

Report on an unannounced inspection of

Tinsley House Immigration Removal Centre

by HM Chief Inspector of Prisons

1 – 12 December 2014

Glossary of terms

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Introduction

Tinsley House is a relatively small immigration removal centre close to Gatwick airport. At the time of the inspection the centre held 110 detainees, less than its certified normal accommodation of 154. Families may be held for short periods in the family unit, which is also sometimes used to hold vulnerable individuals. Our last inspection in 2012 was very positive. This inspection found that on the whole those standards had been maintained, although there were now areas that needed attention.

Once detainees arrived in the centre, often after lengthy and badly planned journeys, reception and early days arrangements were good. The atmosphere in the centre was calm and there were few recorded violent or bullying incidents, and those that occurred were dealt with well. Use of force was low and security was generally proportionate. Most of the detainees we spoke to individually and in groups told us they felt safe. However, our survey responses about safety were not as good as at the last inspection. Thirty-seven per cent of detainees now told us they felt unsafe, compared with 17% at our previous inspection, and the figure was now similar to comparable establishments. To its credit, the centre had already identified the issue and had drawn up an action plan in response. It needed to closely monitor the situation to ensure detainees' concerns were properly understood and addressed.

At risk adults were identified on admission to the centre and were generally well cared for. Detainees who were at risk of self-harm were also well cared for but those who needed constant supervision were held in the bleak care and separation unit, which was a completely unsatisfactory environment. On one occasion the unit had also been used to isolate a man suffering from tuberculosis. The centre needed to create a much more therapeutic environment for detainees in crisis.

Some detainees' cases had been progressed too slowly resulting in prolonged, unnecessary and therefore possibly unlawful detention. At the time of the inspection three detainees had been held for more than six months and one had been held for 16 months. Administrative errors were a significant factor in some of these delays. Rule 35 reports, which deal with allegations of torture and special conditions, had resulted in more releases than we usually see but they were of variable quality and some were not given sufficient weight by the Home Office. In one Rule 35 report we examined, for example, a doctor described a detainee's multiple scarring as consistent with his account of torture. The detainee was receiving treatment for post-traumatic stress disorder and was being counselled by a mental health nurse at Tinsley House. The Rule 35 report was rejected because it did not constitute 'independent medical evidence of torture'.

There was a reasonable standard of accommodation although ventilation was very poor. The management of diversity and equality was satisfactory. Although about 60% of the population were Muslim, there were vacancies for Muslim chaplains and no one to lead Friday prayers for two weeks before the inspection, which was a serious omission. Most detainees said complaints were dealt with fairly. Catering required improvement and would have been improved by some opportunities for detainees to cook for themselves. There was a welcoming shop/café but it was expensive for detainees who did not have access to their own funds. Health care services were reasonably good. The centre had very good systems for managing communicable diseases such as Ebola which was receiving much publicity at the time of the inspection; some uniformed staff told us they wanted more information and reassurance about what was being done to prevent infection in the centre.

The relationships between staff and detainees we observed throughout the inspection were good overall and we saw many examples of kind and helpful interactions. However, we also observed a minority of staff who were less respectful or distant and this was reflected in some of what the detainees told us. In our survey, 81% of detainees told us that staff treated them with respect, compared with the very high 95% at the previous inspection, and the figure was now similar to

comparable establishments. Of more concern, 26% of detainees said a member of staff had victimised them, compared with 13% at the previous inspection and 15% in comparable establishments. Detainees told us that some staff were discourteous and, as we also observed, that they did not always knock before entering their rooms.

Detainees had access to a good range of recreational and education activities that generally met their needs and were appropriate for the majority who only spent a relatively short time in the centre. They had very good freedom of movement around the centre. There was a good range of work opportunities, but pay rates were very low at a £1 an hour. Some detainees with limited access funds or who wanted to be busy worked but many roles were unfilled. Preparation for removal or release was good. There was a good welfare service and the Gatwick Detainee Welfare Group, Migrant Help and the Red Cross all provided useful services. Support for detainees with complex problems was more limited. Visits provision was good and detainees generally had access to the internet and phones, but some restrictions on visits and internet use were unnecessary. The centre rarely held ex-prisoners but we were not confident that the process for managing the release of those subject to public protection arrangements was sufficiently robust.

The family unit was a good facility with impressive staff and managers. The number of families held in the unit had increased slightly since the last inspection. Between May 2013 and November 2014, 123 families and 140 children had stayed in the unit. The average length of stay over the previous six months was 11.5 hours and the longest stay was 37.5 hours. Most of these were families who had been refused entry at Gatwick or other regional airports and were returned on the next available flight. We were not persuaded that sufficient consideration was always given to alternatives to detention for families and why many could not just be accommodated in an airport hotel. However, in at least two cases, the process had enabled children who were being trafficked to be intercepted and protected. Escort arrangements for families were unacceptable. In one case while we were there, a Brazilian family with a five-year-old and an eight-month-old baby came into the centre at 3.55am after arriving at Gatwick from Brazil at 2.20am. They reached their rooms at 4.30am and then had to leave the centre, with the children exhausted, at 10.30am to wait in an airport holding room for a flight at 5.40pm because female escort staff were not available to take them at a later time. When the escort vehicle did arrive, it did not have a child seat, which the unit staff had to provide. A taxi escorted by one of the unit staff would have been simpler and cheaper.

The family unit provided a good environment for age dispute cases and some vulnerable single women detainees. Over the last 18 months, 290 single women had been held in the unit. During the inspection a transgender detainee was held on the unit and her needs were well met. However, we were not assured that the management and risk assessments required by these two very different groups was given enough formal attention. There were good working relationships with local authority children's services but this needed strengthening at a strategic level.

Tinsley House continues to be one of the best performing immigration removal centres. However, that in no way detracts from the need to ensure that no one is held there unless absolutely necessary. That is particularly so with families with children and we were not persuaded that necessity to detain was always adequately considered for individuals or families. That is not an issue the centre itself can control, but there are matters it needs to address. Deteriorations in our survey results about safety and relationships with staff, though still similar to comparable establishments, are a matter for concern and need close attention. The purpose of the family unit and the management of the wider group of detainees it now holds needs clearer focus. Tinsley House has many strengths on which to build, but it now has improvements to make. We hope this report will assist with that process.

Nick Hardwick
HM Chief Inspector of Prisons

May 2015

Fact page

Task of the establishment

To detain people subject to immigration control who are being removed from the UK.

Location

Tinsley House, Perimeter Road South, Gatwick Airport, West Sussex.

Name of contractor

G4S

Number held

110

Certified normal accommodation

154

Operational capacity

154

Last inspection

8 – 11 October 2012

Brief history

Tinsley House was opened in 1996 as the first purpose-built immigration removal centre. In March 2011 the centre was refurbished and a self-contained family suite was built and opened in May 2011.

Name of centre manager

Ben Saunders (Director, Gatwick IRC)

Escort provider

Tascor

Short description of residential units

Accommodation for adult males in rooms accommodating two to five people

A family suite with rooms accommodating families from two to five people, with the facility for rooms 6 and 7 to be joined to make a larger room

Health service commissioner and providers

G4S Policing Support and Medical Services

Learning and skills providers

G4S

Independent Monitoring Board chair

Merle Campbell

About this inspection and report

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

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

All Inspectorate of Prisons reports include a summary of an establishment's performance against the model of a healthy establishment. The four tests of a healthy establishment are:

Safety	that detainees are held in safety and with due regard to the insecurity of their position
Respect	that detainees are treated with respect for their human dignity and the circumstances of their detention
Activities	that the centre encourages activities and provides facilities to preserve and promote the mental and physical well-being of detainees
Preparation for removal and release	that detainees are able to maintain contact with family, friends, support groups, legal representatives and advisers, access information about their country of origin and be prepared for their release, transfer or removal. Detainees are able to retain or recover their property.

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

- **outcomes for detainees are good against this healthy establishment test.**
There is no evidence that outcomes for detainees are being adversely affected in any significant areas.
- **outcomes for detainees are reasonably good against this healthy establishment test.**
There is evidence of adverse outcomes for detainees in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
- **outcomes for detainees are not sufficiently good against this healthy establishment test.**
There is evidence that outcomes for detainees are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of detainees. Problems/concerns, if left unattended, are likely to become areas of serious concern.

- **outcomes for detainees are poor against this healthy establishment test.** There is evidence that the outcomes for detainees are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for detainees. Immediate remedial action is required.

Although this was a custodial establishment, we were mindful that detainees were not held because they had been charged with a criminal offence and had not been detained through normal judicial processes. In addition to our own independent *Expectations*, the inspection was conducted against the background of the Detention Centre Rules 2001, the statutory instrument that applies to the running of immigration removal centres. Rule 3 sets out the purpose of centres (now immigration removal centres) as being to provide for the secure but humane accommodation of detainees:

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

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

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

Our assessments might result in one of the following:

- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
- **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines
- **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for detainees.

Five key sources of evidence are used by inspectors: observation; detainee surveys; discussions with detainees; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.

Since April 2013, the majority of our inspections have been full follow-ups of previous inspections, with most unannounced. Previously, inspections were either full (a new inspection of the establishment), full follow-ups (a new inspection of the establishment with an assessment of whether recommendations at the previous inspection had been achieved and investigation of any areas of serious concern previously identified) or short follow-ups (where there were comparatively fewer concerns and establishments were assessed as making either sufficient or insufficient progress against the previous recommendations).

This report

This explanation of our approach is followed by a summary of our inspection findings against the four healthy establishment tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the conditions for and treatment of immigration detainees*. Tinsley House contained a small family unit and for ease of reference our findings about the unit are grouped together in the section at the end of the report. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.

Details of the inspection team and the detainee population profile can be found in Appendices I and III respectively.

Findings from the survey of detainees and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

¹ The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance.

Summary

Safety

- S1 *Detainees continued to be subject to long and exhausting overnight transfers. Most detainees were treated well in reception but non-English speakers reported less favourably. The centre was calm and violent incidents were rare. In our survey perceptions of safety had declined since the last inspection and were now similar to comparable establishments but detainees were generally positive about safety when we spoke to them individually and in groups. Detainees at risk of self-harm were well cared for and ACDT² procedures were good, but the centre still lacked a care suite. At-risk adults received appropriate care but links with the local authority needed improvement. Some age disputes could have been resolved earlier. Security arrangements were largely proportionate. Good efforts were made to de-escalate and force was rarely used. Detainees were separated less often than at our last inspection. Detainees could access legal advice surgeries quickly. Casework inefficiencies led to some detainees being held longer than necessary. **Outcomes for detainees were good against this healthy establishment test.***
- S2 *At the last inspection in 2012, we found that outcomes for detainees in Tinsley House were good against this healthy establishment test. We made 17 recommendations in the area of safety. At this follow-up inspection we found that nine of the recommendations had been achieved, two had been partially achieved and six had not been achieved.*
- S3 Too many detainees continued to be transferred overnight. Some journeys in escort vehicles were too long, circuitous and poorly planned. Methods of restraint were used proportionately for outside escorts, which was an improvement since the previous inspection.
- S4 The assessment of new detainees' needs and risks on arrival were good. In our survey, more detainees than at other centres said that they were treated with respect by reception staff. However, non-English speakers were less positive. There was not enough translated information for detainees who could not read or speak English.
- S5 There was conflicting evidence about bullying and violence but overall we concluded the centre was a safe environment. The atmosphere was calm and harmonious. Conflict between detainees was low level and serious injuries were rare. Eight cases of bullying had been identified in 2014 and victims and perpetrators were managed appropriately. In our survey, detainees' perceptions of safety had declined since the previous very positive results and more than a third of detainees now told us they felt unsafe, similar to comparable establishments. In group and individual discussions detainees were generally positive about safety. The centre's own survey findings had identified some concerns. These perceptions of safety required further investigation and action.
- S6 The level of self-harm was broadly similar to our finding at the previous inspection: on average 10 ACDT cases were opened each month. Most cases involved low-level incidents. The single incident of serious self-harm in the previous months, which occurred shortly before our inspection, was handled well. The quality of ACDT documentation was good. Review meetings were multidisciplinary. Detainees in crisis were treated sensitively and were well cared for. Relevant information from at-risk detainees' previous prisons was not always

² Assessment, care in detention and teamwork case management for detainees at risk of suicide or self-harm

passed to the centre. Room 12 (a segregation cell known as the care and separation unit) was an inappropriate environment to hold detainees in crisis but its use for that purpose had declined since our last inspection. The lack of a dedicated care suite remained a weakness.

- S7 At-risk adults were identified on admission to the centre. Individuals who needed additional support were provided with a good level of service. A detainee with a disability held on the family unit before our inspection had received very good care. Arrangements were being made to involve the local authority in joint work to improve provision for vulnerable adults.
- S8 Disputes over detainees' ages were not always resolved quickly, resulting in prolonged detention. Young people whose age was disputed received good care in the centre. Operational links with local children's services were good but links at a strategic level required further development. We were concerned that the centre contractor was not represented on the local safeguarding children board.
- S9 Security arrangements were broadly proportionate to the risk posed by the population. Intelligence was processed efficiently and the security committee monitored appropriate objectives to safeguard the wellbeing of detainees.
- S10 Use of force was low and most incidents did not involve the use of restraint techniques. However, an incident recorded on video showed the misapplication of approved techniques. Documentation indicated that force was used as a last resort and that there were good efforts to de-escalate. Single separation was used much less than previously and for less time than in other centres. The regime for those separated was reasonably good but the environment in the separation cell was austere.
- S11 In our survey, 73% of detainees who required a solicitor said they had one, and most said they could contact them easily. Detainees in need of legal advice could attend the duty surgeries quickly. Country of origin reports were available in the library, as were legal texts, but not all detainees were aware of the latter.
- S12 Not enough progress was made with some detainees' cases which resulted in detainees being held for too long. The quality of rule 35³ reports was mixed and too many responses were served late. Induction interviews by on-site staff were reasonably good.

Respect

S13 *The standard of accommodation was reasonably good but ventilation was very poor. Most relationships between staff and detainees were positive but a minority were poor. The strategic management of equality and diversity was reasonably good and protected groups were generally treated well. A Muslim chaplain was not always available to lead Friday prayers. Most detainees said that their complaints were dealt with fairly. Health services were reasonably good. Catering required improvement. The shop was satisfactory. **Outcomes for detainees were reasonably good against this healthy establishment test.***

S14 *At the last inspection in 2012, we found that outcomes for detainees in Tinsley House were reasonably good against this healthy establishment test. We made 29 recommendations in the area of respect. At this follow-up inspection we found that 11 of the recommendations had been achieved, 14 had been partially achieved and four had not been achieved.*

³ Of Detention Centre rules – requires notification to the Home Office if a detainee's health is likely to be injuriously affected by detention, including if they may have been the victim of torture

- S15 The centre was well maintained and the décor was generally good, but ventilation was poor and many rooms and corridors smelled badly. Rooms were in a reasonably good condition. Despite continuing efforts, bed bugs were a perennial problem. Showers and laundry facilities were good. The outside areas and grounds were pleasant.
- S16 Overall the quality of relationships between staff and detainees was good. Most staff were polite and helpful but a minority were less respectful and a significant minority of detainees complained of victimisation by staff. The care officer scheme was inconsistently applied. Detainee consultation meetings took place regularly, were well attended by staff and resulted in practical change.
- S17 The identification of patterns to inform the strategic direction of diversity had improved but required further strengthening. With the exception of reception, the use of translated materials and interpretation services was generally good. The promotion and celebration of diversity was good. Consultation arrangements with protected groups required improvement. Discrimination incidents were not being recorded as such or monitored. Not all detainees with protected characteristics were identified. Our survey suggested there were more detainees with disabilities than the centre was aware of. Identified detainees with disabilities had supported living plans and reasonable adjustments had been made to facilities for detainees with disabilities. Provision for older and young adult detainees needed improvement. We saw good support for a transgender detainee and support was available for gay detainees.
- S18 The chaplaincy promoted and celebrated different faiths but provision for Muslim detainees was inadequate.
- S19 In our survey, more than half the detainees who had made a complaint felt it had been sorted out fairly, which was more than the comparator. G4S replies were typed and polite and addressed the issues raised, but not all were timely.
- S20 Overall, health care services were reasonably good and most detainees were satisfied with the quality of health care. Partnership working was effective and clinical governance had improved but there was under-reporting of clinical incidents and no separate confidential complaints system. Detainees had access to a range of primary care services but chronic disease management required further development. The identification and management of communicable diseases, including information about Ebola, were very good but staff had asked for more information. The management of medicines had improved and was good. Health promotion information was available in some languages but required further development. Access to dental provision and a range of mental health services was good.
- S21 Unlike some other centres, there was no cultural kitchen. Catering required improvement. Despite regular consultation, only 37% of detainees in our survey said the food was good. The shop was expensive for detainees but efforts were made to provide a relaxed environment.

