Annual Report of the Independent Monitoring Board at Heathrow Immigration Removal Centre

For reporting year
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Introductory sections 1 – 3

1. Statutory role of the IMB

The Immigration and Asylum Act 1999 require every immigration removal centre (IRC) to be monitored by an independent board appointed by the Secretary of State from members of the community in which the IRC is situated.

Under the Detention Centre Rules, the Board is required to:

- monitor the state of the premises, its administration, the food and the treatment of detained people
- inform the Secretary of State of any abuse that comes to their knowledge
- report on any aspect of the consideration of the immigration status of any detained person that causes them concern as it affects that person's continued detention
- visit detained people who are removed from association, in temporary confinement or subject to special control or restraint
- report on any aspect of a detained person's mental or physical health that is likely to be injuriously affected by any condition of detention
- inform promptly the Secretary of State, or any official to whom authority has been delegated, as it judges appropriate, any concern it has
- report annually to the Secretary of State on how well the IRC has met the standards and requirements placed on it and what impact these have on those in its custody.

To enable the Board to carry out these duties effectively, its members have right of access to every detained person and every part of the IRC and all of its records.

The Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) is an international human rights treaty designed to strengthen protection for people deprived of their liberty. The protocol recognises that such people are particularly vulnerable and aims to prevent their ill-treatment through establishing a system of visits or inspections to all places of detention. OPCAT requires that states designate a National Preventive Mechanism to carry out visits to places of detention, to monitor the treatment of and conditions for detained people and to make recommendations for the prevention of ill-treatment. The IMBs are part of the United Kingdom's National Preventive Mechanism.

2. Description of establishment

As noted in previous reports Heathrow Immigration Removal Centre (HIRC) is the largest of its kind in Europe, is located close to Heathrow Airport on the A4. It comprises two separate adjacent sites, known as Harmondsworth IRC and Colnbrook IRC, separated by a service road. HIRC has a total capacity of 12,122 beds. The Harmondsworth site provides secure accommodation for up to 7,950 men, whilst the Colnbrook site provides secure accommodation for up to 4,172 men. The total number of people detained at HIRC throughout 2024 was 15,812.

HIRC is operated by Mitie Care & Custody (C&C), with healthcare provided by Practice Plus Group (PPG). There is a single management team across the two HIRC sites and some processes, including visitors' reception and bookings, are managed centrally. All other facilities, including segregation units, healthcare, faith rooms, cultural kitchens shops, gyms and activities, are replicated on both sites. Both sites have outdoor courtyard areas for recreation, fresh air and team games such as football, basketball and short cricket. There is also outdoor seating in each courtyard. There is no rain or shade cover. Computers with internet access, along with video-calling facilities, are available on both sites. All bedrooms have a colour television, with UK national channels and many international channels.

Harmondsworth site

As noted in previous reports about the Harmondsworth site, it has two distinct styles of accommodation, which vary depending on when they were built. Cedar and Dove are two hostel-style units that have been refurbished and usually house men in twin-bed rooms. Together, accommodate 186 people. Those detained on these units are restricted at night to their own corridors, each of about 20 rooms. Showers and toilets are shared and provided off each corridor. Dove has been closed for refurbishment, with the aim of increasing the number of beds to 201. The unit underwent major refurbishment during 2024. Cedar is closed for refurbishment, which is due to be completed in March 2025. Gorse House North was also closed for refurbishment.

Ash, Beech, Gorse and Fir are four residential units, usually housing a further 367 detained people, which were built to category B prison standard (a secure environment designed to make escape very difficult for those who do not require maximum-security conditions). The twin rooms contain bunk-bed style beds and a washbasin, plus a toilet with no seat behind partial screening. Showers with three-quarter length doors are located off corridors. Self-service laundry facilities are provided on each unit.

There is a care and separation unit (CSU), with six rooms for detained people who are removed from association or temporarily confined under Rules 40 and 42 of the Detention Centre Rules. These rooms are very basic and contain one steel bed, limited furnishings, a toilet with no seat and a wash basin. There is a shared shower facility off the recreation space outside the room, which also contains a small dining table with a television fixed to the wall. There is a small, secure courtyard for fresh air, smoking and exercise.

Harmondsworth has the most extensive primary healthcare facilities in the immigration detention estate (IDE). It includes two six-bed inpatient wards, two isolation rooms, a pharmacy dispensary and numerous consulting rooms. GPs, dentists, opticians, mental health workers and other healthcare professionals visit on a weekly basis.

The method for Meal provision varies across the units. In Cedar and Dove, detained individuals attend a large communal dining hall at designated mealtimes, where spacious tables and seating allow people to eat together. In Ash, Beech, Fir and Gorse, meals are transported on heated trolleys and served from a unit-based servery. Owing to the limited communal seating available, most meals in these units are eaten in bedrooms.

Colnbrook site

The Colnbrook (also referred to throughout the report as CW) accommodation in the four main residential units for men is arranged in twin rooms, 11 on each of the three floors. All rooms have a toilet, with no seat, and a washbasin in a partially screened off area, and each unit has 10 shower cubicles. Laundry facilities are provided on three of the units, which are shared across all four units. Colnbrook also contains a separate unit of 49 single rooms, which was used for medical isolation purposes during the Covid-19 pandemic.

The centre formerly held a small number of residents in the Sahara unit, but was re-roled in 2024 to become all male accommodation. It contains nine twin-bed rooms and is situated on the top floor of the separate reception and visitors' block. Until September 2023, it was designated solely as accommodation for women, but was opened as a separate unit for men in early 2024. It has a more relaxed and open regime than the other units, with its facilities more easily accessible. There is no direct access from this unit to fresh air, exercise yards or the shop; and men have to be escorted for these activities at times.

There is a small care suite, which comprises five bedrooms in a quiet and calm environment. The aim of this unit is to care temporarily for those individuals assessed as struggling to cope in the wider centre. It is not designed to be a permanent residence but to provide short-term respite whilst a longer-term solution is arranged or resolution achieved. The facility is provided and managed by the contractor, rather than the healthcare provider. This facility is not available in Harmondsworth.

There is a care and separation unit (CSU), for detained people who are removed from association or temporarily confined, with 16 single rooms: six each on the ground and first floors, and four on the second floor. These rooms have basic facilities, comprising a bed, a toilet with no seat and a washbasin. These rooms are only designed for very short stays, in line with Detention Centre Rules 40 and 42.

The healthcare facility resembles a GP clinic and there is no inpatients' capability.

People in detention collect their food from a central servery, then return to their units to eat their meals. On the ground floor of some units, there are communal tables where detained people can eat together, although there is insufficient space to enable all to do so.

3. Key points

3.1 Background to the report

3.1.1 The IMB Board visits each site every week of the year.

3.1.2 As in previous years, members visited each site at least once a week, but more usually two or three times a week. Some detained individuals made use of the dedicated 0800 telephone line to contact the IMB. However, the vast majority of communication continued to take place through face-to-face conversations during visits to the centre.

3.2 Main findings

Safety

A number of concerns, both longstanding and newly emerging, shaped the overall environment of the centre throughout 2024.

3.2.1 The Board remains concerned about overall safety at the centre compared with previous years, an issue we also highlighted in our 2023 report. In 2024, there was a clear increase in incidents involving conflict between detained individuals, alongside a rise in assaults on staff and more frequent lockdowns of individual wings. We also observed growth in several concerning trends, including 'throw-overs' (where people from outside the prison throw parcels, which contain illicit items, over the centre walls, to be picked up by prisoners) and the presence of cannabis, tobacco, vapes and mobile phones. In 2024, 78 throw-overs were recorded, compared with 46 in 2023.

3.2.2 In 2023, the impact of Operation Safeguard under which foreign national offenders (FNOs) were held at the IRC at the end of their sentence - continued to be felt. This resulted in increased levels of violence and exposed custodial staff to a different set of challenges. At the start of the year (January 2024), there were 371 FNOs (51%) in Heathrow IRC, falling to 254 (32%) by December 2024; in Colnbrook IRC, there were 137 FNOs (48%) in January and 94 (29%) in December.

It was pleasing to see that the numbers of FNOs had declined by the year end, although they still accounted for around 33% of detained people. The population of FNOs increased from 248 at the start of 2024 to 371 by the end of the year.

3.2.3 The IMB is concerned that engagement by the detention engagement team (DET) continues to contribute to feelings of frustration and powerlessness for some people detained at the centre, which may, in turn, influence incidents of regime non-compliance and self-harm. However, we recognise that there has been an improvement in DET visibility, including increased attendance at welfare surgeries and the availability of phone contact between 8am and 7pm. People who have been detained are also able to submit digital management system (DMS) requests to the DET team or the Home Office.

While changes in the population of those detained can contribute to fluctuations in levels of misconduct, the number of self-harm incidents rose to 246 in 2024, compared with 180 in 2023 and 150 in 2022. Of these 246, 50 involved the use of improvised ligatures - and any such incident remains a cause for concern for the Board, as it is vital that people in crisis receive appropriate care and attention to ensure lives are not put at risk.

3.2.4 The Board notes that the centre is working towards making the IRC a safer place. The violence reduction and the safer community teams have focused on making improvements through a multi-agency approach. This is being achieved through:

- Early intervention to identify at-risk individuals and provide support to prevent violence and exploitation.
- Community engagement, to build trust and work with communities to address local issues in the IRC.
- Partnership working with the healthcare and education departments and other agencies to share expertise and resources.

Fair and humane treatment

From our observations, we have concluded that there was an increased number of areas and circumstances in which detained people and those with mental health issues have not been treated adequately.

3.2.5 The fairness and humanity in which detained people are treated is severely tested by the rundown nature of the core infrastructure at the centre. In the Board's view, the infrastructure needs to be improved. The Board notes, in particular, the frequency of loss of services (power, gas, water and communications) throughout the year.

3.2.6 In common with the findings in our previous report, we are still of the opinion that if the centre is to continue to exist in its present location, significant investment is required to ensure its continued viability and to provide for the safety and security of the people detained here and all those who work within it.

During the early part of the year, Cedar and Dove units were closed for a much-needed refurbishment. We understand that further infrastructure work will be to be carried out in 2025-2026.

3.2.7 The CSU was used 22 times in HW and 35 times in CB times in the year to facilitate removal directions, in some cases a number of days in advance of flights, which were then cancelled. The Board notes that the CSU was used to house detained people who may frustrate removal directions and refuse to share a room. Given the directions in Rules 40 and 42 of Detention Services Order 02/2017, the Board does not believe the CSU should be used for these purposes.

3.2.8 The Board has observed improved DET engagement with people who are detained; however, there remains room for further improvement. Some of the paperwork issued to detained people has proved to be overwhelming and response times from DET/Home Office (HO) has led to frustration, resulting in a number of incidents of concerted indiscipline and self-harm incidents. The Board continues to encourage the DET/HO team to redouble their efforts to improve both the means and the transparency of their communications with detained people. It is important to improve communication with case workers and the probation team to ensure that cases are resolved promptly.

The DET aims to update detained people every two weeks and to provide further updates during surgeries, held Monday to Wednesday, twice a day.

