitor the types of complaints submitted. Complaint forms were then forwarded to the investigations manager, who had developed an impressive database for tracking each complaint. Once the complaint was investigated, the investigations officer conducted a quality check on the response before it was returned to the detainee. However, these arrangements were wholly informal, and no records of these checks were retained.

Further recommendation

8.35 There should be formal and documented quality assurance of replies to detainee complaints.

8.36 There should be ongoing analysis of complaints to identify patterns or trends. (8.25)

Achieved. A monthly report analysed the number of complaints received, the subject of complaint, and the timescales for reply. This information was made available to all senior managers. The most common detainee complaints were about cash and property.

Additional information

8.37 New arrivals were given a welcome booklet, which included a section on how to make a complaint. This booklet had been translated into 20 languages.

8.38 Detainees had very little confidence in the system. This was confirmed in our survey, in which only 1% of respondents, against a comparator of 16%, said that complaints were dealt with fairly and 2%, against a comparator of 21%, felt they were dealt with promptly.

8.39 In the first five months of 2007, the centre had received just over 15 complaint forms a week. The establishment's own monitoring records showed that only 49% of complaints had been responded to within the timescale, which was extremely low. We reviewed replies to complaints and found the majority were courteous and helpful. We did, however, come across several complaints that had not been fully investigated. Where a complaint received a negative reply, the investigations officer routinely attached a copy of the Ombudsman's leaflet, *Complain with confidence*. This gave detainees details of the Ombudsman and how they could take the matter to an independent body if they wished.

8.40 Requests and complaints to BIA were initially sifted by the monitor, who separated out BIA-related complaints. There was no monitoring by the centre of the number and outcomes of these complaints, and no information was systematically passed on by BIA to inform centre managers of the main issues concerning detainees in their care.

Further recommendations

8.41 Managers should regularly investigate the negative perceptions of detainees about the complaints system and devise a strategy to improve them.

8.42 Complaints should be fully investigated and routinely responded to within prescribed timescales.

8.43 Complaints against BIA should be logged and monitored by the centre, and outcomes sought routinely from BIA.

Rewards scheme

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

Additional information

8.44 The centre operated a rewards scheme, which was explained in a policy document last updated in January 2004. The scheme offered detainees two incentive levels, standard and enhanced. When detainees were transferred on to the long-term facility, they joined the scheme on the enhanced level. They were encouraged to sign a compact, which was well publicised and had been translated into several languages. At the time of inspection, 96% of detainees were on enhanced and only 4% on standard.

8.45 A total of three written warnings within a seven-day period automatically resulted in demotion to standard. In such cases, demotion took place without the safeguards of a formal review, which would have able to take account of any mitigating circumstances. On completion of a period of rule 40/42, detainees were normally reduced to the standard level, although managers had some discretion in this. Written warnings included improvement targets. After seven days on standard, detainees were returned to the enhanced level, although further written warnings while on standard could delay this.

8.46 The rewards scheme had some inappropriate punishments. Detainees on standard level lost access to the internet, which normally enabled many of them to keep in contact with family via

email, and they received 50p instead of £1 for their daily bonus. As this was the only income for many detainees, it was inappropriate to reduce it. There were no other appropriate incentives for detainees.

8.47 We reviewed documentation and, while we were satisfied that demotion within the scheme was based on patterns of behaviour, we were concerned to find that residential units applied different rules when they issued the daily monetary bonus. Detainees had until 1pm to collect their money, and most units were flexible in applying this rule, with staff often reminding those who had forgotten. However, on D unit staff rigidly applied the 1pm cut-off and refused to issue any money after that time. This was petty and resulted in detainees losing their money for that day. We were also concerned that a detainee on B unit, who went through episodes when he was incapable of signing for his money as a result of health problems, had this denied to him by staff.

Further recommendations

8.48 Detainees should not be demoted in the rewards scheme without the safeguard of a formal review board.

8.49 Detainees on the standard level should not have their monetary bonus reduced or access to email restricted. Appropriate incentives should be available to detainees on the enhanced level.

8.50 Detainees on all units should receive their monetary bonus.

Section 9: Services

Expected outcomes:
Services available to detainees allow them to live in a decent non-punitive environment in which their normal everyday needs are met freely and without discrimination.

Catering

9.1 Halal meat should be stored separately from other meat, and kitchen staff should ensure that halal meals are prepared separately to prevent contamination. (9.10)

Achieved. Halal meat was stored separately in a deep freezer. All preparation areas were separate and clearly signed. There was a frying vat for halal meat only. Although a roasting oven was shared, it was not used to prepare halal and non-halal foods at the same time. The kitchen utensils were used for both halal and non-halal food, although they were thoroughly cleaned before any cross-use. This was not ideal and could not ensure that contamination did not take place.

Further recommendation

9.2 There should be separate kitchen utensils used only for halal food.

Additional information

9.3 The food was a constant source of complaint, and staff said that meals times could be very stressful. The food we tasted was satisfactory and portions seemed ample, but there was a lack of condiments at serveries. There were a number of choices, including sandwiches, and there was a 28-day menu cycle. Staff ate the same food in the canteen. There were food surveys twice a year, but it was unclear how views and population changes were taken into account. The suggestions book in the unit servery was not on view, had been rarely used and was explained in English only.

Further recommendations

9.4 Condiments should be available at serveries.

9.5 Menus should be changed on the basis of the food surveys and population changes.

9.6 The food suggestions book should be on display, with a simple explanation in the main languages, and detainees encouraged to write entries. Detainees should receive a reply to their suggestions, which should be discussed at the detainee information access committee meetings.

Centre shop

No recommendations were made under this heading at the last inspection

Additional information

9.7 Detainees had free access to a locally run shop, which was well stocked, and good access to private cash. The shop list had photos of items and was displayed outside the shop, and prices were generally reasonable, although some items were expensive. Some detainees complained about a shortage of black and minority ethnic goods, such as oil for Afro hair. Managers said that this item was available, but we found that shop staff were not aware of it. If a detainee required an item not available in the shop, their visitors could bring this in to the visitors' centre for them, although this disadvantaged detainees who had no visitors. Shop staff could order one-off items for detainees, but this was not publicised, and detainees could not order items through a catalogue. In our survey, only 20% of respondents felt the shop sold a wide enough range of goods to meet their needs, against a comparator of 35% and compared to 49% in 2005.