Activities

S22 *Detainees had good access to a wide range of activities that generally met their needs. Detainees had very good freedom of movement around the centre. Education provision was good but the range was limited. The range of work roles was good but too many were unfilled. The library required improvement. Fitness provision was good but the gym was not supervised well enough. **Outcomes for detainees were good against this healthy establishment test.***

S23 *At the last inspection in 2012, we found that outcomes for detainees in Tinsley House were good against this healthy establishment test. We made four recommendations in the area of activities. At this follow-up inspection we found that none of the recommendations had been achieved, two had been partially achieved and two had not been achieved.*

S24 There was a good range of activities for detainees held for short periods. Facilities in the family unit for adults and children were very good. Internet facilities were easily accessible. Detainees had extensive freedom in the centre. They had access to communal facilities for 17 hours a day, and detainees could move freely at all times within residential areas. Recreational facilities were good. Inadequate co-ordination of activities sometimes led to timetable clashes. Some activities were not well promoted. Monitoring of the use of library, gym and the music facility did not identify patterns of use.

S25 The range of education was limited, with only ESOL (English for speakers of other languages) and arts and crafts, but the quality was good. Quality assurance and needs analysis were underdeveloped.

S26 The centre provided a good mix of paid work but too many roles were not filled. A third of the 45 jobs were vacant. Waiting lists were short and recruitment procedures efficient. However, detainees' applications were subject to vetting by the Home Office, which was inappropriate. The poor rates of pay did not provide enough incentive to work.

S27 Access to the library was very good but much of the stock was out of date, badly displayed and in poor condition. The library had deteriorated since the last inspection and its management was weak.

S28 Access to PE was good. The sports hall and outdoor playing area were used well. The fortnightly yoga session was good. The fitness room was well equipped but it was not supervised closely enough.

Preparation for removal and release

S29 *The welfare officer provided good support to detainees. Visits provision was good. Detainees could communicate easily with the outside world but some internet restrictions were excessive. Detainees were not given enough notice of transfer to other centres and not all detainees leaving the centre saw the welfare officer. **Outcomes for detainees were good against this healthy establishment test.***

S30 At the last inspection in 2012, we found that outcomes for detainees in Tinsley House were good against this healthy establishment test. We made seven recommendations in the area of preparation for removal and release. At this follow-up inspection we found that two of the recommendations had been achieved, three had been partially achieved and two had not been achieved.

- S31 The valued and well-used welfare service provided good support to meet the basic needs of detainees. More complex needs concerning the winding up of affairs in this country before removal were less well met. There was no systematic assessment of need on arrival or before release or removal. Gatwick Detainee Welfare Group and Migrant Help provided some useful welfare support which was valued by detainees.
- S32 There was good daily provision of visits. The visits hall was welcoming and had a decent children's play area. Some rules were too restrictive, for example detainees were not able to sit next to their visitors. In our survey, far fewer detainees than at the previous inspection said they were treated well by staff in the visits area. The free shuttle service for visitors was helpful. There were visitor feedback forms but feedback had not been collated or used to improve the service.
- S33 Detainees had reasonable access to email and the internet, but some legitimate websites were blocked. Detainees could not use Skype or social network sites, which was unnecessary. There was good access to mobile phones and the welfare officer helped people with limited means to make phone calls. Faxes could be sent easily and free of charge.
- S34 Detainees were given appropriate notice of removal, but only received an hour's notice of transfer. Clothes and suitable bags were provided for detainees requiring them. Helpful country information packs were provided by the welfare office to detainees being removed. There was no formal system of financial assistance to help detainees reach their final destination after removal. We were not confident that arrangements for managing public protection on the release of ex-prisoners were sufficiently robust. Taking reserves for charter flights caused unnecessary stress and disorientation to detainees and remained inappropriate.

The family unit

- S35 Family escorts were poorly planned. Although children were well cared for in the family unit, alternatives to detention were not always considered. The family unit was well designed. Staff working there were specifically trained and provided detainees with a good level of support. In addition to holding children and families, the unit was used regularly to accommodate single female detainees and vulnerable individuals. Most occupants remained for a very short time. We had concerns about how the mixed use of the unit was developing.

Main concerns and recommendations

- S36 **Concern:** Some detainees at risk of self-harm were inappropriately held in the stark and austere care and separation unit.

Recommendation: Detainees at risk of self-harm or suicide should not be located in the separation accommodation solely for reasons of vulnerability. A suitable care suite should be available. (repeated recommendation HE.45)

S37 **Concern:** Border Force officers did not always consider alternatives when detaining families with children in the family unit.

Recommendation: Border Force should consider alternatives to detention before holding families with children at Tinsley House. This consideration should be fully recorded on the detainee's casework information database record.

S38 **Concern:** The family unit was designed to hold families with children for short periods; yet it was also used to hold single adults. We were not confident that all risks were fully assessed when placing single detainees in the unit with families.

Recommendation: The Home Office should reassess the role of the unit. The name of the unit should reflect its function. Which detainees are deemed suitable for the unit should be robustly governed to manage risks safely for all those held on the unit.

Section 1. Safety

Escort vehicles and transfers

Expected outcomes:

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

- 1.1** *Too many detainees were still transferred overnight. Detainees were held in escort vehicles for too long. Methods of restraint were used proportionately for outside escorts.*
- 1.2** Escort vehicles that we inspected were clean with adequate stores of first aid equipment, food and drink. Escort staff were polite and, in our survey, 87% of detainees said that when being detained they were told the reasons why in a language they could understand. However, a large number of detainees were still being transferred overnight. In our sample of records for the period September to November 2014, 34% of detainees arrived at the centre between midnight and 6am. Some of these were transfers from other centres which could have been planned more effectively by escort contractors to avoid unnecessary moves at night.
- 1.3** Detainees experienced lengthy, circuitous journeys in escort vehicles, travelling around the immigration estate from one centre to another. In our survey, 36% of detainees said that they had spent more than four hours in the escort van against the comparator of 24% and 22% at the previous inspection. Other journeys were poorly planned.
- 1.4** The use of restraints for outside escorts had reduced since the last inspection and detainees were no longer routinely handcuffed. Individual risk assessments were carried out and all use of restraint was authorised by the centre manager.

Recommendations

- 1.5** **Detainees should not be subject to exhausting overnight transfers between centres.** (Repeated recommendation 1.7)
- 1.6** **Detainees should not be taken on circuitous routes around the immigration estate to reach Tinsley House.**

Early days in detention

Expected outcomes:

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

- 1.7** *The risk assessment of new arrivals was good. Most detainees were treated with respect by reception staff. Not enough translated information was available in reception for detainees who could not read or speak English.*

- I.8** All new arrivals received an initial interview, carried out in private by trained reception staff. The interview included a thorough assessment of the risk of self-harm and suicide and a room-sharing risk assessment. In our survey, 69% of detainees said they felt safe on their first night against the comparator of 54%. During the first 24 hours after arrival, staff carried out further detailed welfare checks on all new detainees. These were followed by a fortnightly review and then monthly reviews.
- I.9** The reception area was open 24 hours a day. It was bright and welcoming with comfortable seating. Hot food and drinks were available to all detainees on arrival. In our survey, 74% of detainees against the comparator of 64% said that they were treated well or very well by staff in reception. All detainees were interviewed by a member of the health care team on reception and information was shared sensitively between escort and centre staff. In our survey, 55% of detainees who had arrived with problems said that they received help/support from a member of staff in dealing with these problems within the first 24 hours, against the comparator of 37%.
- I.10** The telephone interpretation service was used regularly in reception and there were logs of its use. Detainees' property was stored appropriately in reception and receipts were issued for any official documentation to be stored in the reception safe. Kit bags were issued to detainees who did not have enough clothes, and in our survey 79% against the comparator of 64% said that they were given the opportunity to change into clean clothes on their day of arrival. Toiletry packs were distributed to all new detainees and we observed detainees making free telephone calls to family and friends while in reception.
- I.11** An informative rules and regulations booklet was issued to all new detainees, but it was only available in English. In our survey for non-English speaking detainees, only 30% said that they had received information about support on the day of arrival. During our previous inspection, a DVD displaying centre information in a number of languages was being shown in the reception lounge. This was no longer available, which was disappointing.
- I.12** Induction took place on the day after arrival and included a welcome meeting in the visits hall attended by the gym instructor, the welfare officer and a manager. Detainees were given a leaflet which described the welfare service and gave information on visits, access to immigration staff, legal advice, education and other activities. This was available in a wide range of languages. The welcome meeting was followed by a tour of the centre with a member of staff and two orderlies. Detainees who had attended the induction programme said that it was helpful and had provided them with useful information.

Recommendation

- I.13** **The rules and regulations booklet should be available in a range of languages.**

Housekeeping point

- I.14** The reception DVD should be reinstated.

Bullying and violence reduction

Expected outcomes:

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

I.15 *The centre provided a safe physical environment. Levels of violence were low and staff were alert to the potential for bullying. Nevertheless, some detainees had negative perceptions of safety which were taken seriously and acted on.*

I.16 Staff were alert to the risks associated with bullying. Eight cases of bullying had been identified to date in 2014 and records showed that investigations had been carried out consistently well. Victims had been supported and perpetrators had been managed appropriately.

I.17 The atmosphere in the centre at the time of the inspection was calm and harmonious. There was little evidence of conflict between individual detainees and, when it did occur, it appeared to be very low level. Staff intervened to prevent situations escalating and it was very unusual for detainees to sustain serious injuries following an incident.

I.18 There were up-to-date policies on violence reduction and anti-bullying. Managing violence and bullying had been included in the initial training for all detainee custody officers (DCOs). Data on bullying and violence reduction were considered at the safer community meetings.

I.19 Overall, we concluded that the centre provided a safe physical environment. Feedback from detainees in our discussion groups and individually about feelings of safety was generally positive. However, in our survey detainees' perceptions of safety had declined from the previous very good levels; at this inspection more than a third told us they felt unsafe which was now similar to comparable establishments. An internal survey also reflected negative findings about safety which had led to the introduction of an action plan. Additional translation services had been introduced to improve communication, and levels of staff supervision had increased in areas of conflict identified by detainees. The centre's response to its own survey findings was encouraging, but more work was needed to understand and address the negative perceptions of safety held by some detainees.

Recommendation

I.20 **Sustained efforts should be made to investigate negative perceptions of safety held by some detainees and appropriate action should be taken.**

Self-harm and suicide prevention

Expected outcomes:

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

- I.21** *The arrangements for looking after detainees at risk of self-harm were thorough and vulnerable individuals were looked after well. The level of self-harm had not changed and serious incidents were not common. The quality of documentation had improved, but the absence of a care suite remained a weakness.*
- I.22** The level of self-harm was similar to that at the previous inspection. An average of 10 ACDT⁴ cases were opened each month, most of which involved low-level incidents such as scratching. There had been one very serious case of self-harm over the previous six months which had been handled well. Staff closely monitored detainees who were refusing to eat or drink and increased monitoring was put in place where necessary.
- I.23** Two detainees had been appointed to act as safer community orderlies. Their role was to meet all newly arrived detainees and to give practical help and advice. The orderlies had completed training and were clear about their responsibility to pass relevant information about a detainee's wellbeing to a member of staff. The orderlies attended the monthly safer community meetings at which data on self-harm were monitored. The Samaritans visited the centre twice a week and used the quiet room next to the library for private conversations. A representative of the Samaritans usually attended the safer community meetings.
- I.24** A new method of quality assuring ACDT documentation had been introduced. Where weaknesses were identified, staff were given advice on how to improve their work practice. The quality of ACDT records had improved and was now good. Multidisciplinary review meetings were held in a private area and were chaired by one of the detainee custody managers. Contributions were usually made by health care, chaplaincy and residential staff. At the review which we observed, the detainee was encouraged to talk openly and was treated sensitively and listened to.
- I.25** During the inspection, a detainee subject to an age dispute was placed on ACDT procedures. Shortly after arriving at the centre, the detainee told a member of staff that he had recently been released from prison where he had been at risk of self-harm and supported through ACCT (assessment, care in custody and teamwork) procedures. After release from prison, he had spent some time in the community before being detained for immigration purposes. Centre staff did not contact the prison to follow this information up. This failure diminished the quality of the risk assessment.
- I.26** There was still no dedicated accommodation for detainees who needed constant supervision, although we were told that plans for this had been developed. In most cases detainees who needed this level of support were looked after in regular rooms. However, we identified at least two occasions when they had been held in room 12, the care and separation unit, which was largely unfurnished, stark and austere and an inappropriate environment for vulnerable people.

⁴ Assessment, care in detention and teamwork case management documents

- I.27** If a visitor was concerned about a detainee being depressed or vulnerable, there was a number to call in confidence to leave a message with the safer community team which was prominently displayed in the visits hall in a range of languages. We called the number but did not receive a response to our message until about 36 hours later, which was too long.

Recommendations

- I.28** Information relating to vulnerable detainees who have previously been subject to suicide prevention procedures in custodial facilities should always be obtained.
- I.29** Messages left on the confidential safer community telephone number should be responded to promptly.

Safeguarding (protection of adults at risk)

Expected outcomes:

The centre promotes the welfare of all detainees, particularly adults at risk, and protects them from all kinds of harm and neglect.⁵

- I.30** *Detainees who might be vulnerable or at risk were identified on arrival. Individuals who needed additional support were provided with a good level of service, but it was not always clear how decisions to provide this were reached. Arrangements were under way to involve the local authority in joint work to improve provision for vulnerable adults.*

- I.31** There was still no formal agreement with the local authority about joint work with vulnerable adults, although a meeting had been arranged to discuss this.
- I.32** Documentation provided by the Home Office was used to determine if a detainee required additional support and to assess whether mainstream accommodation or separate care in the family unit was appropriate. Consideration was also given to whether the detainee should be located on their own, or if they should share accommodation. We were told that in some cases extra staff were provided to 'chaperone' vulnerable individuals. The processes used to reach these decisions were unclear, and there were no care plans.
- I.33** We found evidence that vulnerable adults were looked after well at the centre (see the section on the family unit).

Recommendation

- I.34** The processes by which decisions about the care of vulnerable detainees are made should always be recorded clearly. At-risk detainees should have care plans.

⁵ We define an adult at risk as a person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

Safeguarding children

Expected outcomes:

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

I.35 *There were good working relationships with local authority children's services but they needed to be strengthened at a strategic level.*

I.36 Children admitted to the centre were located with their parents in the family unit (see section on family unit).