3.2.9 As noted in our previous report, we are still being told repeatedly by detained people that there is no point making complaints regarding contracted services, because

they think they will not be properly investigated. The statistics for 2024 noted that a total number of 120 complaints were made, 93 of which were unsubstantiated and 10 were partly substantiated, with only 13 substantiated. The number of official complaints relating to the contractor that were 'unsubstantiated' would seem to lend some credibility to these concerns. The Board considers that this area could benefit from greater arms-length investigation. In our view, complaints should not, in the first instance, be investigated by contractor officers based in the centre. We believe this would help build trust in the system.

Total number of complaints in 2024 relating to the contractor:

Unsubstantiated	93
Partly substantiated	10
Substantiated	13
Withdrawn	4
Total	**120**

Source: Mitie

The Home Office's official guidance is used to make complaints about issues that occur in an IRC and during escort movements. There were 371 DCF9s (official complaint forms that detained people can use to complain about their treatment, conditions, services or any incident that occurs in detention) in 2024, of which 40 were partly substantiated and 21 substantiated.

3.2.10 The Board recognises the challenges of catering for a diverse population of detained people on a limited budget. However, we remain concerned about the effect that the variety, quantity and quality of the food on offer may be having on the physical and mental wellbeing of those detained, as well as on the safety and security of the centre. Each day, over 2,000 meals are prepared, and a number of food-related complaints and general food anxiety have been reported to the IMB. There continues to be a consistent request from detained people for more fresh vegetables and a greater provision of salad.

3.2.11 At Heathrow IRC, there are training and educational facilities. However, the Board believes that more could be done to encourage detained people to make use of the available opportunities to gain various certificated qualifications.

3.2.12 In reviewing the contractor's monthly reports and speaking with officers, the Board noticed a continued shift towards a centre more focused on individuals' needs and sensitivities. This is reflected in the provision of stress-reducing activities through the regime's programmes, as well as greater flexibility around access to activities.

Health and wellbeing

The Board continues to believe that, in general, the health and wellbeing needs of people detained at Heathrow IRC are being met. However, there remain areas of concern.

3.2.13 It is still the case that, at times, staff shortages and a lack of escorts meant that hospital appointments were missed or had to be cancelled, leading to a worse health

outcome for the detained person. This leads to high levels of anxiety of those waiting for medical attention. There were 294 urgent hospital appointments in 2024 and 367 non-urgent referrals to hospital.

There is a paramedic on site, who is able to assess detained people prior to the arrival of the London Ambulance Service. This has significantly reduced delays in addressing medical concerns.

3.2.14 While recognising the nationwide challenge related to healthcare recruitment, the Board continues to have major concerns about ongoing personnel gaps being experienced by Practice Plus Group and the potential impact on care for detained people.

Preparation for return or release

3.2.15 The Board reiterates its concern that a significant number of detained individuals continue to be held for prolonged periods without any realistic prospect of a timely removal.

The average length of stay in Colnbrook is 48 days and 41 days in Harmondsworth. There has been only a slight improvement in the average length of stay at Colnbrook, with an 11% reduction.

Five men were held in HW IRC for over 250 days, two of whom spent 438 and 409 days, respectively, in detention.

3.2.16 We repeat our concerns about the time taken to find suitable accommodation for those granted bail, particularly for time served by foreign national offenders (TSFNO). At times, some detained people are waiting 3-4 months for appropriate accommodation. The population of TSFNOs is steadily growing: in 2024, the population at CB was 1570 and was 2488 at HW. On average, 63% of detained people arriving at the IRC have served a prison sentence.

IMB members frequently encounter detained individuals who are willing to return home voluntarily and have no barriers to removal, yet still face lengthy wait times whilst the Home Office processes their request.

3.3 Recommendations

TO THE MINISTER

3.3.1 As note in our previous report, the Home Office has a duty of care for those with mental health problems and needs to ensure they are safe in the community they are released into. Robust support is required for detained people with mental health people who are released on bail.

3.3.2 The Board continues to be seriously concerned about the application of Detention Centre Rule 35, which is intended to ensure that particularly vulnerable people in detention are identified and brought to the attention of those responsible for reviewing and authorising continued detention. There is an issue surrounding adherence to Home Office deadlines for responding to Rule 35 reports. After accepting receipt, responses to Rule 35 reports should be provided by the Home Office within two working days, and the response must be copied to the detained person's legal representative. We recommend strengthening national oversight of Rule 35 processes

to ensure that all reports, particularly those concerning torture, suicidal ideation and serious health vulnerabilities, are reviewed promptly and consistently across the estate.

Commission an independent evaluation of the Rule 35 framework to assess whether current thresholds, timescales, and decision-making processes adequately protect vulnerable individuals from prolonged or inappropriate detention.

Ensure that Rule 35 outcomes are transparently monitored at a national level, with regular publication of performance data to support accountability and continuous improvement.

3.3.3 From its observations, the Board still believes that Rules 40 (removal from association) and 42 (temporary confinement) are being misused. There were several instances in 2024 when Rules 40 and 42 have been used for prolonged situations. It is imperative that these rules are used for the shortest possible time and as a last resort. They should not be used to hold mentally ill detained people or those who refuse to share a room. There have been instances where detained individuals have been shuttled back and forth between the care suite and the CSU to keep number of consecutive days in the CSU low.

Case study 1

- A detained individual was repeatedly moved between the CSU and the care suite for more than three months while awaiting a bed in Colne Ward. They spent over a month in the care suite, followed by an even longer stay in the CSU, during which they ceased all self-care. It is unclear if they arrived with pre-existing mental health issues or such prolonged isolation contributed to a deterioration in their mental health. Members of the healthcare and welfare teams independently concluded that the CSU was not a suitable environment for this individual and that the care suite would have been more appropriate.

The CSU is not the solution to these problems. In the Board's view, an alternative mental health pathway needs to be established to care for people experiencing mental health difficulties in detention. The IMB has observed that prolonged detention in the CSU tends to heighten anxiety and exacerbate existing mental health conditions, many of which are linked to prior trauma.

We recommend commissioning a national review of the use of Rule 40 (temporary confinement) and Rule 42 (removal from association) to ensure that these measures are not used inappropriately for individuals whose behaviour is primarily driven by mental-health needs rather than disciplinary concerns.

Also, there should be an improvement in communication with healthcare teams to ensure that vulnerabilities identified during Rule 35 processes or clinical assessments are reflected in decisions about segregation and association.

3.3.4 More work is required to consider different ways of supporting those with mental health needs. The Board believes there should be an increase in external mental health beds for people in detention who are showing deteriorating mental health. A clear mental health pathway should be made available, with greater collaboration with the NHS to provide the necessary services.

There is also a need to improve communication between the Home Office, the Ministry of Justice and HMPPS to secure additional resources and funding in prisons, enabling

a seamless process prior to TSFNOs being transferred to detention. Detained people should not be waiting for long periods in the detention centre to be returned to their home countries, either voluntarily or under removal directions. The IRC should be for short stays. The detention centre is not an appropriate environment for those with significant mental health issues.

We recommend increased investment in bail accommodation pathways, for TSFNO to reduce excessive waits for suitable placements.

3.3.5 Funding should be in place to increase security at the IRC to prevent the increasing levels of throw-overs on the Colnbrook site and the reduction of contraband and illicit goods getting into the Heathrow estate. In addition, search technology should be improved to ensure that illicit substances are prevented from entering the Heathrow estate.

3.3.6 There should be a review of the high number of unsubstantiated complaints both from the contractor and the Home Office, to assess whether investigative processes meet required standards of transparency. Improve communication with detained individuals regarding complaint outcomes, making sure that responses are clear, timely and accessible, including translated versions where required. Detained individuals should be made aware as to how their complaints are handled and how to escalate their complaint, especially complaints relating to property.

TO HOME OFFICE IMMIGRATION ENFORCEMENT

3.3.7 The Board continues to be very concerned about the deterioration in the mental health of many detained people, with too many detained people are resorting to self-harm. It is imperative that appropriate support, care and mental health services are promptly provided to individuals grappling with mental health issues.

In addition to improvements in healthcare provision, we believe many of these issues could be reduced through better engagement between the Home Office DET team and detained people, provided they receive stronger support from remotely based caseworkers. In our view, the DET team often acts simply as the messenger in the process, which can understandably lead to frustration for all involved.

3.3.8 There are many people detained at Heathrow IRC who have been identified as adults at risk (AAR) Level 3 and who have been in the detention centre for more than 80 days. These individuals should be released from HW IRC as soon possible.

3.3.9 We still believe that people with severe mental health problems should not be detained in the CSU for extended periods of time. Detained individuals with severe mental health issues should be treated in a mental health setting external to the Heathrow detention centre.

3.3.10 The increased number of TSFNOs detained at Heathrow IRCs has led to a change in the demographic's population, as noted in our previous report. This continues to lead to increasing levels of assaults, verbal abuse and racial abuse from detained people. In the Board's view, it is important that a violence reduction strategy is put in place to help protect everyone in the detention centre.

3.3.11 In the Board's view, the Home Office should improve the timescales for those who wish to return to their home country voluntarily. Delays to voluntary returns can acerbate anxiety and worsen the mental health of detained people. It is important to

mandate faster processing of voluntary return cases, where there are no barriers to removal exist.

3.3.12 We believe that the Home Office should improve communication with HMPPS to ensure that all the necessary immigration paperwork is correct and complete prior to a detained individual's arrival in immigration detention. This will help prevent any delays for their return and reduce the amount of time spent in Heathrow IRC. TSFNOs who wish to return voluntarily to their home country have experienced many delays because the wrong paperwork has been submitted or has been lost, or there have been delays in securing travel documents (ETD) and decisions relating to further criminal charges and missed flights. In the Board's view, TSFNOs should only be transferred to the Heathrow detention centre when there are no barriers to removal, to help ensure a swift and seamless return to home countries. Priority should be given to cases where detained individuals have no barriers to removal and are willing to return voluntarily.

A monitoring system should be introduced to flag cases approaching prolonged detention periods, ensuring a timely escalation and review of the case.

There should be increased investment in bail accommodation pathways for TSFNO to help reduce excessive waits for suitable placements.

In addition, collaborative work with the probation and accommodation teams should be improved to reduce a 3-4 month delay in securing bail and accommodation for TSFNOs.

3.3.13 In the Board's view, the Home Office should strive to strengthen communication between all teams operating within the immigration estate, including the Probation Team, DET and the courts. Improved coordination will support accurate and timely decision-making, helping to ensure that detained people are not subject to unnecessary delays in receiving release directions, removal decisions or appropriate accommodation.

TO HOME OFFICE IMMIGRATION ENFORCEMENT AND THE DIRECTOR/ CENTRE MANAGER

3.3.14 In the Board's view, the infrastructure at the Heathrow IRC still needs crucial investment, including heating, ventilation, electrical infrastructure and IT infrastructure in Harmondsworth and Colnbrook. It is very important to improve the living conditions of detained people. We urge the Minister to fund improvement to the Heathrow IRC estate.

An independent structural and systems audit of both sites should be commissioned, focusing on recurring failures in power, water, gas and communications, and a timetable for remedial works needs to be published.

We recommend ensuring that future refurbishment plans include trauma-informed design principles, improved accessibility and environments that support wellbeing, privacy and dignity.

In addition, there should be an allocation of ring-fenced funding for urgent infrastructure resilience needs, including back-up systems to prevent repeated service outages that compromise safety and humane treatment.

It is important to ensure internal tracking of detained people approaching long detention periods to make sure that any escalation is timely to the Home Office.