Further recommendations

9.8 The range of goods for black and minority ethnic detainees should be increased in consultation with detainees.

9.9 Detainees should be able to make catalogue purchases.

Housekeeping point

9.10 The provision for shop staff to order one-off items should be publicised.

Section 10: Preparation for release

Expected outcomes:
Detainees are able to maintain contact with family, friends, support groups, legal representatives and advisers, access information about their country of origin and be prepared for their release, transfer or removal.

Welfare

10.1 Detainees should generally be given notice of transfer and removal, to enable them to inform legal representatives and family and to prepare for removal. Those given less than 24 hours notice should be allowed a free telephone call. (10.16)

Partially achieved. See also paragraph 1.4. Movement in and out of Colnbrook took place around the clock. Transfer of detainees was arranged by BIA's Detainee Escorting and Population Management Unit (DEPMU). It was often arranged at short notice and for no reason relating to that individual, because of population pressures. Colnbrook operated close to capacity and had very little scope to turn away detainees who presented particular problems. If detainees were allocated to Colnbrook by DEPMU because health or behavioural problems meant no other centre would take them, the centre had to move someone else out to make room for them. Changes of instruction presented staff with the dilemma of whether to notify detainees of moves as soon as they received the instruction, which risked raising anxiety when it was cancelled or varied, or wait until they were sure, which gave detainees less time to prepare. Detainees did not always get a free call on departure.
We repeat the recommendation.

10.2 A welfare scheme should be in place to prepare detainees for removal, including collection of their property. (10.17)

Partially achieved. See also paragraph MR4. For those detained suddenly and facing removal within a short timescale, recovery of property was a considerable problem. Some of the detainees held at Colnbrook had been living in the UK for years, had been working and had bank accounts. There was no mechanism to recover their savings prior to removal. We met several detainees who were worried because they did not have the means to get from airport to home following removal (see paragraph 10.4). To deliver a bank card and security number to someone else required trust, time and opportunity, which might not be possible. Centre staff helped track property left at other places of detention, including police stations, where detainees were often initially lodged after detention by an immigration arrest team. However, detainees still had to find someone able and willing to collect and deliver it, within an unpredictable period before removal. (See further recommendations 1.7, 1.9.) If friends were able to recover missing property, they could deliver this during visits (see below).

Additional information

10.3 The welfare team was keen to expand its range of practical assistance to detainees by developing work with voluntary organisations, such as the Refugee Council or Refugee Arrivals Project, which could help a detainee if their release was a possibility, but who had no address to go to. In some circumstances, detainees seeking release were eligible for accommodation from the government-funded asylum support scheme. The welfare officer kept a stock of application forms and helped advise on these applications. The centre funded

immediate travel for anyone who was released from the centre. While most detainees had reasonable access to the welfare officer, his changing shift roster was not predictable.

10.4 A common anxiety for detainees facing removal was how to get from the airport to their home. If time permitted, the welfare team approached charitable organisations for a small payment to help with onward travel and other immediate needs. However, this was unpredictable. The welfare team could scarcely address the complex needs of the population at Colnbrook, but sought to alleviate some of these through help with practical issues.

10.5 Notice of removal was more consistent with the new BIA policy that required at least 72 hours (including two working days) between service of removal directions and removal. However, we came across two cases where detainees had waived this minimum period to detrimental effect.

- A young man detained on the Friday before our inspection was given removal directions on Saturday. We met him as he was leaving to be removed on Monday. Following detention he was asked to sign a waiver, but he was very unhappy when he was given immediate removal directions because he wanted to get legal advice and arrange transfer of property with his brother. He felt he had been misinformed about the consequences of signing the waiver.

- In the other case, a woman had removal directions for the morning after her initial detention. She was extremely anxious because she had no time to prepare, and no funds for the two days' travel to get from the airport to her family home. There was no time for a visit from her partner or legal adviser. She had no recollection of signing any waiver and had no copy, but the casework information database indicated that this had been signed to speed her removal.

Further recommendations

10.6 The welfare officer should be available to detainees at predictable, published times.

10.7 The waiver of 72-hour minimum delay between removal directions and removal and options should be fully explained. A copy should be given to those who sign to enable them to consider its implications and seek advice.

Visits

10.8 The centre should be signposted. (10.14)

Achieved. There was a sign identifying the centre directly outside on the main dual carriageway.

Additional information

10.9 Access to visits was good. Visits took place between 2pm and 9pm seven days per week, and visitors did not have to book in advance. In our survey, significantly more respondents than the comparator (59% compared to 39%) said they had had a visit from family or friends at Colnbrook.

10.10 We observed good interactions between staff and visitors. The visits facility was good, with good disabled access and a children's play area. However, vending machines were poorly stocked, with a lack of variety, few healthy options and few cold drinks. Cash and property for detainees could be handed in at the visitors' centre.

10.11 The centre received between 15 and 35 visitors to detainees each day. A recurring problem was that detainees had not told visitors that they had to bring in two forms of identification and what identification was acceptable. As a result, approximately two sets of visitors a week were turned away, some after travelling long distances. We observed the duty visits manager being flexible with such a visitor and arranging for the visit to continue, but were told that this did not normally happen. Information given to detainees on induction did not inform them what documentation their visitors needed to bring with them to a visit. This was reflected in our survey, in which only 22% of respondents said that they received information on their day of arrival about how people could visit them, which was significantly below the comparator of 35% and the response of 30% in 2005. However, when we made a test telephone call to Colnbrook and asked how visits worked, staff made the requirements clear and were helpful.

10.12 Six detainees were on closed visits at the time of our inspection, and 28 had been put on closed visits during the last year. We were concerned that there was no written policy on closed visits, and that detainees were automatically put on closed visits for a three-month period. We were also concerned that six visitors had received a total and indefinite ban on visiting detainees at Colnbrook. This was usually for suspected passing of drugs. One detainee said that his partner had been so banned. Letters sent to banned visitors did not give reasons for the ban, or explain how they could appeal against the decision.

10.13 There were measures to protect children during visits; for example, child offenders were automatically flagged up and seated furthest away from the play area and closely monitored. However, there was no procedure to ensure safe management where a child visited a detainee with a history of sex offending.

10.14 The visitors' centre was not very welcoming, particularly in the formal seating layout. There was also very little information displayed about support for visitors or how they could support the detainees, and some notices had a threatening tone, such as informing visitors that their details could be passed to the police if they were barred.

10.15 We spoke with a number of visitors from the London Detainee Support Group and noted that the scheme was advertised on posters around the centre. Detainees could call directly or through the welfare officer to apply for a visitor from the group.

Further recommendations

10.16 Induction for detainees should explain clearly the information they need to give to their visitors for them to gain access.