I.37 Fourteen age dispute cases had been dealt with so far in 2014. In four of the cases, individuals had been assessed as children. Age assessments had been carried out in the family centre by trained social workers. Disputes over age were not always resolved quickly which could result in prolonged detention.

I.38 In March 2014, the West Sussex Local Safeguarding Children Board (LSCB) had endorsed the centre's safeguarding policy in principle, subject to amendments. The policy specified that families should be kept separate from non-related adults, but in practice this did not always happen. The Home Office were represented on the LSCB, but the centre was not. Given the complexity and sensitivity of the child care issues faced by staff working in the family unit, this was concerning.

I.39 Since the previous inspection a whistle-blowing policy for working with children had been introduced. Staff working in the family unit were aware of it and understood its purpose.

Recommendations

I.40 **There should be no unavoidable delays in dealing with age dispute cases.**

I.41 **The safeguarding policy should be amended to reflect current practice in the family unit.**

I.42 **A G4S manager should be directly represented on the LSCB.**

Security

Expected outcomes:

Detainees feel secure in an unoppressive environment.

I.43 *Most security procedures were proportionate. Dynamic security arrangements were effective. Strip-searching was rarely conducted and the use of handcuffs on escorts was no longer routine.*

I.44 The atmosphere at Tinsley House was relaxed and physical security was proportionate. Detainees had free movement around the centre and were not locked in their rooms. With the exception of some visiting arrangements, security procedures were proportionate to the population. During October 2014, the level of searching of visitors had been increased from

level B to level A in response to an increase in the national security threat level. This was a more intrusive search procedure requiring visitors to open their mouths and remove their shoes. This had not been reviewed since it was implemented but ceased during the inspection. Detainees were prohibited from sitting next to their visitors in the visits hall which was disproportionate to the risk posed (see section on visits.) There were no facilities for closed visits.

- I.45** Security for Tinsley House was managed by the security department at Brook House. A security collator was based at Tinsley House. Dynamic security arrangements were good. An average of 54 security information reports (SIRs) were received each month, more than at our last inspection. SIRs were processed efficiently and actions were carried out expeditiously. There were very few finds of prohibited items from target or random room searches. The security committee met monthly. They analysed a range of data and reacted appropriately to any trends or patterns. Comprehensive daily security briefings gave incoming managers an overview of security intelligence from the previous day.
- I.46** Only one strip-search had been conducted in the previous six months and we were confident that it was justifiable in the circumstances. Detainees were no longer routinely handcuffed during an external escort: 58% of all detainees who had been out on an escort had not been handcuffed in the previous six months. Risk assessments that we reviewed demonstrated that handcuffs were used for justifiable reasons.

Recommendation

- I.47** **Detainees should be allowed to sit next to their visitors unless an individual written risk assessment states otherwise.**

Rewards scheme

Expected outcomes:

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

- I.48** *No rewards scheme was in operation at the centre.*

- I.49** The centre did not operate a rewards scheme.
- I.50** All detainees received the same level of incentives. Unacceptable behaviour was managed informally by staff. We saw no evidence of informal sanctions. Detainees involved in poor behaviour were removed from association under rule 40 of the detention centre rules or temporarily confined under rule 42. Those involved in serious incidents or recurring poor behaviour were moved to Brook House, but this happened rarely.

The use of force and single separation

Expected outcomes:

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

I.51 *Force was used infrequently and most incidents did not involve the use of restraint techniques. The one planned intervention in 2014 was not managed well. The number of detainees removed from association and temporary confinement had reduced significantly since the last inspection.*

I.52 Force had been used 13 times in the nine months before our inspection compared with 17 times during a similar period before the previous inspection. Use of force was lower than at other centres. Most incidents involved minimal use of force and only three incidents involved the use of restraint locks or pain compliance techniques. Records that we reviewed showed that the justification for the use of force was appropriate and de-escalation techniques had been exhausted before it was used. There had been no use of force meeting in over a year and we were not confident that all use of force documentation had been reviewed for lessons to be learnt.

I.53 One incident of planned use of force had occurred in 2014. We reviewed video footage of a detainee who was to be removed on a flight but refused to leave the centre. The detainee was passive but non compliant and staff in protective equipment were authorised to move him on to the waiting vehicle. The appropriate personnel were present but the briefing was inadequate and the detainee was moved using an evacuation chair which was not an approved technique. Although excessive force was not used, it was clear that staff involved in the removal were unaware of their roles or the correct way to move the detainee. An investigation into the incident had resulted in lessons learnt.

I.54 Removal from association (rule 40) had been used on 26 occasions in the previous 11 months which was about half the number at the previous inspection over a similar period. The average length of stay was not excessive at 18 hours. Rule 42 (temporary confinement) had only been used once in the previous 12 months and for only 30 minutes. The reasons for authorising removal from association were not always sufficiently detailed and some documentation had been signed by centre rather than Home Office staff, which was inappropriate. Detainees held under rules 40 and 42 were located in room 12 almost always under constant supervision, which was good. However, it was inappropriate that detainees at risk of self-harm were held under rule 40 and placed in the austere environment of room 12. Room 12 remained an unacceptable location to hold a detainee in crisis (see section on self-harm and suicide prevention). It was austere and comprised of a mattress on a plinth with an in-cell toilet. The regime for detainees on rule 40 included time in the open air and access to a shower, library and education. The practice of returning all detainees from disrupted removals to room 12 had ceased. The room had also been used to isolate one detainee suffering from tuberculosis.

Recommendations

I.55 **A use of force committee should meet regularly to review all use of force documentation and apply any lessons learnt.**

I.56 **Staff involved in the application of control and restraint techniques should be conversant with their role and apply only approved techniques.**

- I.57** A suitable therapeutic care suite should be available. The new care suite should be used to hold those separated under rules 40 and 42 of the detention centre rules.

Housekeeping point

- I.58** Justification for removal from association should be clear and should only be authorised by the appropriate manager.

Legal rights

Expected outcomes:

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

- I.59** *Almost three-quarters of detainees who required a solicitor were legally represented and they could seek legal advice at surgeries held twice a week. Not all detainees were aware of legal texts in the library. Country of origin reports, bail and legal complaints information were freely available. Some legitimate websites were blocked.*

- I.60** In our survey, 73% of detainees who required a solicitor said they had one, and of these 83% said they could contact them easily. Legal visits were held from 9am to 9pm daily. There were five interview rooms with chairs chained to the floor, which was disproportionate. Solicitors could take laptops and phones into the visit.
- I.61** Immigration enforcement staff conducted induction interviews with new arrivals. A basic information leaflet provided to detainees was out of date. Detainees made applications through the welfare office to see immigration staff; in our survey 34% said it was easy to see the on-site immigration staff against 57% at the last inspection. Detainees did not always receive copies of bail summaries by 2pm the day before bail hearings. Most hearings were conducted by video link.
- I.62** Immigration enforcement staff checked if detainees had a solicitor during induction. Those without legal representation were referred to the welfare officer who managed appointments for the detention advice surgeries which took place twice a week and were delivered by three firms of solicitors contracted by the Legal Aid Agency. Ten half-hour slots were available per session and there were no waiting lists. The surgeries took place in a room adjacent to the library which afforded privacy and had a landline telephone. Over the previous three months the surgeries had been well used; in September 78 detainees had attended, in October 78 and in November 64.
- I.63** There were internet enabled computers in the library but some legitimate websites were inappropriately blocked (see section on communications).
- I.64** There were fax machines in the library and the welfare office, which detainees could use to send documents to their legal representative, with no limit on size. There was a range of legal texts in the library, although they were in a locked cupboard and some detainees we spoke to were not aware of them. A good range of country of origin information reports was available in hard copy; many were not up to date, but detainees could consult the latest version online.

- I.65** Detainees could complain about their legal representatives to the Office for the Immigration Services Commissioner or the Legal Ombudsman. Information on both bodies was available in the library, and complaints forms were freely available in the welfare office. Detainees could print word documents and PDFs in the welfare office.

Recommendation

- I.66** Detainees should receive a copy of their bail summary by 2pm the day before the bail hearing.

Housekeeping points

- I.67** Chairs in interview rooms should not be chained to the floor.
- I.68** Home office leaflets for detainees should be kept up to date.
- I.69** Hard copies of country of origin information reports should be kept up to date.
- I.70** The centre should clearly promote the range of legal texts that it holds.

Casework

Expected outcomes:

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

- I.71** *Not enough progress was being made in the case of some detainees who had been held for too long. Too many monthly progress reports and replies to rule 35⁶ reports were served late. Despite more releases following submission of rule 35 reports than we usually see, the quality of reports was mixed and the Home Office did not give all reports due weight. Communication between the on-site immigration team and decision makers elsewhere in the Home Office was not always effective.*

- I.72** Some cases had not been progressed promptly resulting in prolonged and possibly unlawful detention⁷. At the time of the inspection, three detainees had been held under immigration powers for over six months, one of whom had been held for 16 months⁸ because of unacceptable delays to his appeal against deportation. He had lodged an appeal in July 2013 which was not listed until December 2013. The appeal had then been adjourned twice and had been relisted for January 2015.

⁶ A Rule 35 report should be made by health care staff to the Home Office where they consider a detainee's health is likely to be injuriously affected by detention, where it is suspected the detainee may have suicidal intentions, or where it is considered the detainee may have been a victim of torture.

⁷ The Home Office should follow the Hardial Singh principles when using the power to detain. The principles, reiterated by the Supreme Court in the case of *Walumba Lumba (Congo) v SSHD* [2011] UKSC 12 are:

(i) The Secretary of State must intend to deport the person and can only use detention for that purpose.
(ii) The deportee may only be detained for a period that is reasonable in all the circumstances.
(iii) If, before the expiry of a reasonable period, it becomes apparent that the Secretary of State will not be able to effect deportation within a reasonable period, he should not seek to exercise the powers of detention.
(iv) The Secretary of State should act with reasonable diligence and expedition to effect removal.

⁸ DEPMU provide contact team staff with details of the total time detainees have spent in detention, not just the time in Tinsley House.

- I.73** In another case, detention had been prolonged by a series of administrative and procedural errors and delays by the Home Office team considering the asylum application. The detainee had claimed asylum in March 2014 and a decision on this claim was still outstanding at the time of the inspection. Monthly internal Home Office detention reviews had found that following consideration of the asylum claim, removal could be effected 'within a very reasonable period'. At no point did the Home Office consider whether its failure to progress the case rendered continued detention unreasonable.
- I.74** The local contact team followed up overdue monthly progress reports on detainees, but nine reports were outstanding at the start of the inspection, which was too many. Monthly progress reports provided to detainees summarised developments in their case, but some that we looked at merely reflected the absence of material progress.
- I.75** The contact team had a system for monitoring rule 35 reports. Fifty-two reports had been made in the six months before the inspection which had resulted in the release of 13 detainees, more than we usually see. The log showed good efforts by the local contact team to chase overdue responses to rule 35 reports but, nevertheless, over a quarter were served late. In one case, a response due on 5 August 2014 was not dealt with until 12 September because Home Office decision-making teams disputed responsibility for the matter.
- I.76** All reports that we looked at concerned torture. They included body maps but were otherwise of variable quality. Some reports lacked detail and did not confirm whether the medical evidence was consistent with the account of torture.
- I.77** We were not satisfied that all rule 35 reports were given due weight by Home Office decision makers. In one report, a doctor described multiple scars which were consistent with the detainee's account of torture in Sri Lanka. The detainee had received therapy for post-traumatic stress disorder (PTSD) at two London hospitals and from a mental health trust. Psychotropic drugs for PTSD were prescribed for him and he was receiving counselling from a mental health nurse at Tinsley House. The Home Office rejected the report as it did not constitute 'independent medical evidence of torture'.
- I.78** The Home Office contact team did not always maintain effective communication with decision-making teams elsewhere in the Home Office. One Pakistani detainee was described by local Home Office and G4S staff as 'openly gay' and his sexuality was evident from Home Office and G4S records. At one point the detainee was given a personal protection plan after he told staff he was being bullied by other detainees because of his sexuality. None of this was communicated directly to the team dealing with his asylum claim. He had been refused asylum because the decision maker did not believe he was gay. He was removed to Pakistan shortly before the inspection. We reported on a similar case in our inspection report of Haslar IRC⁹.
- I.79** The on-site interviews that we observed were conducted reasonably well. Detainees received clear, practical advice in a confidential setting.

Recommendations

- I.80 All casework, including substantive decision making and consideration of rule 35 reports, should be progressed promptly.**

⁸ Report of Unannounced Inspection of Haslar Immigration Removal Centre, July 2014, paragraph I.67.

- I.81 All rule 35 reports should provide objective professional assessments, for example commenting on consistency between injuries and alleged methods of torture.**
- I.82 Rule 35 reports should be given due weight by Home Office decision makers.**
- I.83 Any circumstances that might have a bearing on a detainee's case to remain in the UK should be effectively communicated among centre staff, the Home Office contact team and Home Office decision-making teams.**

Section 2. Respect

Residential units

Expected outcomes:

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

2.1 *Most accommodation was bright and well maintained but the ventilation was not working properly. Rooms were in a reasonably good condition but bed bugs remained a problem. The outside areas and grounds were pleasant.*

2.2 The accommodation and communal areas were bright, well decorated and in good repair. In spite of a recent service, the fresh air ventilation system in the detainees' rooms was not working properly at the time of the inspection and there was an unpleasant smell in the corridors and bedrooms. Detainees propped their doors open to reduce the stuffiness but this had the opposite effect as the ventilation system could not change the air in the room. Detainees complained that they were unable to open the windows in their rooms, which were sealed units.

2.3 Rooms were in a reasonably good condition, although bed bugs remained a problem in spite of continuing efforts to remove them. Fabric checks were carried out each morning to monitor deficiencies or broken items. All rooms and corridors were cleaned each day to a high standard while detainees ate their breakfast. Most rooms were shared by three or four detainees, but single rooms were available if a need was identified. All rooms had a television and detainees had adequate lockable storage in the room for their personal belongings. They did not have individual keys to their rooms. Detainees had access to hot water boilers and free tea and coffee making facilities on the residential landings.

2.4 Detainees were able to wear their own clothes and receive additional items through the post or from visits by family and friends. The centre provided a clothing kit bag including clean underwear for those who needed it. Property was stored securely in reception on arrival and detainees could access their property by submitting an application through the welfare office.

2.5 The showers and toilets were clean and in good condition and there were enough for the population. New washing facilities had recently been installed in both the shower rooms.

2.6 Laundry facilities were adequate and detainees had weekly access to clean bed linen. The laundry room was open daily from 8am to 10.30pm and, in our survey, 94% of detainees said that they could clean their clothes easily.

2.7 The outside areas and grounds were in good order and well used and there were designated areas for smokers. There was a well equipped, separate children's play area attached to the family unit.

Recommendations

2.8 **Corridors and rooms should be well ventilated and free of bad smells.**

2.9 Detainees' rooms should be free of bed bugs.

Staff–detainee relationships

Expected outcomes:

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

2.10 *Most relationships between staff and detainees were positive but a few were poor. The care officer scheme was not consistently applied. Detainee consultation meetings took place regularly.*

2.11 The quality of relationships between staff and detainees that we observed was good overall. In our survey, the proportion of detainees saying staff treated them with respect had declined from the previous very high level of 95% to 81%, which was now similar to other centres. Most staff were polite and helpful and engaged well with detainees. Staff on the residential units knew the detainees and were aware of the complexity of their circumstances. However, we observed a minority of staff who were less respectful, and in our survey fewer detainees than at the previous inspection said that most staff treated them with respect. A number of detainees told us that staff did not always knock before entering their rooms and we observed this. In our group discussions, detainees said that some staff were not always courteous.