TO THE DIRECTOR/CENTRE MANAGER

3.3.15 As noted in our previous report, the IMB continues to support the broader use of the Colnbrook care suite for short-term respite, particularly for detained people with deteriorating mental health conditions. We also urge the contractor to replicate the Colnbrook care suite facility in Harmondsworth.

3.3.16 It is our view that improvements need to be made to the security of the Heathrow estate. We believe the contractor should work to reduce the number of throwovers and reduce the number of illicit drugs that enter Heathrow IRC. Addressing this issue should involve implementing stricter security protocol or enhancing surveillance and inspection procedures. The contractor should record the number of illicit drugs that enter the centre correctly, i.e. weighed, counted and documented. It should be made clear what happens to these illicit items when confiscated.

3.3.17 Ventilation systems within the Heathrow IRC still need a thorough overhaul, as some wings continue to be extremely hot or cold. There appears to be little that can be done to regulate the temperature. This has a negative impact on detained people, as these conditions can disrupt their sleep patterns.

3.3.18 From the Board's observations, the food menu needs to improve, as there is limited choice and very little variety, especially of healthy, fresh options. The centres should work with the catering team to ensure detained people receive clear information about portion standards and menu planning to help reduce food anxiety and unnecessary complaints.

3.3.19 Food-related complaints should be monitored to identify trends and address operational issues promptly.

3.3.20 We recommend strengthening efforts to actively promote educational opportunities, including targeting outreach to detained people who may benefit with certified courses.

3.3.21 There should be a continued expansion of stress-reducing and wellbeing activities, especially for those with mental health or behavioural vulnerability.

TO THE HEALTHCARE PROVIDER

3.3.22 The Board continued to find that feedback from the healthcare team to the weekly questions and concerns set out in the IMB monitoring report was often not provided in a timely manner, and we would, again, encourage this to be improved.

3.3.23 Wait times for Rule 35 assessments vary and, in some cases, the wait time for an assessment is more than 21 days. Again, we believe this should be improved, given the increasing number of people in detention who are considered adults at risk. In addition it is important to provide targeted mental health support for individuals detained for long periods, especially those who have been held for more than 200 days.

3.3.24 The number of people experiencing mental health issues is increasing at Heathrow IRC. We believe it is important that external mental health beds in the community are made available to detained people who present with a severe mental condition and cannot be safely managed within Heathrow IRC. There needs to be improved coordination to ensure timely escorts for hospital appointments and reduce cancellations that heighten the distress of those who have been detained.

Communication with detained individuals should be improved so they are kept informed about the status of their medical referrals and the expected waiting times for appointments.

Internal coordination should be improved to ensure escorts are available for urgent and non-urgent hospital appointments. There is also a need to improve escort planning in order to minimise missed hospital appointments.

Evidence sections 4 – 7

4. Safety

Overall, the Board notes that the arrivals and induction processes remain largely unchanged from the previous reporting period. The systems in place continue to provide a structured and robust framework for identifying needs, safeguarding vulnerable individuals, and ensuring that detained people receive essential information at an early stage. While some operational challenges persist, the core processes for reception, screening and induction remain sound and consistently applied.

4.1.1 On arrival at the centre, detained people are assessed by both the contractor and the healthcare provider. Details of the healthcare screening process are set out in section 6.

4.1.2 The approach to supporting and managing individuals at risk of self-harm or suicide is governed by Detention Services Order (DSO) 6/2008, assessment, care in detention and teamwork (ACDT). Those identified as being at risk have individual ACDT care plans, which require regular recording of their wellbeing, care and supervision. Anyone on an open ACDT, or previously assessed as an adult at risk (AAR) Level 3, is seen by a safer community officer on, or shortly after, arrival.

4.1.3 While the Board has raised concerns about the consistency of some screening practices, particularly in relation to mental health, procedures do exist to identify needs and implement vulnerable adult care plans (VACP) where appropriate. The updated ACDT DSO, introduced in August 2022, strengthened care requirements, including the need for ACDT case coordinators to be on site at all times. The contractor appeared well prepared for these changes.

4.1.4 Reception staff, like other officers with decision-making responsibilities, are trained to Level 3 safeguarding, enabling them to identify issues requiring further attention. With sufficient time allocated for each reception interview, reasonably accurate assessments should be achievable at this early stage.

4.1.5 Although often referred to collectively as ‘induction’, two parallel processes operate: the contractor’s induction, which covers daily life and available services within the centre, and the Home Office induction, which explains how detained people can obtain information about the progress of their immigration case.

4.1.6 On arrival, individuals receive a multilingual leaflet produced by the contractor, also available in the welfare office and in corridors between wings. It provides essential information about centre life, including practical matters (food, healthcare, bedding), legal processes (contacting caseworkers, applying for bail), activities (education, Open University courses, nationality meetings), and welfare support (LGBTQ+ services, disability assistance, translation help). The Board welcomed the promotion of available facilities and competitions. Shops on both sides have expanded their food ranges, including more fresh items such as onions, lemons and lettuce, enabling individuals to supplement their diet with familiar ingredients.

4.1.7 The Home Office induction, delivered by the DET, explains how detained people can contact their engagement officer (EO) and obtain updates on their immigration case. Individuals receive a card with their EO’s details, a five-page document outlining the immigration bail process and a leaflet describing services provided by Legal Aid,

Migrant Help, Bail for Immigration Detainees, Detention Action and JRS. Although DET's visibility and availability improved over the year, the Board continued to encounter cases where individuals had not been properly engaged. Detained people also continued to experience difficulties contacting probation teams.

4.2 Suicide and self-harm, deaths in custody

4.2.1 There were no incidents of death by suicide in custody at the centre in 2024.

4.2.2 A total of 535 ACDT (assessment, care in detention and teamwork) care plans were opened throughout the year for those identified to be at risk of suicide or self-harm, down from 576 in 2023. This was indicative of the increase in the total numbers of people detained. A further 54 people arrived at the centre with an ACDT already in place.

4.2.3 There were 246 acts of self-harm during 2024. A total of 235 resulted in medical attention on site or in hospital, up from 180 in 2023. Of these, 50 involved the use of improvised ligatures. Most detailed people cited frustration, either with their immigration case or at not being released, as the primary reason for their action.

Case studies 2

- This detained person attempted suicide and continued to self-harm. They were transferred to the CSU, as they required a greater level of support, and were placed on constant watch.
- This person jumped off one of the floors. The incident was witnessed by every resident in the vicinity. They were taken to hospital with serious injuries. Contact details of their next of kin were obtained by DET and uploaded to ATLAS (the Home Office's digital system for handling immigration, asylum, visa and enforcement cases). No team took responsibility for contacting the next of kin.

4.3 Violence and violence reduction

4.3.1 A total of 210 incidents of violence between detained people were recorded, of which six were classed as serious. The number of overall incidents rose from 131 in 2023, representing a notable increase year on year. However, the number of serious incidents has decreased from eight in 2023 to six in 2024. In 2024, there were more incidents of violence in HW IRC than in 2023. A total of 210 incidents of violence between detained people were recorded, of which six were classed as serious, up from 131 and 8 in 2023, representing a notable increase year on year; the six classed as serious all required hospital treatment. Assaults on staff also significantly increased, at 114, of which seven were classed as serious enough for hospital care. This compares with 54 assaults on staff in 2023, of which five were serious.

4.3.2 We continue to observe that staff still work hard to minimise violent incidents through a variety of techniques, the most obvious being listening and talking calmly to detained people. A process of de-escalation through effective communication skills (when the detained person is agitated and threatening harm to themselves or others) has, again, been observed on numerous occasions to be a powerful and successful tool. Mediation and restorative justice are tools used frequently and successfully. The violence reduction and safer community teams have focused on making improvements through a multi-agency approach. This is being achieved through:

- Early intervention to identify at-risk individuals and provide support to prevent violence and exploitation.
- Community engagement, to build trust and work with communities to address local issues in the IRC.
- Partnership working with the healthcare and education departments and other agencies to share expertise and resources.

4.3.3 As with last year's report, the contractor's violence reduction policy was put in place in 2015 and is now reviewed annually by the designated senior manager and the safer communities' manager, with the safer community meeting taking place monthly. The policy was reviewed and is supported by the centre's anti-bullying strategy.

4.3.4 Verbal and written applications to the IMB from detained people about staff behaviour, including bullying, represented 12.55% (4.4% in 2023) of total complaints made throughout the year. Again, as with last year, overall, they related to incidents where detained people were not happy with the rules that were being explained to them or the way these rules were communicated; the rise is something the IMB needs to monitor closely.

4.3.5 Detained people are also able to raise official complaints, including those relating to bullying by staff, through a Home Office DCF9 form. There were 371 DCF9 forms submitted during 2024, compared with 242 in 2023. Of these, 40 were partly substantiated and 20 substantiated.

There were 120 local resolution complaints: 10 were partly substantiated, 13 substantiated, 93 unsubstantiated and four were withdrawn. There was no record of instances where a staff member assaulted a detained person.

4.3.6 A reportable incident is defined by the Home Office and relates to incidents about which the contractor is contractually obliged to inform the Home Office and other agencies (including the IMB). Examples of incident reports (IRs) include cases of self-harm, emergency hospital transfers, food protests and unlocked doors. There were 4599 IRs in 2024, compared with 2968 in 2023.

4.3.7 Security information reports (SIRs) relate to the general security and safety of the centre. They may be an official incident but could also be an observation, feeling or anything that a person feels the contractor needs to be aware of. In that respect, they provide a useful sense check of the centre's environment. There were 977 SIRs raised in 2024 compared with 1185 in 2023, a reduction of 17.5%.

The IMB is aware that all staff now wear body worn video cameras. The number of times these were activated was not recorded in 2024 but will be known in 2025.

4.4 Detained people with specific vulnerabilities, safeguarding

The ACDT process is a care-planning and risk-management framework designed to reduce stress and mitigate risks to life and wellbeing. It ensures that staff remain alert to indicators of suicide or self-harm, with the aim of reducing harm, distress and the escalation of crises.

Detained people often suffer from high levels of stress and anxiety, which can trigger self-harm and suicide. There were 535 ACDTs opened across the Heathrow estate during 2024. The IMB has witnessed the stress that detained individuals experience. All staff have to complete mandatory ACDT training so that they can recognise risks, open

an ACDT and respond appropriately. The IMB finds that the ACDT process is carried out well.

4.4.1 HW IRC has provision for those with mental health problems, although the recruitment of mental health nurses has continued to be particularly challenging for the healthcare Provider throughout the year. Through the healthcare provider, there is access to psychiatric evaluation and specialist nurses. However, we continue to maintain, as in the past six years, that detention is inappropriate for people with significant mental health issues unless there is a real prospect of imminent removal to a country where mental health support is available.

4.4.2 As highlighted in our previous report, despite the introduction of Home Office guidance and the best efforts of officers who are not specially trained to meet the needs of detained people with severe mental health issues, we remain concerned that individuals who are mentally unfit for detention continue to be held, with some detained for prolonged periods. We do not believe that HW IRC is able to take responsibility for those who are mentally or physically unfit for detention.

4.4.3 The care suite in Colnbrook is managed by the contractor, not by the healthcare provider. It is an important facility for vulnerable people in detention and is intended to be used in crisis situations when a detained person is having difficulty coping. The decision to offer a detained person time in the care suite is taken by the duty shift manager in consultation with the duty director. In 2024, it was used to house 21 detained people on ACDT plans. Examples of trigger situations for an ACDT include family bereavement, depression, self-harm and anxiety.