10.17 There should be a written policy on closed visits, detailing the circumstances under which they will be used for visitors and detainees, the review and the appeals processes, and factors that will be considered in decision making.

10.18 The centre should be able to safely manage situations where children visit detainees with a history of offending against children.

10.19 The visitors' centre should offer information, support and advice to visitors, including how best to support their friend or relative being detained.

Housekeeping points

10.20 Vending machines in the visits area should be fully stocked.

10.21 The seating layout in the visitors' centre should be more informal.

Telephones

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

Additional information

10.22 Access to telephones was very good. Pay-as-you-go mobile phones were allocated to each detainee in the STHF and a telephone was available in each room in the IRC. Detainees in the IRC could also buy a pay-as-you-go mobile telephone from the centre shop for £27. However, detainees told us they were not able to use their own mobiles, even where they had no camera and were otherwise compliant with BIA restrictions. There were also pay telephones on each landing.

10.23 This good access was confirmed by our survey, in which significantly more respondents than the comparator and at our previous inspection said that it was easy to receive incoming calls (50% compared to 42% and 32% in 2005). Similarly, significantly more respondents said that it was easy to make outgoing calls (46% against the comparator of 39% and 35% in 2005.

10.24 Some room telephones in the IRC – in eight rooms on B unit and nine on D – were broken or missing and had not been repaired or replaced. Officers told us that room telephones were being phased out in favour of mobiles, so were not being replaced. This was contrary to the written guidance and senior management team's position, and appeared to be the cause of significant frustration for detainees, particularly where they could not afford to buy a mobile telephone. Staff said that, in these circumstances, they tried to allocate these detainees to a room with a telephone, but often this did not happen in practice.

Further recommendation

10.25 Any broken telephones in rooms should be repaired quickly.

Good practice

10.26 *Pay-as-you-go mobile telephones were allocated to each detainee in the short-term holding facility and a hand-held telephone to each room in the IRC.*

Section 11: Summary of recommendations, housekeeping and good practice

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

Main recommendations

To the director general, BIA

11.1 The functions of Colnbrook short-term holding facility and its alignment to the adjacent removal centre should be reviewed and clarified. Given the mixed function of the STHF, women should no longer be held there. (HE.44)

11.2 Detainees should not be subject to excessive, unexplained moves around the detention estate. (HE.46)

11.3 There should be sufficient, suitably qualified and adequately informed immigration staff in removal centres to ensure that all detainees receive prompt explanation of their status and responses to queries, and that all detained casework is diligently monitored and progressed. (HE.47)

11.4 Prior notice should be given if detainees are being transferred into Colnbrook specifically for healthcare reasons to check the availability of a healthcare bed. (HE.51)

Main recommendations

To the centre manager

11.5 All detainees in need of legal advice and representation should have prompt access to suitably qualified legal representatives. (HE.45)

11.6 All staff should receive ongoing training and support to manage difficult and demanding detainees. Less experienced staff should be mentored and supported by more experienced staff. (HE.48)

11.7 The functions of the last night unit should be reviewed and clarified. (HE.49)

11.8 The centre should conduct regular multilingual surveys to examine the extent and nature of bullying, and the results should be used to inform a revised anti-bullying strategy. (HE.50)

11.9 Significantly more opportunities for paid work should be available to detainees. (HE.52)

11.10 The centre should prioritise the development of a programme of learning activity that meets the needs and interests of detainees. A programme of short courses should be designed as part of programme development. (HE.53)

Recommendations

To the director general, BIA

Arrival in detention

11.11 All officers escorting detainees should wear visible means of identification. (1.2)

11.12 When detainees are being moved, all information relevant to risk should be documented with the detainee transferable document for the benefit of escorts and the receiving establishment. (1.3)

11.13 Detainees should be given written notice of movement, with information about where they are being taken and what to expect. (1.4)

11.14 Detainees' property should accompany them when they are transferred from one place of detention to another. (1.7)

11.15 Custody records, including property sheets, should accompany detainees held initially in police stations. (1.9)

Residential units

11.16 The use of sealed windows, which remove any control that detainees have over ventilation of their rooms should be reviewed at Colnbrook and should not be reproduced elsewhere in the detention estate. (2.15)

Casework

11.17 BIA should aim to complete the cases of those serving prison sentences and cooperating with deportation or removal processes to coincide with release from custodial sentences. (4.1)

11.18 BIA caseworkers and IRC healthcare staff should receive training in the purposes of rule 35 of the detention centre rules, which requires the medical practitioner to report on the case of any detained person whose health is likely to be adversely affected by detention, or conditions of detention, including where there is a suspicion of suicidal intent or an allegation of torture. (4.3)

11.19 When a rule 35 letter is issued, BIA should review the case. Detainees and their legal representatives should be informed. (4.4)

11.20 Detainees should receive written reviews of their detention, at least monthly, which address changes of circumstances, including prolonged detention and any issues raised by the detainee. (4.11)

Recommendations

To the centre manager

Arrival in detention

11.21 All detainees entering Colnbrook should receive information in a language they understand about rules, regime and services, including any changes they should expect on transfer from the short-term holding facility to IRC. (1.13)

11.22 Any detainees received without imminent removal directions should have a structured induction to convey information, and should receive the daily allowance payable to detainees in the IRC. (1.24)

11.23 Detainees with imminent removal directions should be given information about and access to legal advice and immigration staff. (1.25)

11.24 Detainees in the short-term holding facility should be able to associate for much of the day, with ease of access to payphones, internet and sources of information. (1.26)

11.25 At least one unoccupied room should be available to locate newly admitted detainees who may present a risk to others. (1.27)

Residential units

11.26 A coordinated approach to lessening the austerity of the centre's environment and decoration should be adopted. (2.1)

11.27 Room sharing risk assessments should be completed by staff on all subsequent room moves in the IRC. (2.4)

11.28 Non-smokers should not be allocated to share rooms with smokers. (2.5)

11.29 Premier should review the specification for its safety netting and bring it into line with Prison Service standards. (2.6)

11.30 Detainees in the STHF should have access to laundry facilities. (2.8)

11.31 Full screening should be fitted to all room toilets. (2.14)

11.32 The exercise yards should provide a more welcoming and relaxing environment. (2.16)

11.33 The detainee information access committee should have an agenda and set clear action points, reviewed at each subsequent meeting. (2.17)

11.34 Locker keys should be made available to detainees on their first day of detention and replaced as soon as possible if they are lost. (2.18)