2.12 In our survey, 26% of detainees said that a member of staff or group of staff had victimised (insulted or assaulted) them against the comparator of 15% and 13% at the previous inspection.

2.13 A care officer scheme was in place but it was not applied consistently. Some officers regularly updated the electronic case files with helpful information. Other case files that we examined were incomplete. Some detainees said they were not aware of the care officer scheme.

2.14 Detainee consultation group meetings took place every month, including the safer community group and the diversity group. The meetings were well attended by detainees and staff and issues were resolved. Minutes were taken and information disseminated to all detainees.

Recommendations

2.15 **Detainees should be consulted to understand any concerns about the behaviour of staff and action should be taken to address those concerns.**

2.16 **Staff should knock and wait for a response before entering rooms, except in emergencies.**

2.17 **All detainees should be allocated a designated care officer who updates their personal file regularly.**

Equality and diversity

Expected outcomes:

The centre demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no detainee is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. At a minimum, the distinct needs of each protected characteristic¹⁰ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

2.18 *Diversity outcomes were reasonably good. The promotion and celebration of diversity was good. Complaints of discrimination were not investigated thoroughly. The use of translation and professional interpretation was generally good. Consultation arrangements required improvement. Staff had undertaken useful diversity training. Detainees with a disability were under-identified but the support given was good. Provision for gay detainees was adequate. A renewed focus was required to provide for the needs of older and young adult detainees.*

Strategic management

- 2.19** The comprehensive equality policy applied to both Gatwick centres (Tinsley House and the nearby Brook House). It covered all the protected characteristics but remained non-specific to the needs of the detainees at Tinsley House. The equality diversity and inclusivity meeting met monthly and was chaired by a senior manager. It was well attended, including by detainees. Significant quantities of data were provided to the meeting, but we were not confident of their quality. The analysis of each protected characteristic required development to ensure that there were no adverse outcomes for detainees. There was no action plan to monitor progress. All staff received a day's annual refresher training in working inclusively which included duties under the Equality Act and the impact of detention in a foreign country.
- 2.20** Complaint forms were readily available in a number of languages. We found one complaint relating to discrimination in the previous six months, although the centre said they had received none. The Home Office had allocated the complaint to the centre as a bullying incident when it clearly had an element of homophobia. The investigation of the complaint did not, therefore, focus on potential discrimination and was not adequate. We also saw a security information report of an incident with a potentially discriminatory component that had not been investigated.
- 2.21** The diversity manager was supported by two paid diversity orderlies. Orderlies wore yellow t-shirts and their photographs were displayed on the diversity notice board. They understood their role. The promotion and celebration of diversity throughout the centre were good. Information in different languages was displayed on walls and the use of translated information was good, except during induction (see section on early days in detention). A programme of cultural and religious events was held throughout the year including Black History Month and All Nations Week. This was appreciated by detainees.

¹⁰ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

- 2.22** There were no specific forums for protected groups to raise concerns. The centre had consulted detainees individually but had not consulted specific groups about matters of race, nationality, culture and religion, which was an omission.
- 2.23** In our survey, 79% of detainees said they understood spoken English. We found the use of professional interpretation services to be good. Two detainees were paid to interpret for others on non-confidential matters and this appeared to work well. The centre kept an up-to-date list of multilingual staff.

Recommendations

- 2.24 Diversity monitoring should facilitate the identification and investigation of trends in detainee outcomes.**
- 2.25 Complaints and reports with an element of discrimination should be recorded as such and investigated appropriately.**
- 2.26 Specific forums should be established for detainees with protected characteristics.**

Protected characteristics

- 2.27** We saw no evidence of tensions between different ethnic or nationality groups and little evidence of discrimination on the basis of religion.
- 2.28** There was a clear procedure to identify disability on arrival, but it failed to identify all detainees with a disability. In our survey, 13% of detainees said they had a disability, approximately 14 detainees. The centre was only aware of two. Both detainees had personal emergency evacuation plans and staff were aware of these. There were no adapted rooms in the centre but there were some reasonable adjustments in the shower areas. Since our last inspection the centre had introduced supported living plans for detainees with disabilities. We reviewed a supported living plan for a detainee who required significant adjustments including a hand-held call button and nursing staff to help bathe him. The level of support he had been given at the centre was impressive.
- 2.29** The centre had identified no gay or bisexual detainees at the time of the inspection. There were no specific services but the diversity manager provided some support and had links to community organisations when required. One transgender detainee was accommodated in the family unit at the time of the inspection. We spoke to her through a professional interpreter and she said she felt cared for and supported by the staff.
- 2.30** Some scoping work had been carried out on providing support for detainees aged over 55 and between 18 and 21. This needed further development to ensure that these groups were adequately provided for.

Recommendations

- 2.31 The under-reporting of disabilities should be investigated and addressed.**
- 2.32 Support and provision for older and younger detainees should be improved.**

Faith and religious activity

Expected outcomes:

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

2.33 *Faith provision for Muslim detainees was inadequate. Opportunities for the worship of other faiths were good.*

2.34 In our survey, only 43% of respondents said they were able to speak to a religious leader of their own faith against the comparator of 56% and 68% at the last inspection. About 60% of the population at the time of the inspection were Muslim and this proportion had been consistent for some time. Religious leaders were shared between Tinsley House and Brook House and only one full-time equivalent Muslim chaplain was available between both sites. One of the four Muslim chaplain posts was vacant and nobody had taken Friday prayers at Tinsley House for two weeks before the inspection. Muslim detainees had raised concerns at the equality meeting about the lack of access to a Muslim chaplain. The vacancy was in the process of being filled but provision at the time of the inspection did not meet the needs of Muslim detainees.

2.35 A weekly programme of religious activities was published which provided multiple opportunities for prayer or worship. Community groups no longer attended the centre to assist with these activities. The chaplaincy promoted and celebrated different faiths throughout the centre and attended ACDT¹¹ case management reviews and the equality meeting. There were designated worship areas: a chapel, a mosque and a multi-faith room. The mosque was too small to accommodate Friday prayers when high numbers attended. The centre no longer used the sports hall in these circumstances but a more appropriate television room which was large and carpeted. Appropriately designated low-level sinks for ablutions had been fitted in some bathrooms.

Recommendation

2.36 **There should be adequate faith provision for Muslim detainees.**

Complaints

Expected outcomes:

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

2.37 *In our survey, more than half of detainees who had made a complaint felt it had been sorted out fairly. Complaints forms were freely available and boxes were emptied daily. Replies from G4S were appropriate but not all were sufficiently timely.*

¹¹ Assessment, care in detention and teamwork case management for detainees at risk of suicide or self-harm

- 2.38** In our survey, 58% of detainees who had made a complaint felt it had been sorted out fairly against the comparator of 26% and 33% at the last inspection.
- 2.39** There were a number of complaint boxes throughout the centre, and complaint forms in a range of languages were freely available in the welfare office and on one of the corridors. Complaint boxes were emptied each day by on-site Home Office staff. We put a complaint form in one of the boxes and it was responded to the next day. All complaints were sent to a central Home Office unit which allocated them for investigation.
- 2.40** Twenty-eight complaints had been submitted in the year to date. Six related to the centre and had been allocated to G4S to investigate, although we saw others which should have been allocated to G4S but had not been. Complaints against members of staff were appropriately investigated by a senior manager.
- 2.41** Replies to complaints from G4S were typed, polite and addressed the issue raised, but not all were sufficiently timely. We were not able to see replies sent from other bodies, such as the Home Office. There was no separate system for handling health care complaints (see section on health services).

Housekeeping points

- 2.42** Complaints should be allocated to the appropriate body for investigation.
- 2.43** Responses to complaints should be timely.

Health services

Expected outcomes:

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

- 2.44** *Health care services were reasonably good and most detainees we spoke to were satisfied with the quality of health care. Partnership working was effective and clinical governance had improved, although clinical incidents were under-reported and there was no separate confidential health complaints system.*

Governance arrangements

- 2.45** NHS England had taken over the commissioning of services in September 2014 and G4S Medical Services was the provider. A health and wellbeing needs assessment completed in March 2014 informed service delivery.
- 2.46** The quarterly integrated governance meeting was well attended by the relevant stakeholders and clear outcomes and action points informed the developing partnership board meetings. We found evidence that several clinical incidents had been well documented in individual health records but only one of these incidents had been formally reported via the separate

incident reporting system since January 2014, which prevented effective monitoring of trends and learning from incidents.

- 2.47** Health care staff participated in monthly detainee consultation meetings at which health care was a fixed agenda item.
- 2.48** In September 2014 a clinical lead and practice manager had been appointed for Tinsley House and the Cedars family unit and they were driving service delivery and improvement of the 24-hour health care provision. They also shared some of the administrative tasks previously undertaken by nursing staff. The health team had a good skill mix and managed staff shortages effectively. Interactions with detainees were very good and all staff wore name badges. Clinical records were good, but formal care planning for some detainees with long-term diseases required more detail. Staff had access to an appropriate range of G4S policies and national guidance, including communicable disease management and safeguarding. There were very good systems for communicable disease management and strong links with public health, including information about Ebola. All health care staff were well informed, although some detention staff had requested further information.
- 2.49** Staff had access to a range of professional development opportunities. One member of staff had attended awareness training on the implications of torture with the intention of cascading this to other staff. The uptake of formal clinical and managerial supervision was mixed and not all staff received an annual appraisal.
- 2.50** Health care was delivered from two rooms which was not enough to meet demand. The rooms complied with infection control standards. Consultations were often disturbed by staff and detainees knocking on and sometimes opening the door for an appointment.
- 2.51** The emergency equipment, including an automated external defibrillator, kept near the control centre had been simplified and was well organised and checked regularly. Twenty-four hour nursing cover consisted of appropriately trained staff who used the defibrillator. Most detainee custody staff were first aid trained.
- 2.52** A lead nurse was responsible for the care of older detainees. Some staff were trained in the safeguarding of vulnerable adults. A children's nurse worked between Tinsley House and the nearby Cedars pre-departure accommodation. Detainees could see a GP of their own gender and leaflets were available in the family unit explaining this.
- 2.53** Telephone interpretation was used regularly for detainees who were not fluent in English, although we observed one case where another detainee was used as an interpreter which should not happen. Not all telephones had dual handsets.
- 2.54** Health promotion information was available in folders in a range of languages. This needed to be displayed more effectively and to include more information on mental health and wellbeing. There was access to smoking cessation services and condoms were freely available.
- 2.55** There had been two complaints since December 2013 which had received adequate responses. However, the system lacked confidentiality as all health care complaints went through the centre system, which was inappropriate.

Recommendations

- 2.56 All clinical incidents should be reported and monitored effectively so that lessons are learnt from them.**

- 2.57** Staff should feel assured that the centre was taking adequate steps to manage the risks of an Ebola outbreak.
- 2.58** All staff should have regular recorded clinical and managerial supervision and annual appraisals.
- 2.59** There should be suitable facilities for health care staff to run clinics and consultations in private and without being disturbed. (Repeated recommendation 2.64)
- 2.60** Detainees should not be used as interpreters in confidential health care consultations and all telephones used for interpreting should have dual handsets.
- 2.61** A wider range of health promotion material should be displayed across the centre in different languages, including mental health and wellbeing information.
- 2.62** Detainees should be able to complain about health matters through a specific, well advertised health complaints system.

Delivery of care (physical health)

- 2.63** In our survey, 67% of detainees said the overall quality of health services was good or very good, more than the comparator of 47%.
- 2.64** All new detainees received a comprehensive health assessment which included questions about learning disability, mental health, substance misuse and any mistreatment and torture experienced by the detainee. The screening tool included questions about Ebola. The capacity of detainees to understand and consent to treatment was determined during this assessment, although we found some consent forms that had been left blank. There was 24-hour access to a nurse and out-of-hours and emergency GP cover was in place.
- 2.65** The range of primary care services was appropriate for the population. There was daily access to the nurse and GP and waiting times were short. We observed positive engagement with detainees by all members of the health care team. There was a monthly optician clinic at Brook House and detainees were able to get over-the-counter reading glasses of different strengths at Tinsley House health care centre for more straightforward visual problems.
- 2.66** Detainees with long-term conditions received appropriate care but not all had a care plan and some plans lacked detail. A long-term conditions register did not include all lifelong conditions, such as asthma.
- 2.67** External hospital appointments were well managed, and cancellation of appointments was principally caused by the removal or transfer of the detainee. The number of detainees being unnecessarily handcuffed for external hospital appointments had reduced since our last inspection (see section on escort vehicles and transfers).
- 2.68** There was an appropriate protocol for the clinical management of detainees who had refused food and fluids and detainees were transferred to another centre if necessary for in-patient care. A palliative and end-of-life care policy had recently been ratified.
- 2.69** Detainees had good access to Rule 35 assessment by a GP. Not all GPs had received specific training in completing Rule 35 reports.

- 2.70** All detainees were given medication before their transfer or removal on a risk-assessed basis and malarial prophylaxis was given if needed.

Recommendations

- 2.71** **Detainees with lifelong conditions should receive regular reviews which generate an evidence-based care plan with appropriately trained and supervised staff. The lifelong conditions register should reflect all lifelong conditions being seen.**
- 2.72** **All GPs should receive specific training in Rule 35.**

Housekeeping point

- 2.73** Following assessment of capacity to understand and consent to treatment, the relevant forms should be completed in all cases to indicate the result of the assessment.

Pharmacy

- 2.74** A local Boots pharmacy delivered medications promptly each day. An out-of-hours service was available. A pharmacist visited the centre once a quarter to check expiry dates and answer queries, but there were no on-site pharmacy clinics. Contact details for the pharmacy were displayed on the door of the treatment room in English, but the pharmacy was not aware of any detainees contacting them directly.
- 2.75** Medicines were administered from the main treatment room three times a day, and most detainees received their medicines supervised. Administration was recorded on patient charts. Records had improved since our last inspection, but we found one incomplete chart which did not indicate if the detainee had attended or not. Following a risk assessment by nursing staff, detainees receiving in-possession medicines signed a copy of their prescription, which was scanned on to the electronic record. The administration of medication that we observed was conducted in a safe, professional and courteous manner.
- 2.76** Medicines for individual detainees were supplied on a named patient basis which was a significant improvement since our last inspection. A large number of patient group directions¹² were now in place, and supplies were taken from the medicine stock cupboard. Records of administration were made on the medication charts, although we found some paper records which did not indicate the strength or quantity supplied. A health care assistant monitored stock levels twice a week and carried out documented spot checks with detainees, which included checking their understanding and the storage of medicines in their rooms.
- 2.77** All staff involved in the handling of medicines had received appropriate training in the standard operating procedures and had signed the medication administration policy to indicate that they had read and understood it.
- 2.78** Medicine management issues were discussed at the quarterly integrated governance meeting. There was good attendance by stakeholders, aggregated prescribing data were discussed and the meetings were meaningful.

¹² Enable the supply and administration of prescription-only medicine by persons other than a doctor or pharmacist, usually a nurse

Recommendations

- 2.79** Detainees should have access to pharmacy-led clinics.
- 2.80** When medications are supplied under a patient group direction, clear records should be made of the strength and quantity supplied.

Dentistry

- 2.81** Two detainees a fortnight could attend appointments at the Brook House dental surgery. Detainees could also use the emergency community dental services. All appointments had been for level 1 treatment which covered examination, diagnosis and preventative care. Oral health promotion was available through the health care department. The dental service met the needs of the population, with the longest wait of 14 days for non-urgent cases.