4.4.4 The Board appreciates that the care suite is not intended to house detained people with mental health issues; it is there to support people in crisis. However, the positive impact of the facility on behaviour and ongoing challenges relating to the detention of men and women with mental health issues is such that we would support its more flexible use in a broader range of situations. The Board notes that there is no care suite facility in Harmondsworth. The HW IRC has identified a number of adults at risk who had been in the detention centre for more than 80 days.

Adults at risk (AAR)	
Level 2 1333	Level 3 115

4.4.5 The approach to ensuring that particularly vulnerable people in detention are brought to the attention of those with direct responsibility for authorising, maintaining and reviewing detention is set out under Detention Centre Rule 35.

Many people detained in HW IRC present a case for Rule 35; specifically, that a) their health could be significantly affected by continued detention; b) a suspicion that they have suicidal tendencies; or c) a concern that they may have been a victim of torture.

In 2023, there were 2531 Rule 35 applications in HW IRC. In 2024, 2275 were added to the R35 waiting list. A total of 1319 Rule 35 assessment outcomes were sent to the Home Office in 2024.

Rule 35 assessment outcomes sent to the Home Office in 2024:

Assessment type	Main category	Total
Rule 35 (i)s	(i) detained person whose health is likely to be injuriously affected by continued detention.	17
Rule 35(ii)s	(ii) detained individuals who has suicidal intentions	19
Rule 35(iii)s	(iii) detained people who may have been a victim of torture	1283

4.4.6 In 2024, the centre looked after 162 detained people with physical disabilities, and 82 detained individuals had person emergency evacuation plans (PEEPS) put in place.

There were 105 detained people Colnbrook who had vulnerable adult care plans (VACPs) and 123 in Harmondsworth.

4.5 Use of force

4.5.1 The term ‘use of force’ describes an incident requiring the Contractor’s staff to physically assist a detained person: this ranges from using a guiding hold to accompany a detained person, to handcuffs or body restraints to control movement.

Use of force was required 327 times in 2024, up significantly from 281 in 2023 (handcuffs were used 134 times, compared with 71 times in 2023) and guiding holds/pushes to create space were used 217 times. The Board is concerned about the trend for increased use of force.

Case study 3

- A detained individual arrived in the UK and was taken into custody while in transit. The person was suffering from serve dehydration, due to an underlying medical condition. They were transferred to a hospital and kept handcuffed to the bed for seven days, as it was felt that he might abscond. This was an unnecessary use of force used on a detained person who was really unwell.

We can report that, like last year, instances in 2024 were almost entirely in line with their representation as a percentage of the centre’s population.

4.5.2 The command suite was opened 12 times in 2024 (down from 26 in the previous year). Of these, the majority were, as in previous years, related to incidents at height, concerted indiscipline or external protests. IMB members are always alerted when the command suite is opened and attend in line with the Board’s incident management monitoring contingency plan. As per last year, our observations of the incidents we observed were that they were well managed.

4.5.3 The disproportionate size of the Albanian population at the IRC (at times representing more than 50%) led to some tensions among the broader population, which resulted in safety incidents. Examples continued to include concerted acts of ill-discipline (repeated damage to property such as washers/driers), courtyard protests about food and DET engagement and concerns about the lack of availability of literature in Albanian.

4.6 Substance misuse

4.6.1 There were 100 drug finds in the centre in 2024, slightly down from 104 in the previous year. Our working assumption continues to remain that drugs (specifically spice, although cannabis and cocaine have also been found) still make their way into the centre. It remains a serious issue that we will continue to monitor.

4.6.2 Drug-detection dogs were used throughout the centre on a regular basis, with three visits each in 2023 and 2022). In 2024, there were a total of 390 searches using drug-detection dogs, with multiple findings, mainly tobacco and illicit substances such as cannabis. From our observations, efforts are still being made to prevent drugs entering the centre, and training sessions are held regularly for staff to bring new hiding places to light, helping officers more easily spot instances of concealment. Investing in enhanced security measures at Heathrow detention centre is essential to ensure the safety of both detained people and staff. The presence of illicit drugs and contraband items within the facility has a detrimental impact on its overall environment and operations. Strengthening security protocols will help mitigate these risks and promote a safer setting. A total of 1594 staff searches were carried out in 2024.

4.6.3 There has been a significant number of incidents involving throwovers from outside the centre. In 2024, 78 were recorded, which is alarming, compared with 44 in the previous year The items included drugs, vapes, phones, tobacco, cannabis, spice, cocaine and rizla lighters, while vodka were also discovered.

There was an incident in which a tennis ball, wrapped in clingfilm and duct tape, was found outside the perimeter fence. The ball was unusually heavy and was found to contain a significant quantity of cannabis. In addition, vapes containing illicit substances have been retrieved from the netting.

In the Board’s view, overall, improvements are needed to strengthen security across the Heathrow estate. The contractor should work to reduce the number of throwovers and to minimise the entry of illicit drugs and mobile phones into the HW IRC. Addressing this issue should involve implementing stricter security protocols and/or enhancing surveillance and inspection procedures. The contractor should also ensure that all contraband is properly recorded and documented, including accurate weighing, counting and logging. Currently, items are confiscated, bagged and labelled, but it is unclear to the IMB what subsequently happens to these illicit products.

5. Fair and humane treatment

5.1 Escort, transfer and transport

5.1.1 C&C Centre staff continue to handle escort arrangements for routine external appointments, including hospital visits. Movements of detained people from Heathrow IRC to other removal centres are arranged by the Home Office's detainee population management unit and carried out by Mitie Escorting Services using ES vehicles.

5.1.2 As noted previously, the IMB Charter Flight monitoring team (CFMT) oversees the treatment and conditions of people being removed from the UK on charter flights. Their involvement starts when an individual is handed over to overseas escorts inside the IRC and ends when they are transferred to officials in the receiving country. The CFMT produces its own report, which covers escorting arrangements, transfers, and transport conditions.

5.2 Accommodation, clothing, food

5.2.1 The accommodation is in line with a category B prison standard, with laundry facilities in each unit for washing clothes and bedding. The centres provide each detained person with towels, pillows and other bedding.

The facilities require significant upgrades, and the living conditions must be improved for those detained at Heathrow IRC. In the Board's view, there needs to be an improvement in the conditions on the site. This includes heating, ventilation, the electrical and IT infrastructure, and the replacement of core lifts in Harmondsworth. The ventilation system within the Heathrow IRC, in particular, needs a thorough overhaul, as many wings are extremely hot or extremely cold, and there appears to be little that can be done currently to regulate the temperature.

Work has started on renovating the Harmondsworth residential units and there are plans to upgrade the arrivals centre at Harmondsworth. The works on Dove unit have been completed, although only a limited number of rooms now have toilet facilities, and some rooms continue to accommodate e three detained people.

5.2.2 There is very limited recreational space for relaxing or mixing with others in some of the units, other than within the individuals' bedrooms. Work has started to renovate some of the Harmondsworth residential units there are plans to upgrade the arrival centre at Harmondsworth. Dove unit was expanded by an additional 59 beds, and the same increase was made in Cedar Unit. The refurbishment of Dove was completed in February 2024, bringing its capacity to 186 beds; prior to this work, the unit accommodated 146 beds.

The Board considers that there should be substantial investment into the living conditions of people in detention.

5.2.3 Cleanliness continues to be inconsistent across the HW IRC. Some wings have insufficient number detained people employed as cleaners, which has resulted in noticeably higher levels of uncleanliness. Lock-up is in the middle of the day in most units to allow time for cleaning; some units are cleaned well, while others are maintained to a very poor standard. This is particularly the case in Cedar and Dove, although these units do not lock up during the afternoon.

There have been many complaints about the toilet and shower facilities, sometimes there is a lack of hot water. Many of those detained struggle with the lack of ventilation

in these units, especially in the summer when it gets very hot. In August, the IMB received 23 applications (prisoners' written submissions) related specifically to poor ventilation.

5.2.4 Damage to washing machines and tumble dryers continue to remain a frequent issue, with machines remaining unfixed for periods of time. Due to insufficient laundry facilities in certain areas of the detention centre, detained people are sometimes required to access other units to wash their clothing when unit facilities are out of service. In addition, clothing is frequently observed hanging over wing railings to dry, indicating a lack of adequate drying provisions. Repairs often take a long time.

5.2.5 The nature of shower provision varies depending on the accommodation type. However, persistent problems with both showers and toilets continue across the site. Blockages, bad smells from the drains, and a high number of out-of-order toilets are common, particularly in Fir and Dove units. These issues have continued into 2024, with additional concerns about poor water pressure and showers not working, especially in Fir unit and several units in Colnbrook. These problems are a frequent feature of applications to the IMB. The Board has been informed by the contractor that Gorse unit is scheduled for refurbishment, and that improvement works to the showers and toilets have been carried out in Cedar unit.

5.2.6 Detained people continue to have access to their own clothing, which is kept in the secure property area. Anyone arriving in detention without property is offered a destitute clothing pack. This contains an assortment of clothes, including underwear, tracksuit bottoms, a t-shirt, a warmer top and shoes/flip-flops.

5.2.7 There have been many complaints about the food at both Colnbrook and Harmondsworth. The Board recognises the difficulties encountered in catering for a diverse population of detained people on a limited budget of £3.45 per head, but we remain concerned about the impact that the limited variety, quantity and quality of the food may have on the physical and mental wellbeing of those detained. Detained people consistently request more fresh vegetables and the option to have salad with most evening meals. For those held in the centres for any length of time, the menu becomes highly repetitive and is not particularly healthy. A review of the food provision is needed to ensure greater variety, healthier options, and menus that better reflect the cultural norms of the current population.

5.2.8 The Board continues to regularly taste the meals served. The food is generally bland and often not appetising. Complaints frequently relate to insufficient portions, a lack of fresh vegetables, fruit and vegetarian options, and a reliance on frozen produce. There are also persistent concerns about the lack of variety, especially at lunchtimes, where the same menu is often repeated daily, with fried chips and rice offered as a regular staple. We understand that there were plans to improve the menu with some significant changes.

5.2.9 As noted in our previous report, some detained people continue to receive meals that do not meet their stated religious dietary requirements. Although individuals clearly indicate their preferred menu options, these choices are sometimes not honoured at the point of collection. This causes understandable frustration and, in some cases, results in individuals leaving the servery without any food. A small number have become verbally aggressive when refused an alternative meal option.

Case studies 4

- One detained person expressed distress regarding portion sizes and subsequently climbed onto the second-floor railings. They were relocated to the CSU, where they disclosed an intention to self-harm. An ACDT was opened in response.
- In August, around 40 detained individuals at Colnbrook refused to lock up in a passive protest linked to concerns about Home Office and DET processes, as well as ongoing food-related issues.

These incidents highlight how unresolved food-related concerns can exacerbate stress and act as triggers for deteriorating mental health among an already vulnerable detained population**.**

In an effort to address some of these issues, a new breakfast and daytime menu has since been introduced.

5.2.10 Detained people can purchase additional food items from the centre shops. This includes snacks and sweets, soft drinks, pot noodles and condiments. The choice on offer could be improved. There is a limited amount of fresh food, but the supply is not always consistent. The fresh products run out very quickly.