Staff-detainee relationships

11.35 Initial staff training and the diversity training package should include specific components to enhance understanding of the experiences and histories of people seeking asylum, refugees and those detained under immigration powers. (2.20)

11.36 The personal officer scheme should be implemented. (2.21)

11.37 Detainees' history files should contain regular and good quality comments that demonstrate engagement with detainees, particularly from personal or care officers. (2.25)

Duty of care

11.38 Staff should receive more initial training and regular refresher training on anti-bullying awareness and anti-bullying policy and procedures. (5.1)

11.39 Unit managers and officers should take responsibility for identifying, monitoring and managing bullying behaviour, with the support of the anti-bullying coordinator. (5.2)

11.40 All security information reports relating to bullying should result in bullying incident report forms being sent to the anti-bullying coordinator, and anti-bullying booklets should be opened in all appropriate circumstances. (5.3)

11.41 Anti-bullying committee meetings should be run according to a standard basic agenda, and include clear action points to be examined at subsequent meetings. (5.4)

11.42 Staff chairing and participating in review meetings should receive appropriate training in carrying out these roles. They should also be aware of appropriate avenues of referral and consider these at each meeting. (5.5)

11.43 In addition to custody and health services, staff from other disciplines, including the chaplaincy, should regularly attend self-harm risk reviews. (5.9)

11.44 Staff should endeavour to engage positively with detainees on a SHARF, rather than simply monitoring them. This should be recorded on the SHARF. (5.11)

11.45 Care plans should specify what action is to be taken, by whom, and within what time-frame, and assessments by medical and other staff should convey evidenced professional judgements on the detainee's state of mind, risk of self-harm and appropriate care. (5.13)

11.46 Self-harm prevention committee meetings should take place as scheduled, should be run according to a standard basic agenda, should include clear action points to be examined at subsequent meetings, and should incorporate detainee representation. The anti-bullying coordinator should also be invited as a matter of course. (5.14)

11.47 The SHARF log should be kept up to date and used to inform discussion during self-harm prevention committee meetings. (5.15)

11.48 A 'buddying' scheme should be implemented. (5.16)

11.49 At risk coordinators should have a specific job specification. (5.23)

11.50 There should be a full-time suicide and self-harm prevention post. (5.24)

11.51 Where possible, detainees should be actively involved in the management of their risks of suicide and self-harm, and should attend their own reviews as a minimum. (5.25)

11.52 Anti-ligature clothing should only be used in exceptional circumstances. There should be a detailed log of usage. Individual risk management documents should demonstrate that all other alternatives, including constant observation, have been considered before the use of anti-ligature clothing. (5.26)

11.53 As far as is practicable, the centre should, in conjunction with BIA, make efforts to pass on information regarding detainees' suicide and self-harm risks to overseas agencies. (5.27)

11.54 Recommendations and action plans from self-inflicted death investigations should be monitored and periodically reviewed, including following a change of contractor, to ensure that appropriate changes are made and sustained. (5.28)

11.55 There should be systematic nationality and ethnic monitoring, which should be discussed at regular diversity team meetings. (5.32)

11.56 The issue of disability should continue to be given more prominence, and specialist training should be provided on a regular basis. (5.35)

11.57 Health screening of new arrivals should include systematic identification of disabled detainees, and this information should be relayed immediately to the diversity team. (5.36)

11.58 A disability equality scheme should be drawn up. (5.37)

11.59 There should be sufficient rooms in the centre suitable for detainees with disabilities. (5.39)

11.60 A distinct diversity meeting should provide strategic oversight of diversity issues, including examination of nationality and ethnic monitoring and detailed consideration of race and other diversity issues, particularly racist incident complaints. (5.47)

11.61 There should be a broader diversity policy that addresses the specific needs of all detainees, including those with disabilities and different sexual orientations. (5.48)

11.62 Diversity impact assessments should be completed. (5.49)

11.63 All racist incident complaints should be investigated by the diversity team and logged separately. Investigations should be thorough: all involved parties should be interviewed and their statements recorded. Withdrawn allegations should be monitored, and complainants should always be interviewed to identify the reasons for withdrawal. (5.50)

11.64 The chaplaincy should offer support groups to detainees, and develop greater links with religious groups in the community. (5.55)

11.65 Specialist dual-diagnosis services should be provided for detainees with both mental health and substance-related problems. (5.60)

11.66 There should be appropriate treatment and support for pregnant detainees with substance dependency. (5.61)

11.67 There should be an independent needs assessment of substance misuse to identify the level of service required. (5.62)

Health services

11.68 All healthcare staff should have training in recognising, reporting and caring for detainees who have been subject to torture. (6.2)

11.69 All staff should have clinical supervision. (6.5)

11.70 Medications should only be administered from appropriate safe and secure areas. (6.10)

11.71 Detainees should be able to obtain barrier protection freely. (6.12)

11.72 The reasons for detainees' poor perception of healthcare services should be identified and addressed. (6.41)

11.73 All new arrivals should receive a copy of the guide to healthcare services in an appropriate language. (6.42)

11.74 Restraints should not be used for detainees on outside medical or dental appointments, unless in exceptional circumstances following a risk assessment. (6.43)

11.75 Movements of detainees should not disrupt their ongoing medical treatment where this is avoidable. (6.44)

11.76 There should be a palliative and end-of-life policy. (6.45)

11.77 There should be information-sharing protocols with appropriate agencies and centre staff to ensure efficient sharing of relevant health and social care information. (6.46)

11.78 All units should have locked healthcare application boxes. (6.47)

11.79 A detainee's GP or relevant care agency should be contacted at the beginning of detention, with the detainee's consent, to provide relevant information and to ensure continuity of care. (6.48)

11.80 Healthcare staff should provide a community-based service for detainees with long-term physical or mental health conditions to support and promote their independence. (6.49)

11.81 Healthcare staff should be made aware of impending detainee departures. (6.50)

11.82 Detainees should receive dental checks and treatment to a standard and range at least equal to that in the NHS. (6.51)

11.83 Ante-natal services should be available to pregnant women in the centre. (6.52)

Activities

11.84 Adequate and effective promotion of educational activity should be ensured. (7.4)

11.85 The centre should ensure that the education programme and teaching and learning activities are properly planned, monitored and evaluated. (7.5)

11.86 Staff should have appropriate professional expertise for the roles they carry out. (7.6)

11.87 Effective quality improvement arrangements should be put in place. (7.12)

11.88 The stock of fiction and foreign language dictionaries in the library should be improved. (7.16)

11.89 The weights room and cardiovascular suite should have better ventilation. (7.20)

11.90 The procedures for repair and maintenance of PE equipment and to order supplies should be simplified and accelerated. (7.21)