Delivery of care (mental health)

- 2.82** The safer community manager trained detention custody staff annually in mental health awareness using a National Offender Management Service refresher package.
- 2.83** Mental health provision had improved since our last inspection. It was more organised and there were firm plans to develop mental health services further.
- 2.84** A primary mental health nurse clinic was held each afternoon for further assessment following reception screening if indicated. During the 11 months to November 2014, 251 mental health assessments had been conducted. There was an open referral system and detainees were seen promptly on a needs-led basis. A team approach facilitated continuing support if required. Detainees were encouraged to take an active part in their care and there were good examples of care planning. Self-help information needed further development in a range of languages. There was evidence of positive joint working between mental health and detention staff and a mental health nurse participated in ACDT case management review meetings and received referrals following episodes of self-harm.
- 2.85** A psychiatrist was available to attend the centre one day a week which was enough to meet demand. Liaison between the primary and secondary services had improved significantly since our last inspection. There was fortnightly access to a clinical psychologist to support detainees with anxiety and post-traumatic stress disorder.
- 2.86** Detainees identified on or following admission to Tinsley House with severe and enduring mental health needs were transferred whenever possible, and if deemed appropriate, to suitable IRC accommodation with in-patient facilities.

Housekeeping point

- 2.87** Self-help health care information should be available in a range of languages.

Substance misuse

Expected outcomes:

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

2.88 *Detainees with substance use problems were not accepted at the centre.*

2.89 Detainees with substance use problems were not accepted at the centre. The screening used on arrival included questions about alcohol and substance use. If a detainee needed treatment, he was moved to another immigration removal centre and given symptomatic relief until the move could be organised.

Services

Expected outcomes:

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

2.90 *Detainees were not able to cook their own food. Catering required improvement. The shop was satisfactory.*

2.91 Three meals a day were served at appropriate times in a large, bright and clean dining hall. The provision of vegan and vegetarian options had improved since the previous inspection, but not all detainees were satisfied with the menu. Only 37% in our survey said that the food was good or very good. A food forum had been introduced in January 2014 which had improved consultation, although it had only met three times. Detainees told us that more awareness of their cultural diets would improve the variety of food offered. Many detainees complained in our groups and during the inspection about the lack of ethnically diverse menus. There were no facilities for detainees to cook for themselves in the main centre and many detainees told us that they would like to cook their own meals and become more involved in the creation and organisation of the menus.

2.92 A food comments book was available in the dining hall. Some suggestions made in the food forum were not taken forward and an explanation of why certain foods could not be purchased was not always provided. Only a few detainees were employed in the kitchen which we were told reflected the limited size of the servery and preparation space.

2.93 Detainees' food and meals were stored and prepared in line with religious, cultural and other special dietary requirements.

2.94 Detainees were provided with a weekly personal allowance to buy items from the centre shop. The shop was large and well maintained and provided seating with a television screen where detainees could socialise and drink coffee bought there. The shop stocked a range of culturally appropriate items, including food, skin and hair products. An Argos catalogue system was in place and orders were delivered within 24 hours. Goods for sale in the shop were expensive for detainees who did not have access to personal funds.

Recommendations

- 2.95 Detainees should be able to prepare their own food in a cultural kitchen.**
(Repeated recommendation 2.102)
- 2.96 The food comments book and the centre's detainee food forum should be used proactively to demonstrate the catering team's commitment to meeting detainee need.** (Repeated recommendation 2.101)

Section 3. Activities

Expected outcomes:

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

- 3.1** *Detainees had good access to a wide range of activities which met their needs. Resources in the family area were very good. Detainees had very good freedom of movement around the centre. Education provision was good but the range was limited. The range of work roles was good but too many were unfilled. The library required improvement. Access to fitness facilities and the breadth of sporting activity were good, although the gym was not well supervised.*
- 3.2** Detainees regularly took part in a good range of activities which met their needs. Activities catered particularly well for detainees remaining at the centre for short periods who made up most of the population.
- 3.3** Competitions with modest cash prizes attracted large numbers of detainees and spanned a wide range of activity including sporting tournaments, contests to make the best craft item and bingo games. Some events were particularly well attended by up to half the detainees. Competitions were spread across the day and in the evenings and included some at weekends. However sometimes scheduling was not co-ordinated carefully enough, resulting in reduced attendance at timetabled activity.
- 3.4** Internet facilities were readily available. Detainees made extensive use of 10 computers in the library linked to the internet. These computers were accessible at all times when the main centre facilities were open. A further three computers were located in the family centre. Detainees' access to some websites was blocked, including unnecessary restrictions on using social media (see section on communications).
- 3.5** Recreational facilities were good. Detainees had shared televisions in their rooms and there were communal facilities where detainees could watch films and major sporting events together. A games room was well used and detainees could borrow board games and chess sets.
- 3.6** Resources in the family area were very good. Toys and games were plentiful, in good condition and easily accessible. Day rooms were provided with televisions, DVDs and a small selection of books. A small, attractive outdoor space was laid out well.
- 3.7** Detainees had extensive freedom to move around the centre. They had free access to communal facilities from 6am to 11pm and unrestricted movement in residential areas at virtually all times. Detainees were not permitted to move between the family unit and main centre unless escorted, which was appropriate.
- 3.8** Activities were promoted by formal and informal means, including posters at locations where activities were held, and officers telling detainees of imminent events. A display with basic information about the centre in the most widely spoken languages helped those with limited English, but it was not always up to date. Managers were investigating additional ways to promote activities, including a dedicated information channel on televisions.
- 3.9** Regular scheduled meetings with centre managers provided good opportunities for detainees to feed back their views and suggest improvements to activities. However, monitoring of

attendance at the library, PE and music activity was not detailed enough to identify accurately how inclusive they were of individuals or groups.

Recommendation

- 3.10 Monitoring of attendance at the library, PE and music activity should be sufficiently detailed to identify how inclusive they are of individuals and groups.**

Learning and skills

- 3.11** Education classes were of good quality, although the range was limited. Classes in English for speakers of other languages took place on weekday mornings. Tuition in arts and crafts was provided on three afternoons and two evenings.
- 3.12** Teaching and learning were good. Expert tutors planned well to meet the varied needs of detainees. They structured learning appropriately into short units of study which catered well for the short period most detainees stayed at the centre. Tutors effectively accommodated the often rapid changes to the make-up of their classes. They responded well to sporadic or unpunctual attendance, minimising its negative impact and integrating latecomers skilfully.
- 3.13** Music classes run by volunteers from the centre staff were offered three afternoons a week. Additional afternoon sessions in arts and crafts supervised by custody officers were not well attended.
- 3.14** Quality assurance measures were at an early stage. Observations of education classes were regular but focused on teaching rather than its impact on learning. Self-assessment reporting was very recent and did not yet cover sufficient breadth of purposeful activity, or contribute effectively to identifying detainees' needs.

Recommendation

- 3.15 Arrangements to promote, coordinate and assure the quality of activities should be improved to ensure that attendance is consistently high and that the needs of all detainees are met.**

Paid work

- 3.16** The centre offered a good mix of paid work roles to cater for the varied interests and abilities of detainees. Some, such as cleaning or kitchen assistant jobs, were relatively repetitive, undemanding and low skilled. Others, such as befriending, presented challenge and interest and required more substantial training and well-developed personal skills.
- 3.17** Too many roles were not filled. Of the 45 on offer, about a third were vacant, and vacancy rates, while fluctuating over the last nine months, had often been high. Low pay rates, at £1 an hour for most roles, did not provide enough incentive.
- 3.18** Waiting lists for work were short. Recruitment procedures were straightforward and efficient. Specifications and expectations for all roles were set out clearly in standardised job descriptions, although some orderlies were not managed well enough. Detainees' applications were subject to vetting by the Home Office, which was inappropriate.

Recommendation

- 3.19 Rates of pay should be raised to encourage more detainees to apply for paid work at the centre and compliance with the Home Office should not be a prerequisite for obtaining work.**

Housekeeping point

- 3.20** Orderlies should be more closely managed to ensure they carry out the duties expected of them.

Library

- 3.21** Access to the library was very good. Detainees could visit throughout the time that communal facilities were open. In our survey, 93% of detainees said it was easy to visit the library against 72% at other centres.
- 3.22** The library held a large number of books in English and foreign languages but much of the stock was out of date and in bad condition. Poor displays hindered detainees from finding titles that had been purchased recently, and did not effectively promote reading or literacy. The stock of foreign language dictionaries was poorly positioned, and did not include all the languages most commonly spoken at the centre. A suitable range of British and a small selection of foreign language newspapers were readily available.
- 3.23** Management was weak. Initiatives to improve the library had stalled since the previous inspection and the service had deteriorated. Systems to manage borrowing, check stock and inform purchasing decisions were not in place.

Recommendation

- 3.24 Management of the library should be improved to ensure that arrangements for borrowing books and checking and renewing stock are effective, and that books and other resources are in good condition, easy to find and meet the needs of detainees.**

Sport and physical activity

- 3.25** Access to sport and physical activity was good. In our survey, 81% of detainees said it was easy to go the gym. A good range of organised sporting activities was offered and events took place most mornings, afternoons and evenings seven days a week. The sports hall and hard surface outdoor playing area were used well for team games such as cricket, volleyball and football and other sports such as table tennis. Facilities were spacious and resources were appropriate. PE staff were enthusiastic but not all had completed instructor or coaching qualifications. The gym was well equipped with cardiovascular exercise machines and weight training facilities. Its opening hours were long, but its use was not supervised closely enough. A fortnightly yoga class appealed to older detainees and was taught well.

Recommendation

- 3.26 Sports and activities staff should have appropriate instructor or coaching qualifications, and should supervise the gym more closely to ensure detainees are always safe.**

Section 4. Preparation for removal and release

Welfare

Expected outcomes:

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

4.1 *A valued and well used welfare service provided good support to meet the basic needs of detainees, but more complex needs were less well met. There was no systematic assessment of need on arrival or before release or removal.*

4.2 There was a well used welfare office which had an open door policy between 9.15am and 9pm, seven days a week. It was staffed by a dedicated welfare officer Monday to Friday, who had delivered training to most other detainee custody officers (DCOs) so that the service could be maintained in the evenings and at weekends.

4.3 All detainees were taken to the welfare office during their induction tour; the services available were briefly explained and a useful information booklet was available in 11 languages. However, there was no systematic assessment of detainees' needs on arrival or before release or removal, and the centre relied on detainees to ask for help.

4.4 The welfare officer attended the daily 'welcome meeting' to explain the services available. These included retrieval of property from sending establishments, provision of legal forms, and appointments for the legal advice surgery and to see the on-site immigration team. If detainees had set up online banking, they were able to use this facility in the welfare office, and help was provided with filling in forms for accommodation for the purposes of bail applications. The Gatwick Detainee Welfare Group (GDWG) and Migrant Help provided some useful advice and guidance for detainees, and the British Red Cross attended the centre monthly.

4.5 Assistance with more complex issues would have improved the service further, such as help with closing down financial affairs before removal and maintaining tenancies for detainees' families. However, the service was valued and well used by detainees; in September 2014, 403 detainees had used it, in October 476 and in November 492.

Recommendation

4.6 **Detainees' needs relating to their detention, release or removal should be systematically assessed by welfare staff during induction and resolved through ongoing individual casework which recognises the complex nature of the challenges faced by detainees.** (Repeated recommendation 4.3)

Visits

Expected outcomes:

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

- 4.7** *There was good daily provision of visits, but some rules in the visits hall were too restrictive. A useful visitor information leaflet was provided. Visitor feedback forms were available but responses had not been collated or used to inform provision. Responses to the safer community confidential telephone line were not swift enough.*
- 4.8** In our survey, 75% of detainees who had received a visit said that they were treated well by staff in the visits area against 93% at the previous inspection.
- 4.9** There was good daily provision of visits from 2pm to 9pm. A requirement for visitors to book their visit at least 24 hours in advance had been introduced; detainees were not concerned about this and visitors said the booking line was answered quickly. Managers told us that all adult visitors were given a level A rub-down search, which included the removal of their shoes and searching of their mouth, which was not proportionate (see section on security). However, this was revised during the inspection to a more appropriate basic rub-down search, and a staff notice was issued as confirmation of the change. We were told that children were searched with a wand only. Visitors were permitted to bring in property for detainees and there was a helpful free shuttle bus service to and from the centre.
- 4.10** The visits hall was large and welcoming, and was equipped with a television and a play area for younger children. A small range of chocolate and crisps was available from vending machines and fresh fruit was available free of charge from the staff desk in the hall. Some previously over-restrictive rules had been relaxed, for example detainees could now go to vending machines with their visitors. Some remained too restrictive, for example physical contact between detainees and their visitors was too limited: they were not allowed to sit next to each other and one detainee said he was not able to console his wife who was crying.
- 4.11** The GDWG provided a helpful volunteer visitor service, with about 70 volunteers available to support detainees across Tinsley House and Brook House.
- 4.12** A useful visitor information leaflet was freely available in a good range of languages. Although Storytime for Dads (enabling detainees to record bedtime stories for their children) was still available, it was not promoted and there had been no take up by detainees.
- 4.13** Visitor feedback forms were available and some had been completed by visitors, but the information had not been collated or used to inform provision.

Recommendation

- 4.14 Rules in the visits hall should be less restrictive, and allow for appropriate physical contact between detainees and their visitors.**

Housekeeping points

- 4.15** Storytime for Dads should be promoted throughout the centre.

- 4.16** Visitor feedback should be collated and used to inform provision.

Communications

Expected outcomes:

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

4.17 *Detainees had reasonable access to the internet and email, but some legitimate websites were unnecessarily blocked. There was no access to social networks or Skype. Access to fax machines and telephones was good, although phone cards provided by the centre did not always work on payphones.*

- 4.18** There were a number of computers in the library which provided detainees with reasonable access to the internet and email. However, some legitimate websites were inappropriately blocked, for example the Immigration and Asylum Tribunal website. While the UNHCR website was accessible, some of the links to publications on the site were not. Detainees could open PDF and Word documents, and print them off in the welfare office. There was no access to social networks or Skype, which was inappropriate.
- 4.19** Detainees were able to send faxes of unlimited length from the library or the welfare office. Incoming faxes were received in the welfare office and recipients' room numbers written on a board in the corridor. All detainees were able to send one free letter a week and there was a designated post box for outgoing mail which was emptied daily. Staff did not read detainees' mail.
- 4.20** Detainees received a free five-minute phone card on arrival, although some told us that they did not always work on the payphones in the centre. They were also given a mobile phone if their own did not meet the criteria to remain in possession because, for instance, they contained a camera. The shop sold phone cards. There was no system for providing free weekly calls to detainees without money, although the welfare officer allowed detainees without means to make calls in the welfare office and GDWG provided phone cards to detainees who were most in need.

Recommendation

- 4.21** **Detainees should have supervised access to social networks, Skype and all other legitimate websites.**

Housekeeping point

- 4.22** The centre should ensure that payphones can be used to make calls with the phone cards it issues to detainees.

Removal and release

Expected outcomes:

Detainees leaving detention are prepared for their release, transfer, or removal.

Detainees are treated sensitively and humanely and are able to retain or recover their property.

4.23 *Detainees were not given enough notice of transfers to other places of detention. There remained no formal system of financial assistance to help detainees reach their final destination safely. We were not confident that systems for managing public protection arrangements were sufficiently robust. The practice of taking additional detainees as reserves on charter removal flights remained in place.*

4.24 Detainees were given appropriate notice of removal but those being transferred were only given an hour's notice, which was not long enough for them to inform family and friends, have last minute visits and pack their belongings.

4.25 Helpful country information packs were available to detainees being removed, and contact details for local support organisations were available for those being released into the community. Clothes and suitable bags were provided for detainees requiring them. While the Home Office made some effort to remove detainees to the airport nearest to their home, there remained no formal system of financial assistance to help detainees reach their final destination safely.