From the Board's observations, there have been many issues at the shop, including a poor queuing system, resulting in altercations and rude abusive behaviour from detained people, which creates an intimidating atmosphere.

5.2.11 In the Board's view, there is still a need to improve the security at the shop, as this has been an area where aggressive incidents arise, and where staff, as well as detained people, have been assaulted. IMB members have witnessed detained people acting in a very aggressive manner and being rude to staff. More staff are required to ensure that there is orderly behaviour at the shop. The shop is often a flash point for aggressive behaviour. The shop area would benefit from a refurbishment to improve the safety of those who use it or work in that area.

5.2.12 During 2024, there were numerous issues with heating and ventilation. Some units are very cold while, during the summer, others became unbearably hot due to poor ventilation and windows that do not open These had a negative impact on people in detention, which contributed to increased anxiety and disrupted sleep patterns. By the end of 2024, there appeared to have been very little progress on resolving these issues.

There were a number of power outages, but there were also failures in the water supply, repeated service interruptions and a loss of IT communication. A burst pipe in the Dove house plant room caused leaks on levels 2 and 3 and disrupted hot water in Harmondsworth on 3 October 2024.

These incidents underline the urgent need for significant refurbishment of Heathrow IRC's core infrastructure. We urge the Home Office to commit to a comprehensive programme of works to improve living conditions across the estate.

5.3 Separation

5.3.1 Rules 40 and 42 of Detention Services Order 02/2017 of the Detention Centre Rules ('the Rules') allow removal from association to the care and separation unit

(CSU) if an individual's behaviour is considered to be a threat to the safety and wellbeing of themselves or others.

5.3.2 The Rules contain mandatory instructions and specify, amongst other things, that the use of Rule 40 and 42 to segregate a detained person, placing them into separate accommodation (the CSU), must be necessary; used as a measure of last resort; justified and proportionate to the risk presented; for the minimum time necessary in all circumstances; and that detained individuals should be supported to move back into normal association as soon as possible.

5.3.3 The Detention Centre Rules also make it clear that particular care is needed to ensure that Rules 40 and 42 are used for the shortest time possible and only as a last resort for individuals presenting with mental health problems.

5.3.4 In 2024, Rule 40 was implemented 674 times across both sites, while Rule 42 was used eight times. On a number of occasions, detained people were removed to the CSU using physical force.

5.3.5 As was reported in previous reports, the Board is informed promptly when a detained person is moved to the CSU. All those held in segregation are prioritised for a visit by Board members when we are in the centre. However, during the course of 2024, and as was detailed in the Board's previous annual reports, there were a number of instances of the CSU being used for reasons which it was difficult to determine as falling within a legitimate application of the Rules.

5.3.6 These instances included removal from association of detained people who have mental health reasons; and people who exhibited mental health issues for which the centre determined that the CSU was the only viable option available. In such categories there were a number of instances where detention in CSU was in excess of several months. The Board strongly questions both the legitimacy and legality of initially placing detained people in the CSU for a prolonged time. There must be alternative pathways to resolve these issues, especially for detained people who have severe mental health problems.

5.3.7 As per our previous reports, the Board, again, argues that the Home Office needs to consider different ways of dealing with detained people who, for physical or mental reasons, feel incapable of sharing a room and/or display severe mental health issues more generally. The Home Office should not be using the CSU as a holding unit for detained people who resist a request to share or simply become difficult to deal with as a result of their mental health issues.

5.3.8 There continues to be both an increase in those placed in detention in IRCs suffering from severe mental health issues and in the time it has taken in such situations for those individuals to be transferred to more appropriate settings.

5.3.9 In several instances no such transfer ever occurred to a detained person, despite being requested. The Home Office concluded that detention of a detained individual was, in fact, inappropriate because of their mental health issues, having already detained the individual for many months in isolated confinement in the CSU. The Home Office eventually proceeded to release the individual with limited follow-on support. This is deeply concerning to the Board, because this detained person was being released into the community with very little mental health support.

5.3.10 The Board recognises the wider resource pressures within the immigration system but considers this a reason for the Home Office to review its policy on detaining this category of individual. The Board also expects the Home Office to ensure that appropriate assessments are carried out when separation units are used in response to behavioural or welfare concerns.

5.3.11 Under Rule 40(9), any detained person held in the separation unit must be visited daily by the manager, the medical practitioner and, in contracted-out centres, an officer of the Secretary of State, for as long as they remain removed from association.

5.3.12 It has become routine for the Board to encounter individuals who have remained in the separation unit beyond the 14-day maximum period set out in Rule 40(4).

5.3.13 The Board acknowledges the difficulties posed by non-communicative individuals when assessing their condition and suitability for accommodation. However, in cases involving continued confinement in the CSU, a lack of communication alone should not justify extending removal from association beyond the maximum period permitted under Rule 40(4).

5.3.14 There have been several cases where the Home Office decided to release individuals who had already spent months in the CSU, yet they remained detained because they were non-communicative. These cases highlight significant weaknesses in the Home Office's decision-making processes and the way removal-from-association rules are applied. This issue has continued into 2024.

5.3.15 The Board remains seriously concerned about the handling of Rule 35 processes and the Home Office's accountability for their timely completion. Some Rule 35 deadlines were missed, and a persistent backlog has developed as the detained population has increased.

5.4 Staff and detained individuals' relationships

5.4.1 Our observation is that the relationship between staff and detained people continues to be generally good. Some Staff go above and beyond their duties, engaging with detained people in a respectful manner and listening to their issues. Staff are often caught in the middle, dealing with the frustrations of the detained people and lack of engagement from DET, Probation team and Home Office.

5.4.2 There have been a number of assaults towards staff, taking the form of verbal abuse, racial abuse, physical abuse, aggressive abuse and sexual abuse. In 2024, there were 114 assaults on staff by detained people, with 12 considered serious and seven requiring hospital treatment.

5.4.3 There have been several altercations between detained people. There were 297 assaults, of which six were classed as serious. There were two incidences of staff assaulting detained people.

The recent increase in altercations with detained people appears to be linked to changes in the demographic composition of the IRC. The current population is unbalanced, with foreign national offenders (FNOs) accounting for over 50% of the total population between April and September. The IRC is not designed to manage challenging behaviour effectively. It is recommended that discussions take place with the Home Office regarding the timely removal of disruptive detained individuals.

5.4.4 The staff is very diverse and speak numerous languages, and detained people take pride in finding a colleague who can speak the language or dialect of a detained person and hence can give more support. This is much appreciated from detained individuals and management alike. When conversations are carried out in the individual's own language, it eliminates some miscommunication and understanding, detained people calm down more quickly in tense situations when spoken to in their language of choice.

There remains a clear need for a portable and accessible translation system within the immigration centre. The provision of modern devices, such as tablets or smartphones equipped with user-friendly translation applications would significantly enhance communication support. This is particularly important for detained people who are bedridden or located in areas such as the inpatient unit, where access to existing services like The Big Word, which operates via a static phone, may be impractical or unavailable.

5.4.5 In 2024, detained individuals at times continued to experience reduced engagement with the detention engagement team (DET), the Probation Service and the Home Office. Many detained people raised concerns and submitted applications regarding the lack of meaningful contact. In August, passive protests occurred at Colnbrook and Harmondsworth, where around 40 Albanian nationals refused to return to their rooms due to insufficient communication with the Home Office and DET. Improving contact with the DET and Probation Service officers would help reduce this feeling of lack of engagement and contact.

5.4.6 Another significant concern has been the numerous requests for voluntary returns under the facilitated return scheme. Several detained individuals wishing to return to their home countries have faced considerable delays, resulting in high levels of frustration. Time-served foreign national offenders seeking voluntary return have experienced repeated setbacks due to incorrect paperwork being submitted, documents being lost, delays in obtaining emergency travel documents (ETDs), decisions pending on further criminal charges and missed flights.

5.4.7 Detained people have filled in FRS forms in prison prior to arriving at Heathrow IRC and there is a still a 3-4 month wait in the IRC before they are returned to their home country.

Time-served foreign national offenders should only be transferred to the Heathrow detention centre if there are no barriers to return to enable a swift and seamless return to home countries.

Case study 5

- In February, a peaceful protest took place involving 23 detained people, who refused to return to their units or lock up, in response to ongoing delays in being returned to their home countries.

5.4.8 There is a need for the Home Office to improve the timeline for those who wish to return to their home countries voluntarily. Delays to voluntary returns can acerbate anxiety and mental health issues of detained people.

5.4.9 There are notable delays following the approval of release on bail due to the requirement for probation to assess the proposed accommodation. These delays can create unnecessary frustration and anxiety for the detained people affected and appear

inconsistent with the principle of avoiding detention where it is not strictly necessary. A review of the current probation-checking process would be beneficial, including consideration of whether the conditions applied when granting bail need to be strengthened to prevent avoidable delays.

5.4.10 The Board is concerned with the level of communication regarding case progression and particularly delays regarding the provision approved accommodation. There were frequent approaches to the IMB Board regarding the delays experienced by detained individuals who had been granted bail and remained in detention for weeks and months awaiting decisions on accommodation. This does have a negative impact on an individual's mental health. There have been incidences of detained people being released without a fixed abode. During 2024 records show that 73 detained people were released with NFA. These issues are flagged repeatedly in our rota visit reports and Monthly Reports throughout the year.

5.5 Equality and diversity

5.5.1 HIRC has a number of diversity initiatives referencing protected characteristics, which are well documented and regularly shared with detained people.

5.5.2 Physically disabled detained people can be, and are, accommodated within the centre. Both sites have specialist disabled rooms, which are larger than standard and have a wet room area within. Most stairwells have signage to remind detained people who struggle with mobility to ask for help. Both sites have lifts (only accessible if accompanied by a staff member with a pass) to enable access to different regimes on different floors for those with mobility issues.

5.5.3 In 2024, 162 detained people with physical disabilities, compared with 116 in 2023, were recorded as having a disability. Disabilities are identified through a variety of means such as interviews with the resident, medical screening on arrival, previous history, medical notes and movement orders. Every resident who requires a care plan for disability undergoes an individual assessment and has an individual personal emergency evacuation plan (PEEP). In 2024, 82 detained people had PEEPS. If they are a vulnerable adult, they will have a VAC plan (vulnerable adult care): in Colnbrook, 105 detained people had a VAC plan and 123 in Harmondsworth.

5.5.4 In 2024, the largest population by the year end was Albanian nationals with 23.8%; India nationals, 21.9%; Brazilian nationals, 9.3%; Romanian nationals, 5.4%; and Polish nationals, 4.2%.

5.5.5 Information throughout the centre is available in a wide range of languages. In addition to officers speaking to detained people in their own language or dialect (see 5.4.4), The Big Word (phone interpreter service) is also available.

5.6 Faith and religious affairs

5.6.1 A very wide range of religious activities and support is available in HW IRC. All main faiths are catered for, including Christians, Hindus, Buddhists, Muslims and Sikhs. Detained people of Rastafarian and Jewish faith receive religious support if required, although they do not have a dedicated place of worship.

5.6.2 All religious functions for Christians, Sikhs, Hindus, Buddhists and Muslims are celebrated in the same way in Colnbrook and Harmondsworth. The Board feels that religious facilities continued to be available to all worshippers of different faiths and

were managed in a respectful and orderly manner. The pastoral care teams, made up of, and including, the priest and imam, reached out to detained people on a personal basis by walking round the units.