Rules and management of the centre

11.91 Rules of the centre should be consistently applied by all members of staff. (8.3)

11.92 The security committee should use the analysis from security information reports to set security targets for staff. (8.11)

11.93 Rooms in the segregation/secure unit should be fitted with a table and chair. (8.24)

11.94 Detainees should be removed from rule 42 restrictions as soon as they have ceased to be refractory or violent, and from rule 40 at the earliest opportunity. (8.25)

11.95 Detainees on rule 40 should have access to education in-room and library. (8.26)

11.96 A member of the Independent Monitoring Board should visit all detainees held under rule 40 within the first 24 hours. (8.27)

11.97 Use of force documentation should be certified by an appropriate manager not involved in the original incident. (8.28)

11.98 Entries in unit history files should consistently demonstrate that detainees are monitored effectively and that staff engage with them on a daily basis. (8.29)

11.99 Complaint forms and confidential envelopes should be freely available to detainees held in the last night unit. (8.32)

11.100 There should be formal and documented quality assurance of replies to detainee complaints. (8.35)

11.101 Managers should regularly investigate the negative perceptions of detainees about the complaints system and devise a strategy to improve them. (8.41)

11.102 Complaints should be fully investigated and routinely responded to within prescribed timescales. (8.42)

11.103 Complaints against BIA should be logged and monitored by the centre, and outcomes sought routinely from BIA. (8.43)

11.104 Detainees should not be demoted in the rewards scheme without the safeguard of a formal review board. (8.48)

11.105 Detainees on the standard level should not have their monetary bonus reduced or access to email restricted. Appropriate incentives should be available to detainees on the enhanced level. (8.49)

11.106 Detainees on all units should receive their monetary bonus. (8.50)

Services

11.107 There should be separate kitchen utensils used only for halal food. (9.2)

11.108 Condiments should be available at serveries. (9.4)

11.109 Menus should be changed on the basis of the food surveys and population changes. (9.5)

11.110 The food suggestions book should be on display, with a simple explanation in the main languages, and detainees encouraged to write entries. Detainees should receive a reply to their suggestions, which should be discussed at the detainee information access committee meetings. (9.6)

11.111 The range of goods for black and minority ethnic detainees should be increased in consultation with detainees. (9.8)

11.112 Detainees should be able to make catalogue purchases. (9.9)

Preparation for release

11.113 Detainees should generally be given notice of transfer and removal, to enable them to inform legal representatives and family and to prepare for removal. Those given less than 24 hours notice should be allowed a free telephone call. (10.1)

11.114 The welfare officer should be available to detainees at predictable, published times. (10.6)

11.115 The waiver of 72-hour minimum delay between removal directions and removal and options should be fully explained. A copy should be given to those who sign to enable them to consider its implications and seek advice. (10.7)

11.116 Induction for detainees should explain clearly the information they need to give to their visitors for them to gain access. (10.16)

11.117 There should be a written policy on closed visits, detailing the circumstances under which they will be used for visitors and detainees, the review and the appeals processes, and factors that will be considered in decision making. (10.17)

11.118 The centre should be able to safely manage situations where children visit detainees with a history of offending against children. (10.18)

11.119 The visitors' centre should offer information, support and advice to visitors, including how best to support their friend or relative being detained. (10.19)

11.120 Any broken telephones in rooms should be repaired quickly. (10.25)

Housekeeping points

11.121 Notices displayed in healthcare consultation rooms should be available in a range of languages. (6.53)

11.122 Entries in clinical records should be clearly legible. (6.54)

11.123 All detainees should be aware of the availability of patient information leaflets. (6.55)

11.124 Inpatient meals should be served on plates, rather than in disposable containers. (6.56)

11.125 The provision for shop staff to order one-off items should be publicised. (9.10)

11.126 Vending machines in the visits area should be fully stocked. (10.20)

11.127 The seating layout in the visitors' centre should be more informal. (10.21)

Examples of good practice

11.128 Detainees held at Colnbrook for longer than six months were invited to attend a clinical review. (6.57)

11.129 Pay-as-you-go mobile telephones were allocated to each detainee in the short-term holding facility and a hand-held telephone to each room in the IRC. (10.26)

Appendix I: Inspection team

Nigel Newcomen	Deputy Chief Inspector
Hindpal Singh Bhui	Team leader
Eileen Bye	Inspector
Susan Fenwick	Inspector
Steve Moffatt	Inspector
Gerard O'Donoghue	Inspector
Mandy Whittingham	Healthcare inspector
Linda Truscott	Ofsted inspector
Julia Fossi	Senior researcher
Deborah Tye	Research trainee

Appendix II: Population profile

(i) Age	Men	%
18 years to 21 years	33	*10*
22 years to 29 years	110	*33.5*
30 years to 39 years	135	*41.15*
40 years to 49 years	46	*14*
50 years to 59 years	2	*0.6*
60 years to 69 years	2	*0.6*
Total	328	*100*

(ii) Nationality	Men	Women	%
Afghanistan	13		*4*
Albania	1		*0.3*
Algeria	34		*10.4*
Angola	3		*0.9*
Bangladesh	4		*1.2*
Cameroon	2		*0.6*
China	13		*4*
Colombia	2		*0.6*
Congo (Brazzaville)	9		*2.7*
Congo Dem. Republic (Zaire)	3		*0.9*
Eritrea	2		*0.6*
Ecuador	1		*0.3*
Georgia	1		*0.3*
Ghana	4		*1.2*
India	5		*1.5*
Iraq	19		*5.8*
Iran	17		*5.2*
Ivory Coast	2		*0.6*
Jamaica	62		*19*
Kenya	3		*0.9*
Kosovo	2		*0.6*
Liberia	4		*1.2*
Nigeria	14		*4.3*

Pakistan	17		*5.2*
Russia	2		*0.6*
Sierra Leone	1		*0.3*
Sri Lanka	6		*1.8*
Somalia	19		*5.8*
Sudan	1		*0.3*
Turkey	9		*2.7*
Uganda	2		*0.6*
Ukraine	1		*0.3*
Vietnam	3		*0.9*
Yugoslavia (FRY)	1		*0.3*
Zimbabwe	5		*1.5*
Andorra	1		*0.3*
Azerbaijan	1		*0.3*
Barbados	1		*0.3*
Brazil	2		*0.6*
Cambodia	1		*0.3*
Croatia	1		*0.3*
Cuba	1		*0.3*
Czech Republic	1		*0.3*
Dominica	2		*0.6*
Ecuador	1		*0.3*
Egypt	1		*0.3*
Ethiopia	1		*0.3*
Gambia	4		*1.2*
Guinea	1		*0.3*
Guyana	1		*0.3*
Lebanon	1		*0.3*
Moldova	1		*0.3*
Morocco	5		*1.5*
Philippines		1	*0.3*
Palestine	2		*0.6*
Rwanda	2		*0.6*
South Africa	2		*0.6*
Tanzania	3		*0.9*