4.26 The centre rarely held ex-prisoners but there were two at the time of the inspection, both of whom were MAPPA (multi-agency public protection arrangements) cases. We were not confident that systems for managing public protection arrangements were sufficiently robust when these detainees were released, as the on-site immigration team were not clear about their role in these circumstances.

4.27 No overseas escort charter flights left the centre during the inspection. However, the inappropriate practice of taking additional detainees as reserves on charter removal flights remained in place, causing unnecessary stress and disorientation.

Recommendations

4.28 **Detainees being transferred to other places of detention should be given sufficient notice of the move.**

4.29 **A formal system of assistance should be introduced to ensure that detainees are able to reach their final destination safely.**

4.30 **Clear processes and responsibilities should be put in place to ensure detainees subject to MAPPA are effectively managed in the UK and, that where appropriate to do so, there is liaison with the authorities in the countries to which they may return.**

4.31 **The practice of taking additional detainees as reserves to the airport for charter flight removals should cease. (Repeated main recommendation HE.47)**

Section 5. The family unit

5.1 *The family unit held: families, single women and detainees with additional needs. Although families with children were well cared for, alternatives to detention were not always considered. Family escorts were poorly planned. The family unit was well designed. Staff working there were specially trained and provided detainees with a good level of support. We had concerns about how the mixed use of the unit was developing.*

5.2 The family unit could hold three distinct groups of detainees: families with children, single women, and detainees with additional needs. The unit continued to provide a good standard of accommodation and high quality support from trained staff.

5.3 The number of children held in the family unit had increased slightly since the previous inspection. From May 2013 to November 2014, 123 families and 140 children had stayed in the unit. In the six months before our inspection, the average length of stay for families was between 11 and 12 hours and the longest stay was just under 37 and half hours.

5.4 It was not clear if all families held had needed to be detained. In some cases that we examined, Border Force officers had not considered alternatives to detention. For example, it was not clear why some families stopped at Gatwick airport could not simply have been accommodated in an airport hotel overnight. We were informed of two cases of suspected trafficking, where staff had carried out checks and detained children had subsequently been taken into the care of the local authority, as it was considered to be in their best interests.

5.5 Escort arrangements for families were badly planned. We observed one family with young children who arrived at the centre at 3.55am after a very long flight and were in their rooms at 4.30am. They had to be ready to leave the centre at 10.30am for a flight that did not depart until 5.40pm and so had a long wait in an airport holding room. Not surprisingly, the family was exhausted by the experience. We were told that the timing of escort movements was governed by the lack of female escort staff, although in this case family unit staff could have assisted a later movement. Data about this was not collated, but staff told us that such delays had increased since the previous inspection. In this case the escort vehicle did not have a car seat for the children which centre staff had to provide.

5.6 Working relationships between the centre and the social services team at Gatwick were good. The local authority team manager attended the internal safeguarding forum and had given a presentation on trafficking at the most recent meeting. A useful guide on human trafficking produced by West Sussex County Council had subsequently been made available to centre staff.

5.7 All staff working on the unit were vetted to work with children. Most staff had completed or were undergoing relevant training in child care, although two new staff had not yet started training.

5.8 During the 18 months to November 2014, 290 single females had been admitted to the unit, most remaining overnight. We were told that it was not unusual for single female detainees to occupy the family centre at the same time as families, but that these two groups never came into contact with each other and were kept in separate parts of the unit.

- 5.9** There had been a number of complex cases since the previous inspection where individuals with special needs had been admitted to the unit. In some of these cases, decisions had been made not to admit other families at the same time because of the potential risk to children.
- 5.10** During the summer, a single female detainee with severe physical disabilities had been located in the family unit, which had adapted facilities. She had received a high level of support from staff in the unit and appropriate care from health care staff. Written feedback from the detainee indicated that she had felt well cared for.
- 5.11** During the inspection a transgender person was admitted to the family unit. The background information received on the detainee was minimal, but it was clear that staff were sensitive to her needs and immediately identified that it was not appropriate to locate her in the adult male part of the centre.
- 5.12** While this case was managed appropriately, there was no record of the decision-making process to locate her in the family unit and no clear risk assessment. The family unit was unoccupied when the transgender detainee arrived at the centre, but it was not clear how her presence would have affected the admission of a new family to the unit. We were concerned that not enough formal attention was given to the assessment and management of different groups of detainees allocated to, and looked after in, the family unit.
- 5.13** Many written testimonies by detainees who had stayed at the centre showed that they had been well cared for and it was clear from talking to unit staff that they were committed to the welfare of detainees. However, the role of the family unit had become confused. There was a need to clarify its role and how detainees located there should be cared for.
- 5.14** Family unit staff said that they were usually given limited notice of an arrival, sometimes as little as 10 minutes. Detainees admitted to the unit entered directly into a small reception area, which was well designed and comfortably furnished. New arrivals were offered something to eat and drink and there were toys for children to play with. Background information on detainees was often sparse and the documentation used to assess the needs of detainees was not very detailed. Detainees were interviewed in private and shown to their rooms as quickly as possible. Throughout their stay in the family unit, detainees were closely supervised by staff.
- 5.15** Although the unit was located in the main centre building, efforts had been made to soften the environment. The unit was decorated and furnished in a homely way which helped to normalise the experience and reduce the anxiety children might experience at being held in a secure environment. All signs of security were discreet and children and families did not come in to contact with non-related, single adult detainees.
- 5.16** The living accommodation was comfortable, well furnished and well maintained. There were eight rooms with capacity for up to 34 people. The unit was self contained, occupants had access to en suite facilities and were able to cook for themselves and use a laundry. CCTV covered all parts of the unit except the family suites. All detainees had their own suite keys, though rooms could be opened by staff in an emergency.
- 5.17** There was a well equipped children's play room and a separate space with computer equipment which could be used by older children or single female detainees. There was a multi-faith room with prayer mats and a selection of religious texts in a number of languages. Clothes, toiletries and other essential items were available for detainees who needed them.

Recommendations

- 5.18 Escort arrangements for families should be based on the needs of any children involved, and female escort staff should be used to facilitate this if necessary.**

- 5.19** A plan should be produced for each detainee held in the family unit outlining the support they will be offered and, where necessary, steps to be taken to maintain the safety and wellbeing of all detainees.

Housekeeping point

- 5.20** Escort contactors should have car seats and other necessary equipment stored in the family unit so it's always available when needed.

Recommendation **To the Home Office and the centre manager**

Casework

- 6.7** Any circumstances that might have a bearing on a detainee's case to remain in the UK should be effectively communicated among centre staff, the Home Office contact team and Home Office decision-making teams. (1.83)

Recommendations **To the centre manager**

Early days in detention

- 6.8** The rules and regulations booklet should be available in a range of languages. (1.13)

Bullying and violence reduction

- 6.9** Sustained efforts should be made to investigate negative perceptions of safety held by some detainees and appropriate action should be taken. (1.20)

Self-harm and suicide prevention

- 6.10** Information relating to vulnerable detainees who have previously been subject to suicide prevention procedures in custodial facilities should always be obtained. (1.28)
- 6.11** Messages left on the confidential safer community telephone number should be responded to promptly. (1.29)

Safeguarding (protection of adults at risk)

- 6.12** The processes by which decisions about the care of vulnerable detainees are made should always be recorded clearly. At-risk detainees should have care plans. (1.34)

Safeguarding children

- 6.13** There should be no unavoidable delays in dealing with age dispute cases. (1.40)
- 6.14** The safeguarding policy should be amended to reflect current practice in the family unit. (1.41)
- 6.15** A G4S manager should be directly represented on the LSCB. (1.42)

Security

- 6.16** Detainees should be allowed to sit next to their visitors unless an individual written risk assessment states otherwise. (1.47)

The use of force and single separation

- 6.17** A use of force committee should meet regularly to review all use of force documentation and apply any lessons learnt. (1.55)

- 6.18** Staff involved in the application of control and restraint techniques should be conversant with their role and apply only approved techniques. (1.56)
- 6.19** A suitable therapeutic care suite should be available. The new care suite should be used to hold those separated under rules 40 and 42 of the detention centre rules. (1.57)

Legal rights

- 6.20** Detainees should receive a copy of their bail summary by 2pm the day before the bail hearing. (1.66)

Casework

- 6.21** All casework, including substantive decision making and consideration of rule 35 reports, should be progressed promptly. (1.80)
- 6.22** All rule 35 reports should provide objective professional assessments, for example commenting on consistency between injuries and alleged methods of torture. (1.81)

Residential units

- 6.23** Corridors and rooms should be well ventilated and free of bad smells. (2.8)
- 6.24** Detainees' rooms should be free of bed bugs. (2.9)

Staff–detainee relationships

- 6.25** Detainees should be consulted to understand any concerns about the behaviour of staff and action should be taken to address those concerns. (2.15)
- 6.26** Staff should knock and wait for a response before entering rooms, except in emergencies. (2.16)
- 6.27** All detainees should be allocated a designated care officer who updates their personal file regularly. (2.17)

Equality and diversity

- 6.28** Diversity monitoring should facilitate the identification and investigation of trends in detainee outcomes. (2.24)
- 6.29** Complaints and reports with an element of discrimination should be recorded as such and investigated appropriately. (2.25)
- 6.30** Specific forums should be established for detainees with protected characteristics. (2.26)
- 6.31** The under-reporting of disabilities should be investigated and addressed. (2.31)
- 6.32** Support and provision for older and younger detainees should be improved. (2.32)

Faith and religious activity

- 6.33** There should be adequate faith provision for Muslim detainees. (2.36)

Health services

- 6.34** All clinical incidents should be reported and monitored effectively so that lessons are learnt from them. (2.56)
- 6.35** Staff should feel assured that the centre was taking adequate steps to manage the risks of an Ebola outbreak. (2.57)
- 6.36** All staff should have regular recorded clinical and managerial supervision and annual appraisals. (2.58)
- 6.37** There should be suitable facilities for health care staff to run clinics and consultations in private and without being disturbed. (2.59)
- 6.38** Detainees should not be used as interpreters in confidential health care consultations and all telephones used for interpreting should have dual handsets. (2.60)
- 6.39** A wider range of health promotion material should be displayed across the centre in different languages, including mental health and wellbeing information. (2.61)
- 6.40** Detainees should be able to complain about health matters through a specific, well advertised health complaints system. (2.62)
- 6.41** Detainees with lifelong conditions should receive regular reviews which generate an evidence-based care plan with appropriately trained and supervised staff. The lifelong conditions register should reflect all lifelong conditions being seen. (2.71)
- 6.42** All GPs should receive specific training in Rule 35. (2.72)
- 6.43** Detainees should have access to pharmacy-led clinics. (2.79)
- 6.44** When medications are supplied under a patient group direction, clear records should be made of the strength and quantity supplied. (2.80)

Services

- 6.45** Detainees should be able to prepare their own food in a cultural kitchen. (2.95)
- 6.46** The food comments book and the centre's detainee food forum should be used to proactively demonstrate the catering team's commitment to meeting detainee need. (2.96)

Activities

- 6.47** Monitoring of attendance at the library, PE and music activity should be sufficiently detailed to identify how inclusive they are of individuals and groups. (3.10)
- 6.48** Arrangements to promote, coordinate and assure the quality of activities should be improved to ensure that attendance is consistently high and that the needs of all detainees are met. (3.15)
- 6.49** Rates of pay should be raised to encourage more detainees to apply for paid work at the centre and compliance with the Home Office should not be a pre-requisite for obtaining work. (3.19)

6.50 Management of the library should be improved to ensure that arrangements for borrowing books and checking and renewing stock are effective, and that books and other resources are in good condition, easy to find and meet the needs of detainees. (3.24)

6.51 Sports and activities staff should have appropriate instructor or coaching qualifications, and should supervise the gym more closely to ensure detainees are always safe. (3.26)

Welfare

6.52 Detainees' needs relating to their detention, release or removal should be systematically assessed by welfare staff during induction and resolved through ongoing individual casework which recognises the complex nature of the challenges faced by detainees. (4.6)

Visits

6.53 Rules in the visits hall should be less restrictive, and allow for appropriate physical contact between detainees and their visitors. (4.14)

Communications

6.54 Detainees should have supervised access to social networks, Skype and all other legitimate websites. (4.21)

Removal and release

6.55 Detainees being transferred to other places of detention should be given sufficient notice of the move. (4.28)

6.56 A formal system of assistance should be introduced to ensure that detainees are able to reach their final destination safely. (4.29)

6.57 Clear processes and responsibilities should be put in place to ensure detainees subject to MAPPA are effectively managed in the UK and, that where appropriate to do so, there is liaison with the authorities in the countries to which they may return (4.30)

6.58 The practice of taking additional detainees as reserves to the airport for charter flight removals should cease. (4.31)

The family unit

6.59 Escort arrangements for families should be based on the needs of any children involved, and female escort staff should be used to facilitate this if necessary. (5.18)

6.60 A plan should be produced for each detainee held in the family unit outlining the support they will be offered and, where necessary, steps to be taken to maintain the safety and wellbeing of all detainees. (5.19)

Housekeeping points

Early days in detention

6.61 The reception DVD should be reinstated. (1.14)

The use of force and single separation

- 6.62** Justification for removal from association should be clear and should only be authorised by the appropriate manager. (1.58)

Legal rights

- 6.63** Chairs in interview rooms should not be chained to the floor. (1.67)
- 6.64** Home office leaflets for detainees should be kept up to date. (1.68)
- 6.65** Hard copies of country of origin information reports should be kept up to date. (1.69)
- 6.66** The centre should clearly promote the range of legal texts that it holds. (1.70)

Complaints

- 6.67** Complaints should be allocated to the appropriate body for investigation. (2.42)
- 6.68** Responses to complaints should be timely. (2.43)

Health services

- 6.69** Following assessment of capacity to understand and consent to treatment, the relevant forms should be completed in all cases to indicate the result of the assessment. (2.73)
- 6.70** Self-help health care information should be available in a range of languages. (2.87)

Activities

- 6.71** Orderlies should be more closely managed to ensure they carry out the duties expected of them. (3.20)

Visits

- 6.72** Storytime for Dads should be promoted throughout the centre. (4.15)
- 6.73** Visitor feedback should be collated and used to inform provision. (4.16)

Communications

- 6.74** The centre should ensure that payphones can be used to make calls with the phone cards it issues to detainees. (4.22)

The family unit

- 6.75** Escort contactors should have car seats and other necessary equipment stored in the family unit so it's always available when needed. (5.20)

Section 7. Appendices

Appendix I: Inspection team

Nick Hardwick	Chief inspector
Colin Carroll	Team leader
Beverley Alden	Inspector
Fionnuala Gordon	Inspector
Deri Hughes-Roberts	Inspector
Andy Lund	Inspector
Ian MacFadyen	Inspector
Sam Galisteo	Researcher
Colette Daoud	Researcher
Jessica Kelly	Researcher

Specialist inspectors

Maureen Jamieson	Health services inspector
Majella Pearce	Health services inspector
Alastair Pearson	Ofsted inspector
Shane Langthorne	Ofsted inspector

Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy establishment. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

Safety

Detainees are held in safety and with due regard to the insecurity of their position.

At the last inspection in 2012, detainee feedback on escorts was generally positive, but there were still too many overnight moves and routine handcuffing for external appointments. The reception area was welcoming and well designed. First night procedures were good and induction was effective. Security was proportionate. There was little use of force or separation. Detainees at risk of self-harm were often moved to the separation room in the absence of a care suite. Staff understood child protection responsibilities. The family unit was well designed. Detainees reported feeling safe and there was a calm atmosphere in the centre. Those at risk of self-harm were well cared for. Access to legal advice was good and local immigration staff were accessible. Rule 35 reports were of little value. Outcomes for detainees were good against this healthy establishment test.