5.6.3 The centre contains a Christian chapel, a number of Muslim prayer halls, a Sikh Gurdwara, an Orthodox Chapel and a Buddhist Place of worship. There is a plentiful supply of Bibles, Qurans and other religious texts and materials. Overall, the Board observed that that the places of worship within HW IRC are well maintained and religious needs are being very well met.

5.7 Complaints

5.7.1 Complaints regarding healthcare must follow the procedure of Practice Plus Group, the manager of the NHS-commissioned service at Heathrow IRC. Healthcare complaints include issues such as appointments with doctors (for example, delays, waiting times or cancellations), prescribing and medication issues (for example, changes, errors, delays or refusal to prescribe), delays in obtaining referrals and staff behaviour, attitudes and communication.

5.7.2 Detained people can raise a complaint with the Home Office by completing a DCF9 form and placing it in one of many well signposted yellow boxes. All boxes should have supplies of the forms in multiple languages. However, we have found on numerous occasions that the complaint forms are missing from the side of the box. Detained people can write in the language of their choice, and the complaint will be translated on receipt.

5.7.3 The Compliance team collects complaints from the boxes daily. They screen the complaints, log them locally and send these to the detention services complaints team who allocate these to the appropriate person or team. If upon screening the complaint it is perceived that there is an immediate risk to the safety of individuals (e.g. self-harm intent) or to the good order of the IRC (e.g. planned protest), the officer would immediately alert the contractor to take the appropriate action. The standard turnaround for responses is 20 working days. If the complaint is of a more serious nature e.g. serious misconduct, it can take up to 12 weeks as such allegations will always be referred to the Home Office Professional Standards Unit, in line with the DSO 02/2020 Commissioning of Investigations. The log used to record complaints will record the topic of the complaint itself, and the outcome of it (substantiated or otherwise). A copy of this is shared with the Board each month.

5.7.4 If detained people are unhappy with the response that they receive they can escalate the situation for an independent external review. This will now include the new Independent Examiner of Complaints, whose team is tasked with providing a case specific complaint and resolution service, available to those who have exhausted the relevant Home Office complaints process and remain dissatisfied with the outcome.

5.7.5 DSO 03/15 sets out that every effort should be made to respond to a complaint, even if the complainant has moved to a different centre, left the removal estate, or has been removed from the UK. Where no forwarding address or contact details for the complainant are contained in records accessible to the supplier or Detention and Escorting Services, the complaint response should be held on file in case of future contact.

5.7.6 Although the introduction of the new Independent Examiner of Complaints is to be welcomed, it is to be seen what impact this will have on a system which already has extremely long lead times.

5.7.7 Complaints against the contractor are grouped into themes, including minor misconduct, property lost/stolen, availability of service, physical environment, catering, and poor communication.

In 2024, there were 120 local resolution complaints

Number of complaints in 2024 relating to the contractor:

Unsubstantiated	93
Partly Substantiated	10
Substantiated	13
Withdrawn	4
Total	120

5.7.8 These concerns were also expressed in the applications received by the Board on monitoring visits. The top two subjects detained people wished to speak to the IMB about in 2024 were issues relating to detained people's immigration cases, including access to legal advice, followed by health, including physical, mental and social care. Accommodation issues, the use of force and removal from association, food and catering were also brought up frequently by detained individuals.

The data below has been provided and assured by UKVI's performance, data and systems team and is gathered from the complaints management system.

Information is from the complaints team manager, corporate operations and oversight team.

Harmondsworth IRC	Covering 2024					
Month	Cases received during the month	Cases closed during the month	Withdrawn	Unsubtantiated	Partially Substantiated	Substanstiated
Feb-24	17	13	0	12	1	0
Mar-24	12	16	1	12	3	0
Apr-24	8	8	1	7	0	0
May-24	18	16	0	15	1	0
Jun-24	12	10	0	9	0	1
Jul-24	17	19	1	17	0	1
Aug-24	18	19	0	14	1	4
Sep-24	7	10	0	6	0	4
Oct-24	11	9	0	7	0	2
Nov-24	11	10	0	8	1	1
Dec-24	21	14	1	14	0	0

Colnbrook	Covering 2024					
Month	Cases received during the month	Cases closed during the month	Withdrawn	Unsubtantiated	Partially Substantiated	Substanstiated
Feb-24	9	13	0	7	3	3
Mar-24	7	6	0	4	2	0
Apr-24	18	8	0	8	0	0
May-24	50	22	0	22	0	0
Jun-24	5	40	0	17	23	0
Jul-24	15	16	0	13	2	1
Aug-24	40	14	0	14	0	0
Sep-24	11	42	2	37	2	1
Oct-24	11	7	1	6	0	0
Nov-24	10	8	0	7	0	1
Dec-24	8	7	2	4	1	0

Total number of approaches to IMB during monitoring visits, 2024:

Approaches on monitoring visits in 2024	Approaches in CB	Approaches in HW	Total No of approaches across the Heathrow IRC
Use of force	132	55	187
Accommodation	13	45	58
Food	16	16	32
Health	94	191	285
Immigration	148	310	458

5.7.9 Complaints about healthcare services and provision are managed directly by Practice Plus Group. We are not privy to the details for reasons of patient confidentiality, although the healthcare provider shares the themes emerging and the numbers involved. Official complaints totalled 33 in 2024; whilst, as a Board, 285 of all concerns raised by detained people during 2024 related to healthcare issues.

The Board considers that this is an area which could benefit from greater arm's length investigation.

5.8 Property

5.8.1 All detained people's property is kept in locked storage facilities on site. Detained individuals are able to take clothing, toiletries and personal items to their rooms, where they have very limited storage space. All property is logged on entry to the centre, and although mistakes are sometimes made, overall, this process appears to work well.

5.8.2 People in detention are able to request items of their property from the store, as described above. These items often include important court documents. Those who have been in the centre for a long time often need to change their wardrobes as the seasons change, so need to go through their property to find warmer/cooler clothing.

5.8.3 There is a limit of 23kg of property that can accompany a detained person on their return flight. To this end, staff will only accept 23kg in the centre. This means that detained people are often faced with the difficult challenge of sorting through their property on arrival to determine what needs to stay with them and arrange for everything else to be collected/returned to family.

5.8.4 Property going missing can cause great anguish to a detained person. A recurring problem is property going missing between prison and HW IRC where the detained person arrives, but their property doesn't. Whilst in most cases the property is eventually found and returned, it seems to us an unnecessary stress for people to go through. In one case, some very important items of a detained person's property did not transfer with him from prison. The apparent lack of coordination between prisons and HW IRC regarding property is the source of some frustration.

Case study 6

- A detained person who was transferred from another location on 12 November arrived at the Heathrow IRC without any of his belongings. It was unclear if his property had travelled with him, as he had been told it was loaded into the van before departure. The missing items included his ID, personal accessories and clothes. They made an official complaint on the 27 November 2024.

Case study 7

- A tracked letter containing a £400 postal order was sent to a detained individual on 5 December. The detained person never had the opportunity to see the postal order, as it was lost or stolen. It was difficult for the individual to make a complaint because they were scheduled for removal direction on the 9 December, with the prospect of the issue being unresolved before departure.

5.8.5 All property received into the centre is scanned for the presence of drugs. There were 100 positive substance finds in 2024,

5.8.6 The Board receives complaints about property that was sent to the centre by family and friends going missing. It is very hard for the contractor to deal with these, as there is often little evidence of what was inside a parcel. Detained people are compensated when their complaint is upheld.

6. Health and wellbeing

6.1 Healthcare general

6.1.1 HW IRC has the largest and most comprehensive healthcare provision in the IDE. Healthcare delivery is jointly provided by Practice Plus Group (PPG), Barnet, Enfield & Haringey Mental Health Trust (BEH) and Forward Trust. BEH is responsible for psychiatrist and psychology provision whilst Forward Trust provides psychosocial interventions.

6.1.2 Services include GP clinics on both sites, seven-day coverage by mental health nurses and regular phlebotomy, optician, and sexual health clinics. Dentists visit twice a week. In addition, the Harmondsworth site has two six-bed inpatient wards alongside two isolation rooms.

The IMB considers the healthcare provision to be substantial and to meet the needs of the detained population.

6.1.3 All detained people are given a face-to-face health screening on arrival and receive a healthcare information pack. There is good access to information about healthcare provision throughout the centre, including information about how to book appointments on notice boards. Healthcare information is translated into 22 languages. Within the healthcare clinics themselves, information is translated into multiple languages alongside picture/visual notice boards.

6.1.4 Healthcare issues are regularly raised with the IMB by detained people: dissatisfaction with provision of medication, for example, or the time needed to obtain appointments, both in the centre and at hospitals; and that outpatient hospital appointments have been missed, usually because staff shortages have meant that officers are not available to escort detained people. A total of 36 complaints were received: 1 was partially upheld, six were not upheld and 29 had no outcome recorded to date.

6.1.5 The Board is updated on staff vacancies monthly and acknowledges the work of the Healthcare Provider in trying to recruit new team members. Nevertheless, staffing remains a key concern for the IMB throughout the year; at the end of the year there were 13 vacancies for nurses. Healthcare staffing overview recorded 29 vacancies. The year end staff vacancy was 38% compared with 53% in 2023.

The daily minimum staffing levels for 2024 was as follows:

- 3 nurses in Colnbrook and 3 nurses in Harmondsworth
- 1 pharmacy technician on each site
- 1 pharmacist covering both sites, Monday to Friday
- 3 band 7 nurses, Monday to Friday
- 2 mental health nurses working on rotation.
- 3 SMS staff, Monday to Friday
- 2 HCA in Harmondsworth and 1 HCA in Colnbrook

The IMB appreciates the pressures of recruiting into a high security environment. The security clearances required take time and can significantly impact capacity. We applaud every effort to fill the gaps.

6.1.6 Detained people have often expressed concern to the IMB about the wait times for Rule 35 reviews. The Board monitors the situation relating to Rule 35 applications, wait times and related application backlogs.

The maximum wait times for a Rule 35 assessment varied between 43 days in March and 23 days in September, which is much higher than in the previous year.

Figure 1 R35 requests compared with monthly population

	Jan 24	**Feb 24**	**Mar 24**	**Apr 24**	**May 24**	**Jun 24**
% of R35 request compared to monthly population	16.58	8.79	18.99	17.41	19.95	11.08
Monthly Population	1291	1319	1232	1235	1233	1390

	Jul 24	**Aug 24**	**Sep 24**	**Oct 24**	**Nov 24**	**Dec 24**
% of R53 request compared to monthly population	18.91	16.65	16.65	9.35	13.99	13.54
Monthly population	1421	1169	1159	1359	1444	1448

Figure 2 Maximum wait vs mean wait

	Jan 24	**Feb 24**	**Mar 24**	**April 24**	**May 24**	**Jun 4**
Maximum wait	41.00	34.00	43.00	21.00	24.00	33.00
Mean wait	16.41	14.90	15.95	6.78	4.64	7.59
	Jul 4	**Aug 4**	**Sep 4**	**Oct 4**	**Nov 24**	**Dec 4**
Maximum wait	33.00	31.00	23.00	32.00	29.00	32.00
Mean wait	7.88	8.90	8.90	9.25	9.93	16.66

6.1.7 Detained people sometimes require secondary medical care. In these events, they are seen at the local Hillingdon Hospital and are escorted by centre staff. Routine visit numbers were 367 in 2024, compared with 400 in 2023. Emergency hospital visits had increased to 294 in 2024 compared with 210 in 2023.