Unknown	1		*0.3*
Venezuela	1		*0.3*
Total	325	1	*100*

(iii) Religion/belief	Men	%
Buddhist	13	*4.8*
Roman Catholic	11	*4.1*
Other Christian religion	96	*35.7*
Hindu	5	*1.9*
Muslim	127	*43.5*
Agnostic/atheist	1	*0.4*
Rastafarian	6	*2.2*
Lutheran	1	*0.4*
Pentecostal	2	*0.7*
Jehovah's Witness	1	*0.4*
Total	269	*100*

(iv) Length of time in detention in this centre	Men	%
Less than 1 week	52	*19.1*
1 to 2 weeks	51	*8.7*
2 to 4 weeks	51	*8.7*
1 to 2 months	63	*23.1*
2 to 4 months	36	*13.2*
4 to 6 months	12	*4.5*
6 to 8 months	7	*2.6*
Total	272	*100*

Appendix III: Summary of safety interviews

Twenty interviews were carried out in Colnbrook IRC on 18-19 June 2007. Five detainees were randomly selected by researchers from each main living unit.

Demographic information

Of those interviewees who answered this question, the average age disclosed was 32 years, ranging from 20 to 41.

Five interviewees stated that this was their first time in detention.

The average length of time spent in detention was 7.5 months, ranging from one month to 24 months.

The average length of time in Colnbrook so far was 4.5 months, ranging from two weeks to 11 months.

Eleven interviewees described themselves as being from a black background, five Asian, two white and two 'other'.

Interviewees were from 15 different nationalities: two Algerian, one American, one Bangladeshi, one Congolese, one Cuban, one Iranian, one Jamaican, one Moldovan, two Nigerian, three Pakistani, one Somali, one South African, one Ugandan, one Vietnamese, and two Zimbabwean. [Note: the American did not appear on the establishment's recorded nationality list as a US national. This was probably the result of erroneous recording on reception.]

Eight interviewees had English as a first language.

Two interviewees stated that they did not have a religious faith. Ten were Christian, five Muslim, one Buddhist, one Orthodox, and one Rastafarian.

Five interviewees considered themselves to have a disability.

Safety questions

The seriousness score is calculated using the number of people who felt that the issue in question was a problem and multiplying it by the average rating score (1= a little – 4 = very much). Those scores highlighted in red indicate issues that over 50% of the interviewees stated were a problem for them.

	Number who cited this as a problem	Average rating	Seriousness score
Uncertainty over immigration case	19	4	76
Lack of confidence in the staff	17	3	51
Access to legal advice	12	3	36
A lack of trust in IRC staff (confidentiality)	16	2	32
Not enough staff on duty during the day	15	2	30
The way staff behave with detainees	13	2	26
Isolation	13	2	26
Information about centre regime	13	2	26
Not enough staff on duty at night	11	2	22
The aggressive body language of staff	11	2	22
The aggressive body language of detainees	10	2	20
The availability of drugs	10	2	20
The healthcare facilities	10	2	20
The layout of the IRC	10	2	20
Discrimination by staff based on ethnicity	9	2	18
Response of staff to self-harm	9	2	18
Overcrowding	8	2	16
Not enough cameras on the wings	10	1.5	15
Information translated	7	2	14
The existence of an illegal market	4	3	12
The response of staff to fights/bullying/self-harm in the IRC	7	1.5	10.5
Discrimination by staff based on religion	3	3	9
Discipline procedures	4	2	8
The way meals are served	6	1	6
Discrimination by detainees based on ethnicity	3	2	6
Not enough cameras elsewhere in the IRC	5	1	5
Corruption (staff doing favours in return for something)	4	1	4
Lack of communication with family/friends	4	1	4
Discrimination by staff based on disability	2	2	4
Gang culture	1	4	4
Discrimination by detainees based on religion	1	3	3
Discrimination by detainees based on age	2	1	2
Discrimination by detainees based on disability	1	1	1
Discrimination by staff based on age	1	1	1
Discrimination by staff based on sexual orientation	0	0	0
Discrimination by detainees based on sexual orientation	0	0	0

Comments

The comments and reasoning behind the answers given by interviewees were noted. Examples of this for the five issues with the top seriousness score are:

Uncertainty over immigration case

'I don't know about my case. I have no solicitor, have been refused bail twice. I keep getting moved about so can't get a solicitor.'

'I have been detained for a year and can't be removed, I have tried to speak with caseworker but have been told in writing that I am likely to offend and that removal is imminent, but I am from Zimbabwe!'

'I do not like immigration, they are all messing with my mind and keep changing the reasons for my detention all the time.'

Lack of confidence in the staff

'Staff don't care, you can be shouting at them because they don't listen. They write false things in your file; I was told that healthcare had tried to give me medication, when this was simply not true.'

'They don't do things straight away.'

'Staff just tell me that I will be going back to Vietnam soon to all my problems. They don't help!'

Access to legal advice

'I have applied for legal aid, signed the documents but they keep messing up my case and swapping solicitors on me.'

'I want an immigration solicitor, but not been given any advice. I have asked welfare officer, but they have not got back to me yet.'

'I can't get a solicitor.'

A lack of trust in IRC staff (confidentiality)

'I have no trust in staff; there is a feeling of no trust in here. I would never tell anyone my insecurities.'

'They just forget things, you can ask but nothing happens. You can request things three or more times and nothing. There is no trust.'

'Staff do not give you help, your bell can be on all night. I missed medication and was told that someone would come to give me it, but they didn't.'

Not enough staff on duty during the day

'There are shortages of staff all the time, at least three days a week. There are only two officers on the unit at times.'

'There is nothing staff can do about it; there is no way of protecting anyone. Some people should be kept in prison, and not be kept in here.'

'There are uncivilised officers who swear a lot, are overworked and tired.'

Overall rating of safety in this immigration centre, on a scale of 1 = very bad – 4 = very good – 2.