Main recommendation

Detainees at risk of self-harm or suicide should not be located in the separation accommodation solely for reasons of vulnerability. A suitable care suite should be available. (HE.45)

Not achieved (recommendation repeated, S35)

Recommendations

Detainees should not be subject to exhausting overnight transfers between centres. (1.7)

Not achieved (recommendation repeated, 1.5)

Centre staff should be able to access immediately the total time that individuals have been detained anywhere (including prisons) under immigration powers. (1.88)

Achieved

Monthly progress reports should summarise key developments in detainees' cases. (1.89)

Achieved

Families should not be subjected to excessive stays in airport holding rooms and should be escorted promptly to the centre. (5.18)

Not achieved

Detainees should only be handcuffed for outside appointments, during medical assessments and other events on the basis of individualised and clearly documented risk assessments. (1.9)

Achieved

All detainee welfare records should be completed fully and accurately by escort staff. (1.8)

Partially achieved

Anti-bullying books should be completed thoroughly and include clear outcome-focused objectives. (1.23)

Achieved

Formal arrangements for safeguarding adults should be developed in partnership with the local authority. (1.36)

Not achieved

There should be a staff 'whistle-blowing' policy, relating specifically to child protection. The policy should include the management and support of staff making allegations and those who have allegations made against them. (1.45)

Achieved

The safeguarding and welfare of children and families policy should be reviewed by and written jointly with the West Sussex Local Safeguarding Children Board. The agreed policy should be signed by both parties. (1.46)

Partially achieved

Detainees should only be strip-searched in exceptional circumstances. (1.51)

Achieved

Force should only be used when necessary and as a last resort. (1.62)

Achieved

Use of force meetings should take place regularly and include analysis of relevant data to help identify patterns and trends. (1.63)

Not achieved

Detainees should only be separated under rules 40 or 42 of the detention centre rules, and not rule 15. (1.64)

Achieved

Detainees returning from failed removals should not be automatically placed in Room 12. (1.65)

Achieved

Detainees should be removed from segregation at the earliest possible time. (1.66)

Achieved

Respect

Detainees are treated with respect for their human dignity and the circumstances of their detention.

At the last inspection in 2012, the centre was clean and well decorated. Detainees had good access to showers and a laundry. Detainee feedback on staff was exceptional. There was much improved use of professional interpretation. Diversity outcomes were reasonably good overall but some procedures were underdeveloped. Detainees reported positively on faith provision, and facilities for worship were good. Replies to complaints were polite but investigations were not always rigorously followed through. Health care outcomes were reasonable overall, but there were significant shortcomings in mental health provision and governance was under-developed. The range of food was limited and quality varied. Outcomes for detainees were reasonably good against this healthy establishment test.

Main recommendation

There should be a clear referral and assessment system for mental health needs, with appropriate linkage between primary mental health and services for severe and enduring mental health. Recognised assessment tools and care planning should be used. (HE.46)

Not achieved

Recommendations

The centre should regularly communicate to detainees the best ways to improve ventilation. (2.5)

Not achieved

Diversity monitoring should facilitate the identification and investigation of trends in detainee outcomes, across all the protected characteristics. DEAT members should have a clear understanding of this process. (2.19)

Partially achieved

The professional interpretation service should be promoted and its use monitored to ensure detainees clearly understand complex or confidential information. Where accuracy or confidentiality are important, professional services should always be used. (2.20)

Partially achieved

The under-reporting of disabilities and negative perceptions of detainees with disabilities identified in our survey should be investigated and addressed by the centre. (2.26)

Achieved

A review of services for Muslim detainees should be undertaken to address detainee and staff concerns about the suitability of the sports hall for Friday prayers, the provision of ablution facilities and the systems for preventing cross-contamination between halal and non-halal food. (2.32)

Achieved

Complaints should be answered promptly, and complaints against members of staff should be investigated rigorously by a senior manager. (2.37)

Partially achieved

A system should be in place in the health care department to monitor clinical incidents and the lessons learnt from these. (2.50)

Partially achieved

Staff should be trained in chronic disease management. (2.51)

Partially achieved

All nursing staff should participate in a structured clinical supervision programme and have appropriate developmental opportunities. (2.52)

Partially achieved

The introduction of staff appraisals should be expedited to ensure safe clinical practice. (2.53)

Partially achieved

Administrative support should be provided to release qualified nurses for professional duties in caring for detainees. (2.54)

Partially achieved

There should be consistent follow-through for detainees with identified health needs. (2.62)

Partially achieved

A thorough risk assessment should be carried out for all detainees attending external hospital appointments. (2.63)

Achieved

There should be suitable facilities for health care staff to run clinics and consultations in private and without being disturbed. (2.64)

Not achieved (recommendation repeated, 2.57)

Pharmacy services should be available to oversee pharmacy functions and undertake pharmacist-led clinics, clinical audit and medication review. (2.74)

Partially achieved

Patient group directions should be used to enable the administration of more potent medication and to avoid unnecessary consultations with the doctor. (2.75)

Achieved

Medication should be for a 'named patient' wherever possible. (2.76)

Achieved

All staff involved in the handling of medicines should have received appropriate training in the standard operating procedures and evidence of this documented. (2.77)

Achieved

The in-possession risk assessment should be fully documented; any change in risk status should include evidence of a further risk assessment and justification for any change to the method of administration. (2.78)

Achieved

There should be one prescription chart with full recording of administration including any failure to attend and refusal to take medication. Issues relating to drug compliance, particularly where patient health and wellbeing may be compromised, should be followed up appropriately. (2.79)

Partially achieved (recommendation repeated, 2.78)

All prescriptions should be written in line with prescribing guidance and should include the quantity and date prescribed and be signed by the prescriber. (2.80)

Achieved

The medicines and therapeutics committee should meet regularly and include representation from the prescribers and the pharmacy service. (2.81)

Achieved

A full range of primary and secondary mental health services should be provided according to the needs of the population. (2.89)

Achieved

Referrals and assessments in relation to whether detainees' mental or physical health could be adversely affected by detention should be consistent and multidisciplinary. (2.90)

Achieved

Local protocols should include the management of detainees who disclose current or previous substance use, including problematic alcohol use. (2.92)

Partially achieved

The menu should include a choice of vegetables at each meal and a vegan option. It should be published in advance in a number of languages, with comprehensive use of symbols and pictures to aid understanding. (2.100)

Partially achieved

The food comments book and the centre's detainee consultation processes should be used proactively to demonstrate the catering team's commitment to meeting detainee need. (2.101)

Partially achieved (recommendation repeated, 2.95)

Detainees should be able to prepare their own food in a cultural kitchen. (2.102)

Not achieved (recommendation repeated, 2.94)

Activities

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

At the last inspection in 2012, management of activities had improved. There was a limited range of education classes but there was an additional music workshop. Teaching was good and appreciated, but there was no routine quality assessment. Most detainees had enough to fill their time and recreational provision was well used. The library was accessible. PE facilities were appropriate for the population. Outcomes for detainees were good against this healthy establishment test.

Recommendations

Compliance with UKBA should not be a pre-requisite for obtaining work in the centre. (3.12)

Not achieved

The monitoring of the quantity and quality of activities should be further improved to increase the proportion of detainees attending and to ensure that the needs of all detainees are met. (3.11)

Partially achieved

The library stock should be further replenished and updated to meet the needs of the changing detainee population. (3.13)

Partially achieved

Sports and activities staff should gain an appropriate instructor or coaching qualification. (3.18)

Not achieved

Resettlement

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

At the last inspection in 2012, the welfare service was well used and accessible but was less effective for more complex matters. Visits provision was good. Detainees had good access to telephones, faxes and, usually, to the internet. The Gatwick Detainees Welfare Group provided very good support to detainees. Pre-removal work still needed development. Outcomes for detainees were good against this healthy establishment test.

Main recommendation

The practice of taking additional detainees as reserves to the airport for charter flight removals should cease. (HE.47)

Not achieved (recommendation repeated, 4.30)

Recommendations

Detainees' needs relating to their detention, release or removal should be systematically assessed by welfare staff during induction and resolved through ongoing individual casework which recognises the complex nature of the challenges faced by detainees. (4.3)

Not achieved (recommendation repeated, 4.6)

The welfare booklet should be made available in an appropriate range of languages. (4.4)

Achieved

Information for visitors should be available in the main languages spoken. (4.8)

Achieved

The confidential safer community telephone number should be prominently displayed and messages responded to promptly. (4.9)

Partially achieved

Rules in the visits hall should be less restrictive and should be applied consistently. (4.10)

Partially achieved

Managers should ensure that internet sites and links are only blocked on the grounds of a risk to security or other legitimate reasons. Detainees should be able to open email attachments, including Word and PDF documents. (4.17)

Partially achieved

Appendix III: Detainee population profile

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

(i) Age	No. of men	No. of women	No. of children	%
Under 1 year				
1 to 6 years				
7 to 11 years				
12 to 16 years				
16 to 17 years				
18 years to 21 years	8			
22 years to 29 years	48	1		
30 years to 39 years	35			
40 years to 49 years	11			
50 years to 59 years	5			
60 years to 69 years	1			
70 or over				
Total				100

(ii) Nationality Please add further categories if necessary	No. of men	No. of women	No. of children	%
Afghanistan	7			
Albania	8			
Algeria				
Angola				
Bangladesh	12			
Belarus				
Brazil	1			
Cameroon				
China	2			
Colombia				
Congo (Brazzaville)				
Congo Democratic Republic (Zaire)				
Ecuador				
Estonia				
Egypt	2			
Eritrea	2			
Georgia				
Ghana	3			
Guyana	1			
India	18			
Iran	1			
Iraq	1			
Ivory Coast				
Jamaica	1			
Kenya				
Kosovo	2			
Latvia				
Liberia				

Lithuania	1			
Malaysia	1			
Mauritius	1			
Moldova				
Nepal	4			
Nigeria	7			
Pakistan	20			
Palestine	1	1		
Russia	1			
Senegal	1			
Sierra Leone				
South Africa	1			
Sri Lanka	4			
Spain	1			
Trinidad and Tobago	1			
Turkey				
Ukraine				
Vietnam	3			
Yugoslavia (FRY)				
Zambia				
Zimbabwe				
Other (please state)				
Total				100

(iii) Religion/belief Please add further categories if necessary	No. of men	No. of women	No. of children	%
Buddhist	4			
Roman Catholic	3			
Orthodox	16			
Other Christian religion				
Hindu	12			
Muslim	59	1		
Sikh	7			
Agnostic/atheist	1			
Unknown				
None	3			
Rastafarian	1			
Other (please state what)	2			
Total				100

(iv) Length of time in detention in this centre	No. of men	No. of women	No. of children	%
Less than 1 week	32	1		
1 to 2 weeks	14			
2 to 4 weeks	31			
1 to 2 months	27			
2 to 4 months	1			
4 to 6 months				
6 to 8 months	1			
8 to 10 months	2			

More than 10 months (please note the longest length of time)				
Total				100

(v) Detainees' last location before detention in this centre	No. of men	No. of women	No. of children	%
Community	2			
Another IRC	15			
A short-term holding facility (e.g. at a port or reporting centre)	68	1		
Police station	21			
Prison	2			
Total				100

Appendix IV: Summary of detainee survey responses

Detainee survey methodology

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

Sampling

The questionnaire was offered to all detainees.

Distributing and collecting questionnaires

Every attempt was made to distribute the questionnaires to respondents individually. This gave researchers an opportunity to explain the purpose of the survey and to answer respondents' questions. We also stressed the voluntary nature of the survey and provided assurances about confidentiality and the independence of the Inspectorate. This information is also provided in writing on the front cover of the questionnaire.

Our questionnaire is available in a number of different languages and via a telephone translation service for respondents who do not read English. Respondents with literacy difficulties were offered the option of an interview.

Respondents were not asked to put their names on their questionnaire. In order to ensure confidentiality, respondents were asked to seal their completed questionnaire in the envelope provided and either hand it back to a member of the research team at a specified time or leave it in their room for collection.

Refusals were noted and no attempts were made to replace them.

Survey response

At the time of the survey on 1 December 2014 the detainee population at Tinsley House IRC was 105. Questionnaires were distributed to all detainees.

We received a total of 66 completed questionnaires, a response rate of 63%. Two respondents refused to complete a questionnaire, 30 questionnaires were not returned and seven were returned blank.

Returned language	Number of completed survey returns
English	46 (70%)
Chinese	3 (5%)
Tamil	3 (5%)
Urdu	3 (5%)
Vietnamese	3 (5%)
Pashtu	2 (3%)
Spanish	2 (3%)
Arabic	1 (2%)
Farsi	1 (2%)
Portuguese	1 (2%)
Punjabi	1 (2%)
Total	66 (100%)

Presentation of survey results and analyses

Over the following pages we present the survey results for Tinsley House IRC.

First a full breakdown of responses is provided for each question. In this full breakdown all percentages, including those for filtered questions, refer to the full sample. Percentages have been rounded and therefore may not add up to 100%.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant¹³ differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the entire sample. All missing responses have been excluded from analyses.

Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data have been weighted to enable valid statistical comparison between establishments.

The following comparative analyses are presented:

- The current survey responses from Tinsley House in 2014 compared with responses from detainees surveyed in all other detention centres. This comparator is based on all responses from detainee surveys carried out in nine detention centres since April 2009.
- The current survey responses from Tinsley House in 2014 compared with the responses of detainees surveyed at Tinsley House IRC in 2012.
- A comparison within the 2014 survey between the responses of non-English-speaking detainees with English-speaking detainees.