6.1.8 A risk assessment is carried out prior to every hospital visit to determine if handcuffs are required for the journey.

6.1.9 The IMB commends all efforts to ensure a level of emergency health care comparable to that in the community. However, whilst not medically qualified professionals, we continue to question the high number of emergency ambulance call-outs, particularly given the 24/7 fully equipped inpatient facility in Heathrow IRC. When challenged by the Board about this continued practice, the Healthcare Provider advised that some more risk-averse GPs will insist on emergency call outs when the nurse on duty may not agree. However, nurses cannot overrule a GP.

Emergency care unit (ECU)

Table % of ECU capacity utilised by month

	Jan	Feb	March	April	May	Jun
ECU occupancy	200	232	235	238	239	143
ECU capacity	434	406	434	420	434	420
% of capacity utilised by month	46	57	54	57	55	34

	Jul	Augst	Sep	Oct	Nov	Dec
ECU occupancy	235	220	199	231	251	263
ECU capacity	420	434	420	434	420	434
% of capacity utilised by month	54	51	47	53	60	61

6.2 Physical healthcare

6.2.1 The healthcare provider now supplies the IMB with information on average waiting times for routine and non-urgent GP appointments at Heathrow IRC.

6.2.2 In general, most detained people kept to their booked appointments. A process is in place whereby patients receive a text message advising them to attend Healthcare. As necessary, the healthcare provider also uses a support DCO to try and contact patients to attend appointments.

6.2.3 The IMB monitors the levels of ‘did not attends’ (DNAs) by appointment type each month.

Figure 3: Appointments DNAs of all nurse triage clinics.

	Jan 24	Feb 24	Mar 24	April 24	May 24	Jun 24
% appointments DNAd of all Nurse Triage Clinics Appointments Booked	1.8	1.3	4.1	4.7	3.6	4.3
	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24
% appointments DNAd of all Nurse Triage Clinics Appointments Booked	4.7	6.9	5.4	9.2	8.5	10.3

Figure 4 Appointments DNAd of all GP clinics

	Jan 24	Feb 24	Mar 24	April 24	May 24	June 24
% of appointments DNA'd of All GP Clinic appointments booked	12.3	12.0	10.5	16.9	11.4	17.5

	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24
% of appointments DNA'd of All GP Clinic appointments booked	22.8	17.9	14.2	20.6	15.6	17.4

6.2.4 As far as the Board is aware, a telemedicine agreement was signed with Hillingdon Hospital in September, aimed at minimising waiting times for planned appointments and reducing the number of hospital escorts. Discussions are currently underway to agree which conditions the Agreement will cover. The service is in addition to, not a replacement for, the current GP services provided at the centre.

6.2.5 The offer of Blood Borne Virus (BBV) testing for Hepatitis C, HIV and Hepatitis B was introduced at Reception during 2022, along with retinal screening, as part of diabetes care.

6.3 Mental healthcare

6.3.1 Mental healthcare is provided throughout Heathrow IRC via GP appointments, psychiatrist appointments and support from mental health services. Many people in detention present with mental health challenges and the Board has often observed many complex mental health needs amongst the population.

6.3.2 Whilst the IMB believes that the provision of support within the Centre for mental health care is not suitable enough especially with detained people with complex mental health needs, the wait times for transfer to outside mental health facilities can be extremely long, and this only adds to the distress of those already suffering.

6.3.3 More work is required to consider different ways of dealing with those who have mental health problems. A clear mental health pathway should be made available to those with mental health difficulties, the detention centre is not an appropriate place and more collaboration to work with NHS to provide the necessary mental health services and pathways to deal with these complex medical cases.

Case study 8

A detained person with a history of frequent self-harm and non-compliance was transferred from a prison to Harmondsworth and then moved to Colnbrook. The individual self-harmed several times in one day, including by banging their head against a wall while in the CSU. They were placed under an ACDT and a mental health assessment was carried out due to worrying levels of self-harm. The detained person required treatment at a local hospital and, on return, they were placed under Rule 42, with constant watch.

The case raises two other issues:

- As we have said repeatedly, the centre is not suitable for detained people with mental health issues, or some/severe physical disabilities.
- There seems to be a lack of liaison between prisons and the centre, whereby the prison could give advance notice of those offenders who are due to be transferred and who have complex needs or who pose other challenges. Early notification could speed up deportation arrangements.

6.3.4 It is imperative that appropriate support, care, and mental health services are promptly provided to individuals grappling with mental health or abilities. The board is very concerned about the deterioration in the mental health of many detained people, and too many detained people are resorting to sense self-harm.

6.3.5 People with severe mental health problems should not be detained in the CSU for extended periods of time. Detained individuals with severe mental health issues should be treated in a mental health setting external to the Heathrow IRC. There should be an increase in external mental health beds for people in detention who display increased or increasing levels of mental health problems. There have been instances where the care and separation unit has been used as a place to manage detained people with mental health issues.

6.3.6 The Home Office should not use the CSU as a method of managing vulnerable detained people and those with mental health problems. Some of those detained who have mental health issues are released on bail. The Home Office has a duty of care for

these detained individuals to ensure that they are safe in the community and to provide robust support when they are released on bail.

6.3.7 In 2024, 1333 adults were at risk level 2 and 115 at the more serious level 3. The detained people who have been identified as adults at risk (AR) level 3, who have been in a detention centre for over 80 days, should be released as soon as possible.

6.3.8 The IMB would support broader use of Colnbrook centre for short-term respite, particularly for detained people with deteriorating mental health conditions. We also urge the contracted to replicate the Colnbrook care suite facility in Harmondsworth.

6.3.9 The contractor offers meaningful activities during the day and evening to alleviate the levels of boredom practical activities should be welcomed that will enable people to gain meaningful for stroke part time employment when they reached their home countries or are released into the local community.

6.3.10 As noted above, all new arrivals undergo a medical screening on arrival at the centre as part of their induction. As part of this process, detained people can share information about any personal mental health issues. These details are passed on to the GP, who will arrange appropriate mental health support.

6.3.11 In 2024, referrals to the mental health team ranged between 14 in February and 32 in July.

Figure 3: detained people with unique referral triaged

	Jan 24	Feb 24	Mar 24	Apr 24	24	Jun 24
Unique Referral Triaged	252	278	294	278	270	268

	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24
	239	231	247	345	332	357

Figure 4: detained people added to mental health caseload

	Jan 24	Feb 24	Mar 24	Apr 24	May 24	June 24
Unique Referrals Triaged and accepted onto IMHT case loads	9	14	20	14	11	9
	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24
Unique Referrals Triaged and accepted onto IMHT case loads	32	22	12	19	15	20

6.4 Welfare and social care

6.4.1 Heathrow IRC provides a wide range of welfare support for detained people, including help with lost property, immigration matters, filling out paperwork, contacting support groups, connecting with friends and family, and other personal matters.

6.4.2 A number of recognised NGOs including, JRS (Jesuit Refugee Service) and BID (Bail for Immigration Detainees) The Salvation Army & Detention Action continue to support the Centre. The availability of the NGOs alongside details of the full offer from the Welfare Team is well promoted throughout the Centre. The IMB appreciates the work of both the Welfare Team and the NGO partners for their support of detained people.

6.5 Exercise, time out of room

6.5.1 Heathrow IRC has comprehensive sports and recreational facilities: fully equipped gyms, sports halls, and cricket/basketball (outdoor) areas; arts and crafts activities, floristry, cake making, a music room (including access to recording/mixing/production desks), IT rooms and a library. The provision of IT for those who are detained should be improved as all formal applications to HO and other External stakeholders is digital. In addition to a large range of books in multiple languages, the library offers magazines and daily newspapers, as well as a large DVD rental library. Some of the time the activities room was closed due to the lack of staff.

6.5.2 HW IRC operates a daily ‘lockdown’ period between 1pm and 2pm. This time is used for cleaning of the units and communal areas. The lockdowns are well managed. These lockdowns for cleaning does not apply to Dove or Cedar, as they remain open until evening lock down.

6.5.3 Apart from the lockdown period, access to outdoor courtyard space is usually available to detained people. Detained people usually engage in games of football, cricket and volleyball.

6.6 Soft skills

6.6.1 The Board continued to be impressed by the excellent work undertaken in the art rooms. They remain a space of calm, pride and achievement. We commend the work in this area. Prizes are also offered by the contractor to people in detention for their efforts in artwork, design and sugar craft.

6.6.2 Both sites offer a large range of wellbeing activities, including yoga and meditation groups, and the cultural kitchen where people in detention can apply as a group to cook for one another to a recipe of their choice with all ingredients purchased on their behalf.

6.6.3 An impressive variety of cultural, sporting and other events were celebrated by the Contractor during 2024, using its own catering service. These included Eid, Christmas, Easter and Chinese New Year, in addition to pizza nights, carnival (with a steel band), Black History Month and a celebration of Guru Nanak Gurpurab.

6.6.4 There are a number of paid roles available for detained people to apply for including cleaning, catering and working in the barbers. Roles are advertised and interested detained people are selected on a first-come first-served basis once approved by the Home Office. All jobs pay £1 an hour and under Home Office rules detained people can earn a maximum of £30 a week. Detained people who frustrate their immigration case are not eligible for paid roles. The rate of pay has not changed for some time and would benefit from a review.

7. Preparation for return or release

7.1 Activities, including education and training

7.1.1 Detained people have many opportunities for education and training. These include English language courses, health and safety, CV writing, customer service and hair cutting/styling. There are also Open Learning courses available, including business modules. There are a number of ICT courses available most days including Excel, PowerPoint, Photoshop and Word. In addition, music and video editing, floristry and art and craft classes are available. These classes are helpful in preparation for return or release, but it is unclear as to how much uptake there is of the classes. The IT room is always popular and operates at full capacity. The library is a popular area, with a variety of newspapers on offer, DVDs and books. There is a printer and computer for detained people to use.

7.1.2 Many of the initiatives that existed in 2023 have been continued in 2024 i.e. there is the opportunity to gain a fitness and nutrition level 2 qualification through the gym, in addition to nutritional courses, boxing and fitness classes. It may be the case that some detained people do not spend long enough in the IRC to gain a qualification. In the gym there are challenges with monetary rewards such as a prize for the maximum number of press ups performed within a certain time. The barber offers a course in barbering, including advice on being self-employed. There is also the opportunity to learn food hygiene for catering.

Activities Totals 2024

Month 2024	Total – Library HW2024	Total – Internet HW2024	Total – Library CB2024	Total – Interne CB 2024
Jan	1458	2712	491	2353
Feb	1179	2641	454	1317
March	1529	3217	506	1838
April	1945	2832	1082	1880
May	2163	2592	770	1312
Jun	1961	2155	956	1858
Jul	1887	669	1156	1896
August	3481	2514	1148	1739
Sept	3748	815	598	2903
Oct	3094	No data available	1500	2577
Nov	3270	No data available	901	212
Dec	3864	No data available	1446	2993

The figures illustrate how many detained people have used the IRCs activities.