Appendix IV : 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 13-14 June 2007, the detainee population at Colnbrook was 312. There were 259 detainees located in the long-term units and 54 detainees in the short-term holding facility (STHF). The questionnaire was offered to all detainees on the long-term units, and only to those detainees previously detained on long-term units or being transferred to long-term units.

Selecting the sample

Questionnaires were offered to all adult detainees on the long-term units and to those coming from, or going to, the long-term unit from the STHF. Completion of the questionnaire was voluntary. Questionnaires were offered in 23 languages.

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.

Response rates

In total, 152 respondents completed and returned their questionnaires. This represented 49% of the total detainee population and 56% of the long-term population. One hundred and four (68%) were returned in English, seven (5%) in Kurdish Sorani, six (4%) in Turkish, five (3%) in Arabic and French, four (3%) in Chinese and Farsi, three (3%) in Russian, Tamil, Urdu and Vietnamese and one (1%) in Bengali, Portuguese, Punjabi, Spanish and Somali.

Comparisons

The following document details the results from the survey. All missing responses are excluded from the analysis. All data from each establishment has been weighted, in order to mimic a consistent percentage sampled in each establishment.
Presented alongside the results from this survey are the comparator figures for all detainees surveyed in detention centres; this comparator is based on all responses from detainee surveys carried out in nine detention centres since April 2003. The comparison between this survey and the survey results from 2005 are also presented in this document.

In all the above documents, statistically significant differences are highlighted. Statistical significance merely indicates whether there is a real difference between the figures, i.e. 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 a blue background, and where there is no significant difference, there is no shading.

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.

Detainee Survey Responses Colnbrook IRC 2007

Detainee Survey Responses (Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables						
	Any numbers highlighted in green are significantly better than the IRC comparator/ last survey	Colnbrook IRC	IRC Comparator		Colnbrook IRC 2007	Colnbrook IRC 2005
	Any numbers highlighted in blue are significantly worse than the IRC comparator/ last survey					
	Numbers which are not highlighted show there is no significant difference between the 2007 survey and the IRC comparator					
SECTION 1: General Information (not tested for significance)						
Number of completed questionnaires returned		152	830		152	94
1	Are you male?	99	85		99	100
2	Are you aged under 21 years?	12	13		12	10
5	Is English your first language?	35	27		35	23
6	Do you understand spoken English?	84	78		84	76
7	Do you understand written English?	77	68		77	66
8	Are you Muslim?	44			44	
9	Do you consider yourself to have a disability?	30			30	
10	Do you have any children under the age of 18?	43	45		43	41
SECTION 2: Immigration Detention (not tested for significance)						
11	When being detained, were you told the reasons why in a language you could understand?	65			65	
12	Following detention, were you given written reasons why you were being detained in a language you could understand?	58			58	
13	Were you first detained in a police station?	54			54	
14	Including this Centre, have you been held in six or more places as an immigration detainee since being detained?	13			13	
15	Have you been here for more than one month?	83	52		83	61
SECTION 3: Transfers and Escorts						
16	Did you know where you were going when you left the last place where you were detained?	33	42		33	31
17	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	23			23	
18	Did you spend more than four hours in the escort van to get to this centre?	34	25		34	36
19	Were you treated well/very well by the escort staff?	44	62		44	43

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SECTION 4: Reception and First Night						
21	Were you seen by a member of healthcare staff in reception?	**83**	**78**		**83**	**81**
22	When you were searched in reception was this carried out in a sensitive way?	**54**	**62**		**54**	**62**
23	Were you treated well/very well by staff in reception?	**46**	**56**		**46**	**51**
24a	Did you receive information about what was going to happen to you on your day of arrival?	**25**	**25**		**25**	**14**
24b	Did you receive information about what support was available to people feeling depressed or suicidal on your day of arrival?	**20**	**29**		**20**	**20**
24c	Did you receive information about how to make applications on your day of arrival?	**21**	**31**		**21**	**28**
24d	Did you receive information about healthcare services at the Centre on your day of arrival?	**23**			**23**	
24e	Did you receive information about the religious team on your day of arrival?	**16**			**16**	
24f	Did you receive information on how to make a bail application on your day of arrival?	**14**			**14**	
24g	Did you receive information about how people can visit you on your day of arrival?	**22**	**35**		**22**	**30**
25	Was any of this information provided in a translated form?	**15**			**15**	
26a	Did you receive something to eat on your day of arrival?	**71**	**56**		**71**	**61**
26b	Did you get the opportunity to make a free telephone call on your day of arrival?	**64**	**46**		**64**	**61**
26c	Did you get the opportunity to have a shower on your day of arrival?	**50**			**50**	
26d	Did you get the opportunity to change into clean clothing on your day of arrival?	**36**			**36**	
27	Did you feel safe on your first night here?	**33**	**55**		**33**	**37**
28a	Did you have any problems when you first arrived?	**87**	**73**		**87**	**88**
28b	Did you have any problems with loss of transferred property when you first arrived?	**39**	**18**		**39**	**28**
28c	Did you have any housing problems when you first arrived?	**18**	**11**		**18**	**11**
28d	Did you have any problems contacting employers when you first arrived?	**10**	**9**		**10**	**9**
28e	Did you have any problems contacting family when you first arrived?	**35**	**20**		**35**	**30**
28f	Did you have any problems ensuring dependents were being looked after when you first arrived?	**16**	**8**		**16**	**16**
28g	Did you have any problems accessing your phone numbers when you first arrived?	**24**			**24**	
28h	Did you have any problems accessing legal advice when you first arrived?	**29**			**29**	

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SECTION 4: Reception and First Night continued						
28i	Did you have any problems getting access to your immigration case papers when you first arrived?	29			29	
28j	Did you have any money/debt worries when you first arrived?	23	20		23	25
28k	Did you have any problems with feeling depressed or suicidal when you first arrived?	38	30		38	43
28l	Did you have any drug problems when you first arrived?	9	6		9	10
28m	Did you have any alcohol problems when you first arrived?	7	5		7	13
28n	Did you have any health problems when you first arrived?	38	29		38	46
28o	Did you have any problems with needing protection from other prisoners when you first arrived?	13	5		13	10
29	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	14	23		14	28
SECTION 5: Legal Rights and Immigration						
31	Do you have a solicitor or legal representative?	57	63		57	66
32	Do you get legal aid (free advice under the legal aid scheme)?	51			51	
33	Is it easy/very easy to communicate with your solicitor or legal representative?	28			28	
34	Are you able to send a fax to your legal representative free of charge?	51	70		51	78
35	Are you able to send letters to your legal representative free of charge?	35	49		35	61
36	Have you had a visit from your solicitor/legal representative?	33	38		33	49
37	Can you get access to books about your legal rights?	18			18	
38	Is it easy/very easy for you to obtain bail information?	29			29	
39	Can you get access to official information reports on your country?	21	26		21	21
40	Is it easy/very easy to see immigration staff when you want?	14	27		14	11
41	Have you had a review of your detention every month?	29			29	
42	Was the review written in a language you could understand?	31			31	

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SECTION 6: Respectful Detention						
44	Are you normally offered enough clean, suitable clothes for the week?	**38**	**53**		**38**	**60**
45	Are you normally able to have a shower every day?	**91**			**91**	
46	Is it normally quiet enough for you to be able to sleep in your room at night?	**42**	**58**		**42**	**53**
47	Can you normally get access to your property held by staff at the Centre, if you need to?	**40**	**52**		**40**	**58**
48	Is the food good/very good?	**25**	**34**		**25**	**40**
49	Does the shop sell a wide enough range of goods to meet your needs?	**20**	**35**		**20**	**49**
50	Do you feel that your religious beliefs are respected?	**40**	**78**		**40**	**69**
51	Are you able to speak to a religious leader of your own faith if you want to?	**43**	**66**		**43**	**58**
52	Is it easy/very easy to contact the Independent Monitoring Board?	**12**	**18**		**12**	**14**
53	Is it easy/very easy to get a complaint form?	**46**	**40**		**46**	**36**
54	Have you made a complaint since you have been at this Centre?	**43**			**43**	
55a	Do you feel complaints are sorted out fairly?	**1**	**16**		**1**	**15**
55b	Do you feel complaints are sorted out promptly?	**2**	**21**		**2**	**12**
SECTION 7: Staff						
57	Do you have a member of staff you can turn to for help if you have a problem?	**41**	**57**		**41**	**55**
58	Do most staff treat you with respect?	**54**	**66**		**54**	**69**
59	Do staff speak to you most of the time/all of the time?	**21**			**21**	
60	Have any members of staff physically restrained you in the last six months?	**30**	**14**		**30**	**25**
61	Have you spent a night in the segregation unit in the last six months?	**40**	**21**		**40**	**40**
SECTION 8: Safety						
63	Have you ever felt unsafe in this Centre?	**61**	**48**		**61**	**59**
64	Do you feel unsafe in this Centre at the moment?	**50**			**50**	
65	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	**40**	**24**		**40**	**46**
66a	Have you had insulting remarks made about you, your family or friends since you have been here? (By detainees)	**21**	**6**		**21**	**16**
66b	Have you been hit, kicked or assaulted since you have been here? (By detainees)	**15**	**5**		**15**	**13**

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SECTION 8: Safety continued						
66c	Have you experienced unwanted sexual attention here from another detainee?	**5**	**3**		**5**	**8**
66d	Have you been victimised because of your cultural or ethnic origin since you have been here? (By detainees)	**9**	**6**		**9**	**20**
66e	Have you been victimised because of your nationality since you have been here? (By detainees)	**12**	**5**		**12**	**18**
66f	Have you ever had your property taken since you have been here? (By detainees)	**12**	**5**		**12**	**12**
66g	Have you ever been victimised because you were new here? (By detainees)	**8**	**5**		**8**	**15**
66h	Have you been victimised because of drugs since you have been here? (By detainees)	**6**	**3**		**6**	**4**
66i	Have you been victimised here because of your sexuality? (By detainees)	**4**			**4**	
66j	Have you ever been victimised here because you have a disability? (By detainees)	**7**			**7**	
66k	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	**5**			**5**	
67	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	**42**	**26**		**42**	**43**
68a	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	**22**	**4**		**22**	**16**
68b	Have you been hit, kicked or assaulted since you have been here? (By staff)	**13**	**4**		**13**	**16**
68c	Have you experienced unwanted sexual attention here from staff?	**4**	**4**		**4**	**7**
68d	Have you been victimised because of your cultural or ethnic origin since you have been here? (By staff)	**15**	**8**		**15**	**18**
68e	Have you been victimised because of your nationality since you have been here? (By staff)	**18**	**10**		**18**	**19**
68f	Have you ever been victimised because you were new here? (By staff)	**6**	**4**		**6**	**12**
68g	Have you been victimised because of drugs since you have been here? (By staff)	**2**	**3**		**2**	**4**
68h	Have you been victimised here because of your sexuality? (By staff)	**1**			**1**	
68i	Have you ever been victimised here because you have a disability? (By staff)	**3**			**3**	
68j	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	**11**			**11**	
69	If you have been victimised by detainees or staff, did you report it?	**33**	**14**		**33**	**18**
70	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	**31**			**31**	
71	Have you ever felt threatened or intimidated by a member of staff in here?	**42**			**42**	

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SECTION 9: Healthcare						
73	Is health information available in your own language?	**35**	**19**		**35**	**19**
74	Do you know whether counselling is available at this Centre?	**27**			**27**	
75	Are you able to see a doctor of your own gender?	**45**			**45**	
76	Is a qualified interpreter available if you need one during healthcare assessments?	**13**	**13**		**13**	**13**
77	Are you currently taking medication?	**49**			**49**	
78	Are you allowed to keep possession of your medication in your own room?	**11**			**11**	
79	Do you think the overall quality of health care in this Centre good/very good?	**26**	**35**		**26**	**26**
SECTION 10: Activities						
81	Do you have unrestricted access to the Centre facilities for at least 12 hours each day?	**27**			**27**	
82	Are you doing any education here?	**23**	**40**		**23**	**35**
83	Is the education helpful?	**16**	**32**		**16**	**27**
84	Can you work here if you want to?	**21**			**21**	
85	Is there enough to do here to fill your time?	**18**	**43**		**18**	**37**
86	Is it easy/very easy to go to the library?	**41**			**41**	
87	Is it easy/very easy to go to the gym?	**54**			**54**	
SECTION 11: Keeping in Touch with Family and Friends						
89	Is it easy/very easy to receive incoming calls?	**50**	**42**		**50**	**32**
90	Is it easy/very easy to make outgoing calls?	**46**	**39**		**46**	**35**
91	Have you had any problems with sending or receiving mail?	**34**			**34**	
92	Have you had a visit since you have been in here from your family or friends?	**59**	**39**		**59**	**53**
93	Have you had a visit since you have been here from volunteer visitors?	**23**	**21**		**23**	**22**
94	Do you feel you are treated well/very well by visits staff?	**44**			**44**	