Month 2024	Total – Gym HW2024	Total – Salon HW2024	Total – Gym CB2024	Total - Salon CB2024
Jan	1285	108	782	264
Feb	1017	278	533	137
March	1428	254	13	287
April	1424	234	1	342
May	1161	382	955	401
Jun	1068	225	937	352
Jul	1489	379	1077	396
August	1624	249	858	308
Sept	1561	324	822	373
Oct	1494	309	1067	392
Nov	1497	259	957	310
Dec	1307	195	1099	410

7.2 Case management

7.2.1 The biggest issue on which the IMB was approached during visits was the difficulty detained people had in accessing both Engagement Officers and Case Workers regarding the progress of their case and their stages of detention. IMB follow-up checks were not always concluded satisfactorily, as access to case workers by members is often not possible. Detained people become very frustrated with the lack of information regarding their case which can lead to mental health issues, self-harm and aggressive behaviour.

7.2.2 Home Office caseworkers based off site from the IRC are responsible for the detention, immigration and deportation decisions taken for each detained person. This is a source of frustration for the individuals who have no means of contacting their caseworker directly and often have the perception that progress on their case is delayed and taking a long time. It is therefore no surprise that this area accounts for 42% of applications made to the Board.

7.2.3 A common issue on which IMB was approached during visits was the difficulty of detailed people in getting information from Engagement Officers and Case Workers regarding the progress of their case. DET say that there is daily communication regarding a detained person's case and that detailed people may also ask. However, before either return or release can be implemented, checks have to be made, such as, for example, the need for a valid passport, embassy liaison, consideration of Rule 35, and criminality. The case worker and probation team liaise with the detained person and the DET.

7.2.4 Home Office Detention Engagement Team (DET) officers based onsite engage with detained people and act as the conduit to the caseworker. DET ran general surgeries twice weekly, where detained individuals could discuss their case in addition to any pre-existing meetings with DET. The surgeries are a positive initiative, but often not fully known about amongst the detained population. Detained people should get a monthly written case update from DET, but the Board heard of a number of occasions where detained people said they were late or missing.

7.2.5 The welfare office has information on where detained people can obtain legal advice and charities that offer pro-bono legal representation are advertised. It is the Board's observation that, generally, detained people have fair access to legal advice.

7.2.6 Time served foreign national offenders arrive from various locations across the UK.

Arrivals	Total
TSFN Offenders - Colnbrook (CB)	1570
TSFN Offenders - Harmondsworth (HW)	2488
Arrivals from Prison	2616
Arrivals from Police Station	1979
Countries with Return Agreements	12

The Board repeats our concern regarding people being detained in an IRC with no imminent chance of removal. The average length of stay was 41 days at Harmondsworth and 48 days for Colnbrook in 2024 (In 2023: the average length of stay in Harmondsworth was 35 and 48 in Colnbrook). However, the average gives only a

partial picture, as many are held for periods greatly in excess of this. Similarly, many are held for shorter periods.

The median length of detention in December 2024 was 192 and 163 days in Harmondsworth and Colnbrook respectively. One in 20 detained people were held for over 120 days and the longest period of detention to date during the reporting period was 693 days. The Board reiterates our concern about people being held at Heathrow IRC without the imminent likelihood of removal.

7.2.7 The Board believes that more information should be shared with detained people regarding timeframes of possible detention; even an exaggerated time frame could be considered is better than nothing. Detained people become very frustrated with the lack of information regarding their case whether it be voluntary repatriation or removal directions/bail; this can exacerbate mental health issues, feelings of isolation, self-harm and aggressive behaviour. The average length of stay in Harmondsworth in 2024 was 41 days and in Colnbrook 48 days.

7.3 Family contact

The Board feels strongly that visits both social/family and legal contact is an important part of support and wellbeing. The visiting areas are open seven days per week from 2pm to 8.30pm, and approximately 2-10 detained people in Harmondsworth welcome visitors each day. Appointments need to be made.

7.3.1 Both sites have large visits halls for family and friends. Both welcome children and are well equipped with specialist play areas and equipment. The halls are large and airy with low tables and chairs around the tables, and the spaces are as welcoming and inviting as can be expected. The children's play area is particularly impactful and would certainly help a child visiting a loved one. Increasingly, the serving of snacks is done by a 'shop' managed by those in detention, stocked from the on-site shops. This provides a detained person a good opportunity to have a purpose as well as visitors to engage with a person not a machine. Visitors are searched before entering the visitors' hall. It is unclear if children are also searched.

7.3.2 The visits halls were open in line with general community restrictions. Though the rule on booking in visits was not always clear, the staff at the Centre were very accommodating when unexpected / unplanned visits were needed.

7.3.3 Overall there were 2,934 legal visits and 5788 social visits. The Board strongly feels that visits are an important part of detained support and wellbeing.

7.3.4 Social video calls were well used by detained people and security approval is required prior to the call. The calls take place in a secure area within the IT rooms.

7.4 Preparation for return or release

The case study illustrates that of a long stayer who had prolonged detention without prospect of imminent removal.

7.4.1 Case study 9

This case study highlights a situation in which an individual remained in detention despite there being no imminent prospect of removal.

- The individual was transferred to an immigration removal setting from custody, having previously resided outside the UK. During an extended period in detention, the person experienced increasing social isolation and had limited engagement beyond the detention environment. Over time, administrative and documentation issues prevented removal. Although the individual expressed some willingness to leave the UK, they did not engage consistently with the necessary processes. Concerns were also noted regarding their ability to support themselves if they were to leave the UK.

  Attempts were made to arrange accommodation to support release; however, these were unsuccessful, and no alternative address was available. Appropriate risk-management measures were considered necessary to support a safe release and manage potential risks to the public. These included monitoring and reporting arrangements. The individual did not agree to these conditions and indicated they would not leave the detention setting without changes to their circumstances that were not compatible with their status.

Following a prolonged period in detention, the individual was released into the community with appropriate oversight arrangements in place and without fixed accommodation.

7.4.2 The IMB came across too many instances where detained people who have agreed to be returned to their home nation voluntarily were left waiting for several months before they were returned.

7.4.3 It has become increasingly common for detained people to request voluntary repatriation, and they are often frustrated at the time it takes for their deportation order to be implemented, even if they offer to pay their own fare. The Home Office states that a number of checks need to be made before deportation, such as valid passport, risk to the public, check that they returned to the UK having been previously deported and have they withdrawn any application for asylum or modern slavery. Additional checks include property held within the IRC, considering onward travel from the destination, provision of clothing for those who are destitute and signposting to the detained duty scheme (DDAS) and the volunteer return scheme.

7.4.4 A number of issues arise around detention and granting of bail, and it is not always clear as to why, having been granted bail, a detained person is still in the centre. This is often linked to the lack of communication with DET and probation teams. There is also a lack of HO accommodation for detained people to transfer to, and the IMB realises that checks have to be made for such issues as domestic violence and offences against children. The IMB believes that once granted bail, more effort should be made by all key stakeholders to release detained individuals in a timely manner.

7.4.5 In some cases, individuals have been told that voluntary return processes vary in complexity and that individual circumstances can lead to very different timelines. While this explanation is accurate, the Board believes that clearer communication about these complexities would help residents understand their situation and reduce frustration.

7.4.6 Monitoring preparation for return or release remains an important part of the Board’s work, ensuring transparency, fairness and accountability throughout the process. It also allows the Board to assess whether detained people are being treated in line with legal and human rights standards and whether appropriate support is in place. The complexity of return or release procedures can leave detained individuals

uncertain about the basis of their continued detention. For example, perceived inconsistencies in how SCAs (south coast arrivals) are managed led to repeated questions from detained people about why people arriving by small boat were placed in hotels while they remained ‘in a prison’.

7.4.7 The Board continues to see cases where individuals granted bail remain in the centre for some time afterwards, with limited clarity as to why. This is often linked to poor communication between DET and probation teams, as well as a shortage of suitable Home Office accommodation. The Board believes that once bail is granted, all relevant agencies should work more effectively to ensure timely release.

7.4.8 In some instances, delays in the process are not explained to the detained person, leading to tension and frustration. The Board often finds that when it raises queries on a detained individual’s behalf, responses are provided more quickly, and they are generally relieved to receive clear information. This helps them form a more realistic understanding of how long they may remain in the centre.

7.4.9 A consistent theme across these issues is the lack of communication between relevant agencies and detained people regarding the progress of their cases. Improved communication would, in many situations, reduce frustration and help manage expectations.

8. The work of the IMB

8.1 Board members continued to carry out their work through conducting rota visits to the Centre throughout 2024. All members can be easily identified lanyard and IMB tabards . Detained people, even those with language barriers and / or mental health issues, appear to understand the role of the IMB and do seek us out to discuss their various issues. There are 11 clearly marked applications boxes in the Centre where people in detention can leave written applications for the Board. Members empty the boxes on each monitoring visit so detained people can be assured their concerns are acted on promptly.

8.2 The 0800 number that was set up in 2020 in response to the first lockdown has remained in place but is used by few detained individuals. Most detained people seem to prefer face to face interaction to the other avenues available.

8.3 Board members deal with the issues raised by detained people immediately, if possible, either with the Contractor, the Home Office or PPG. The Board member follows up any actions with the detained person and maintains a confidential written record. The top 2 topics for discussion in 2024 were the same as in all previous years - Immigration and Healthcare.

8.4 The size of HW IRC and physical separation of the two sites means that we have separate teams for Harmondsworth and Colnbrook.

8.5 We dealt with 1028 applications to the IMB compared to 981 on the previous year.

8.6 All Board members submit a monitoring report at the end of each visit as a record of actions taken on behalf of detained people Also a monthly report is issued and discussed during the monthly board meetings. This report is circulated to all relevant parties, Home Office, the Contractor and PPG. As well as prompting action on outstanding issues, it helps drive continuity of support for individual detained people. We always encourage people in detention to use the official complaints system in addition to speaking to us as a formal complaint guarantees them a written reply.

8.7 All members were invited to attend mandatory training in 2024. In addition, the Board continued to hold monthly training sessions via Zoom during which specific topics were covered.

8.8 We hold a monthly board meeting with the Home Office, the Contractor and the Healthcare Provider. Papers are provided in advance of the meeting for reviewing and for preparation of questions.

8.9 On a positive note, three new members joined during the year and further recruitment is underway. We encourage anyone reading this report to consider applying to join an IMB.

Board statistics

Recommended complement of Board members	12-14 members
Number of Board members at the start of the reporting period	11
Number of Board members at the end of the reporting period	11
Total number of visits to the establishment	HW 89 CB 58

Applications to the IMB

Code	Subject	Previous reporting year 2023	Current reporting year 2024
A	Accommodation including laundry, showers	32	58
B	Use of force, removal from association	108	187
C	Equality	3	10
D	Purposeful activity including education, paid work, training, library, other activities	10	5
E 1	Letters, faxes, visits, phones, internet access	13	6
E 2	Finance including detained people's centre accounts	6	4
F	Food and kitchens	26	32
G	Health including physical, mental, social care	247	285
H 1	Property within centre	27	20
H 2	Property during transfer or in another establishment or location	31	37
I	Issues relating to detained people's immigration case, including access to legal advice	431	458
J	Staff/detained people conduct, including bullying	41	94
K	Escorts	2	1
L	Other	12	11
	Total number of applications	**989**	**1208**

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