¹³ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

Survey summary

Section I: About you

Q1	Are you male or female?	
	Male	66 (100%)
	Female.....	0 (0%)
Q2	What is your age?	
	Under 18	2 (3%)
	18-21	4 (6%)
	22-29	25 (38%)
	30-39	18 (27%)
	40-49	10 (15%)
	50-59	4 (6%)
	60-69	2 (3%)
	70 or over	1 (2%)
Q3	What region are you from? (Please tick only one)	
	Africa	8 (13%)
	North America.....	0 (0%)
	South America.....	3 (5%)
	Indian subcontinent (India, Pakistan, Bangladesh, Sri Lanka)	32 (51%)
	China	3 (5%)
	Other Asia.....	4 (6%)
	Caribbean	3 (5%)
	Europe.....	7 (11%)
	Middle East	3 (5%)
Q4	Do you understand spoken English?	
	Yes	51 (78%)
	No.....	14 (22%)
Q5	Do you understand written English?	
	Yes	46 (72%)
	No.....	18 (28%)
Q6	What would you classify, if any, as your religious group?	
	None.....	2 (3%)
	Church of England	3 (5%)
	Catholic	4 (6%)
	Protestant.....	1 (2%)
	Other Christian denomination	5 (8%)
	Buddhist	4 (6%)
	Hindu	6 (10%)
	Jewish	1 (2%)
	Muslim	32 (51%)
	Sikh.....	5 (8%)
Q7	Do you have a disability?	
	Yes	8 (13%)
	No.....	53 (87%)

Section 2: Immigration detention

Q8	When being detained, were you told the reasons why in a language you could understand?	
	Yes	53 (87%)
	No	8 (13%)
Q9	Including this centre, how many places have you been held in as an immigration detainee since being detained (including police stations, airport detention rooms, removal centres, and prison following end of sentence)?	
	One to two	48 (76%)
	Three to five	9 (14%)
	Six or more	6 (10%)
Q10	How long have you been detained in this centre?	
	Less than 1 week	11 (17%)
	More than 1 week less than 1 month	28 (44%)
	More than 1 month less than 3 months	16 (25%)
	More than 3 months less than 6 months	7 (11%)
	More than 6 months less than 9 months	2 (3%)
	More than 9 months less than 12 months	0 (0%)
	More than 12 months	0 (0%)

Section 3: Transfers and escorts

Q11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	
	Yes	31 (48%)
	No	26 (41%)
	Do not remember	7 (11%)
Q12	How long did you spend in the escort vehicle to get to this centre on your most recent journey?	
	Less than one hour	12 (19%)
	One to two hours	17 (27%)
	Two to four hours	11 (17%)
	More than four hours	23 (36%)
	Do not remember	1 (2%)
Q13	How did you feel you were treated by the escort staff?	
	Very well	14 (22%)
	Well	23 (36%)
	Neither	17 (27%)
	Badly	6 (9%)
	Very badly	4 (6%)
	Do not remember	0 (0%)

Section 4: Reception and first night

Q15	Were you seen by a member of healthcare staff in reception?	
	Yes	61 (92%)
	No	4 (6%)
	Do not remember	1 (2%)
Q16	When you were searched in reception, was this carried out in a sensitive way?	
	Yes	37 (57%)
	No	18 (28%)
	Do not remember/ Not applicable	10 (15%)

Q17	Overall, how well did you feel you were treated by staff in reception?	
	Very well.....	18 (28%)
	Well.....	30 (46%)
	Neither.....	14 (22%)
	Badly.....	3 (5%)
	Very badly.....	0 (0%)
	Do not remember.....	0 (0%)
Q18	On your day of arrival did you receive information about what was going to happen to you?	
	Yes.....	31 (48%)
	No.....	31 (48%)
	Do not remember.....	3 (5%)
Q19	On your day of arrival did you receive information about what support was available to you in this centre?	
	Yes.....	46 (71%)
	No.....	15 (23%)
	Do not remember.....	4 (6%)
Q20	Was any of this information given to you in a translated form?	
	Do not need translated material.....	31 (48%)
	Yes.....	9 (14%)
	No.....	24 (38%)
Q21	On your day of arrival did you get the opportunity to change into clean clothing?	
	Yes.....	51 (78%)
	No.....	13 (20%)
	Do not remember.....	1 (2%)
Q22	Did you feel safe on your first night here?	
	Yes.....	45 (69%)
	No.....	17 (26%)
	Do not remember.....	3 (5%)
Q23	Did you have any of the following problems when you first arrived here? (Please tick all that applies to you.)	
	Not had any problems.....	27 (44%)
	Loss of property.....	4 (6%)
	Contacting family.....	7 (11%)
	Access to legal advice.....	10 (16%)
	Feeling depressed or suicidal.....	16 (26%)
	Health problems.....	17 (27%)
Q24	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	
	Not had any problems.....	27 (47%)
	Yes.....	17 (29%)
	No.....	14 (24%)

Section 5: Legal rights and immigration

Q26	Do you have a lawyer?	
	Do not need one.....	8 (13%)
	Yes.....	40 (63%)
	No.....	15 (24%)

Q27	Do you get free legal advice?	
	Do not need legal advice	8 (13%)
	Yes	27 (43%)
	No.....	28 (44%)
Q28	Can you contact your lawyer easily?	
	Yes	30 (51%)
	No.....	6 (10%)
	Do not know/ Not applicable.....	23 (39%)
Q29	Have you had a visit from your lawyer?	
	Do not have one	23 (37%)
	Yes	10 (16%)
	No.....	29 (47%)
Q30	Can you get legal books in the library?	
	Yes	27 (46%)
	No.....	7 (12%)
	Do not know/ Not applicable.....	25 (42%)
Q31	How easy or difficult is it for you to obtain bail information?	
	Very easy.....	7 (11%)
	Easy	17 (27%)
	Neither	5 (8%)
	Difficult.....	11 (18%)
	Very difficult.....	14 (23%)
	Not applicable.....	8 (13%)
Q32	Can you get access to official information reports on your country?	
	Yes	24 (39%)
	No.....	22 (36%)
	Do not know/ Not applicable.....	15 (25%)
Q33	How easy or difficult is it to see the centre's immigration staff when you want?	
	Do not know/ have not tried	16 (25%)
	Very easy.....	7 (11%)
	Easy	15 (23%)
	Neither	9 (14%)
	Difficult.....	11 (17%)
	Very difficult.....	6 (9%)

Section 6: Respectful detention

Q35	Can you clean your clothes easily?	
	Yes	62 (94%)
	No.....	4 (6%)
Q36	Are you normally able to have a shower every day?	
	Yes	62 (94%)
	No.....	4 (6%)
Q37	Is it normally quiet enough for you to be able to relax or sleep in your room at night time?	
	Yes	40 (63%)
	No.....	24 (38%)

Q38	Can you normally get access to your property held by staff at the centre if you need to?	
	Yes	32 (49%)
	No.....	26 (40%)
	Do not know.....	7 (11%)
Q39	What is the food like here?	
	Very good.....	4 (6%)
	Good.....	19 (30%)
	Neither	17 (27%)
	Bad	12 (19%)
	Very bad.....	11 (17%)
Q40	Does the shop sell a wide enough range of goods to meet your needs?	
	Have not bought anything yet.....	7 (11%)
	Yes	29 (46%)
	No.....	27 (43%)
Q41	Do you feel that your religious beliefs are respected?	
	Yes	50 (81%)
	No.....	3 (5%)
	Not applicable.....	9 (15%)
Q42	Are you able to speak to a religious leader of your faith in private if you want to?	
	Yes	27 (44%)
	No.....	14 (23%)
	Do not know/ Not applicable.....	21 (34%)
Q43	How easy or difficult is it to get a complaint form?	
	Very easy.....	14 (23%)
	Easy.....	18 (30%)
	Neither	11 (18%)
	Difficult.....	3 (5%)
	Very difficult.....	1 (2%)
	Do not know.....	13 (22%)
Q44	Have you made a complaint since you have been at this centre?	
	Yes	14 (24%)
	No.....	40 (68%)
	Do not know how to.....	5 (8%)
Q45	If yes, do you feel complaints are sorted out fairly?	
	Yes	7 (12%)
	No.....	5 (9%)
	Not made a complaint.....	45 (79%)

Section 7: Staff

Q47	Do you have a member of staff at the centre that you can turn to for help if you have a problem?	
	Yes	44 (70%)
	No.....	19 (30%)
Q48	Do most staff at the centre treat you with respect?	
	Yes	50 (81%)
	No.....	12 (19%)

Q49 Have any members of staff physically restrained you (C and R) in the last six months?
 Yes 4 (7%)
 No..... 52 (93%)

Q50 Have you spent a night in the separation/isolation unit in the last six months?
 Yes 6 (10%)
 No..... 54 (90%)

Section 8: Safety

Q52 Do you feel unsafe in this centre?
 Yes 23 (37%)
 No..... 40 (63%)

Q53 Has another detainee or group of detainees victimised (insulted or assaulted) you here?
 Yes 15 (25%)
 No..... 45 (75%)

Q54 If you have felt victimised by a detainee/group of detainees, what did the incident(s) involve? (Please tick all that applies to you.)

Physical abuse (being hit, kicked or assaulted)	4 (7%)
Because of your nationality.....	5 (8%)
Having your property taken.....	5 (8%)
Drugs.....	1 (2%)
Because you have a disability	2 (3%)
Because of your religion/religious beliefs	1 (2%)

Q55 Has a member of staff or group of staff victimised (insulted or assaulted) you here?
 Yes 15 (26%)
 No..... 42 (74%)

Q56 If you have felt victimised by a member of staff/group of staff, what did the incident(s) involve? (Please tick all that applies to you.)

Physical abuse (being hit, kicked or assaulted)	3 (5%)
Because of your nationality.....	3 (5%)
Drugs.....	1 (2%)
Because you have a disability	1 (2%)
Because of your religion/religious beliefs	2 (4%)

Q57 If you have been victimised by detainees or staff, did you report it?
 Yes 4 (7%)
 No..... 13 (23%)
 Not been victimised..... 39 (70%)

Q58 Have you ever felt threatened or intimidated by another detainee/group of detainees in here?
 Yes 6 (11%)
 No..... 48 (89%)

Q59 Have you ever felt threatened or intimidated by a member of staff in here?
 Yes 4 (8%)
 No..... 48 (92%)

Section 9: Healthcare

Q61	Is health information available in your own language?	
	Yes	21 (37%)
	No.....	17 (30%)
	Do not know.....	19 (33%)
Q62	Is a qualified interpreter available if you need one during healthcare assessments?	
	Do not need an interpreter/ Do not know.....	29 (55%)
	Yes.....	8 (15%)
	No.....	16 (30%)
Q63	Are you currently taking medication?	
	Yes.....	32 (55%)
	No.....	26 (45%)
Q64	What do you think of the overall quality of the healthcare here?	
	Have not been to healthcare.....	11 (19%)
	Very good.....	8 (14%)
	Good.....	24 (41%)
	Neither.....	10 (17%)
	Bad.....	3 (5%)
	Very bad.....	3 (5%)

Section 10: Activities

Q66	Are you doing any education here?	
	Yes.....	17 (29%)
	No.....	41 (71%)
Q67	Is the education helpful?	
	Not doing any education.....	41 (76%)
	Yes.....	12 (22%)
	No.....	1 (2%)
Q68	Can you work here if you want to?	
	Do not want to work.....	14 (25%)
	Yes.....	33 (59%)
	No.....	9 (16%)
Q69	Is there enough to do here to fill your time?	
	Yes.....	33 (59%)
	No.....	23 (41%)
Q70	How easy or difficult is it to go to the library?	
	Do not know/ Do not want to go.....	1 (2%)
	Very easy.....	35 (61%)
	Easy.....	18 (32%)
	Neither.....	3 (5%)
	Difficult.....	0 (0%)
	Very difficult.....	0 (0%)

Q71	How easy or difficult is it to go to the gym?	
	<i>Do not know/ Do not want to go</i>	6 (11%)
	<i>Very easy</i>	32 (57%)
	<i>Easy</i>	13 (23%)
	<i>Neither</i>	4 (7%)
	<i>Difficult</i>	1 (2%)
	<i>Very difficult</i>	0 (0%)

Section 11: Keeping in touch with family and friends

Q73	How easy or difficult is it to use the phone?	
	<i>Do not know/ Have not tried</i>	3 (5%)
	<i>Very easy</i>	28 (48%)
	<i>Easy</i>	19 (33%)
	<i>Neither</i>	5 (9%)
	<i>Difficult</i>	2 (3%)
	<i>Very difficult</i>	1 (2%)

Q74	Have you had any problems with sending or receiving mail?	
	<i>Yes</i>	12 (21%)
	<i>No</i>	28 (48%)
	<i>Do not know</i>	18 (31%)

Q75	Have you had a visit since you have been here from your family or friends?	
	<i>Yes</i>	22 (39%)
	<i>No</i>	34 (61%)

Q76	How did staff in the visits area treat you?	
	<i>Not had any visits</i>	26 (48%)
	<i>Very well</i>	8 (15%)
	<i>Well</i>	13 (24%)
	<i>Neither</i>	3 (6%)
	<i>Badly</i>	3 (6%)
	<i>Very Badly</i>	1 (2%)

Section 12: Resettlement

Q78	Do you feel that any member of staff has helped you to prepare for your release?	
	<i>Yes</i>	8 (16%)
	<i>No</i>	42 (84%)

Main comparator and comparator to last time



Detainee survey responses: Tinsley House 2014

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

Key to tables

		Tinsley House 2014	IRC comparator	Tinsley House 2014	Tinsley House 2012
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		66	1,469	66	86
SECTION 1: General information					
1	Are you male?	100%	90%	100%	100%
2	Are you aged under 21 years?	10%	10%	10%	11%
4	Do you understand spoken English?	79%	74%	79%	78%
5	Do you understand written English?	72%	71%	72%	64%
6	Are you Muslim?	51%	52%	51%	56%
7	Do you have a disability?	13%	12%	13%	12%
SECTION 2: Immigration detention					
8	When being detained, were you told the reasons why in a language you could understand?	87%	74%	87%	77%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	10%	5%	10%	9%
10	Have you been detained in this centre for more than one month?	39%	53%	39%	42%
SECTION 3: Transfers and escorts					
11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	49%	44%	49%	36%
12	Did you spend more than four hours in the escort van to get to this centre?	36%	24%	36%	22%
13	Were you treated well/very well by the escort staff?	58%	63%	58%	75%
SECTION 4: Reception and first night					
15	Were you seen by a member of health care staff in reception?	92%	88%	92%	85%
16	When you were searched in reception was this carried out in a sensitive way?	57%	65%	57%	65%
17	Were you treated well/very well by staff in reception?	74%	64%	74%	83%
18	Did you receive information about what was going to happen to you on your day of arrival?	48%	38%	48%	49%
19	Did you receive information about what support was available to you in this centre on your day of arrival?	71%	45%	71%	68%
For those who required information in a translated form:					
20	Was any of this information provided in a translated form?	27%	34%	27%	26%

Main comparator and comparator to last time

Key to tables

		Tinsley House 2014	IRC comparator	Tinsley House 2014	Tinsley House 2012
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
21	Did you get the opportunity to change into clean clothing on your day of arrival?	79%	64%	79%	78%
22	Did you feel safe on your first night here?	69%	54%	69%	66%
23a	Did you have any problems when you first arrived?	57%	65%	57%	59%
23b	Did you have any problems with loss of transferred property when you first arrived?	6%	8%	6%	8%
23c	Did you have any problems contacting family when you first arrived?	11%	16%	11%	12%
SECTION 4: Reception and first night continued					
23d	Did you have any problems accessing legal advice when you first arrived?	16%	17%	16%	7%
23e	Did you have any problems with feeling depressed or suicidal when you first arrived?	26%	35%	26%	20%
23f	Did you have any health problems when you first arrived?	27%	25%	27%	28%
For those who had problems on arrival:					
24	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	55%	37%	55%	46%
SECTION 5: Legal rights and immigration					
26	Do you have a lawyer?	63%	66%	63%	73%
For those who have a lawyer:					
28	Can you contact your lawyer easily?	83%	75%	83%	84%
29	Have you had a visit from your lawyer?	26%	47%	26%	37%
27	Do you get free legal advice?	43%	44%	43%	39%
30	Can you get legal books in the library?	46%	48%	46%	55%
31	Is it easy/very easy for you to obtain bail information?	39%	31%	39%	27%
32	Can you get access to official information reports on your country?	39%	24%	39%	23%
33	Is it easy/very easy to see this centre's immigration staff when you want?	34%	26%	34%	57%
SECTION 6: Respectful detention					
35	Can you clean your clothes easily?	94%	82%	94%	96%
36	Are you normally able to have a shower every day?	94%	92%	94%	100%
37	Is it normally quiet enough for you to be able to sleep in your room at night?	63%	67%	63%	72%
38	Can you normally get access to your property held by staff at the centre, if you need to?	50%	51%	50%	61%
39	Is the food good/very good?	37%	29%	37%	50%

Main comparator and comparator to last time

Key to tables

		Tinsley House 2014	IRC comparator	Tinsley House 2014	Tinsley House 2012
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
40	Does the shop sell a wide enough range of goods to meet your needs?	46%	48%	46%	61%
41	Do you feel that your religious beliefs are respected?	81%	77%	81%	89%
42	Are you able to speak to a religious leader of your own faith if you want to?	43%	56%	43%	68%
43	Is it easy/very easy to get a complaint form?	53%	52%	53%	58%
44	Have you made a complaint since you have been at this centre?	23%	22%	23%	14%
For those who have made a complaint:					
45	Do you feel complaints are sorted out fairly?	58%	26%	58%	33%
SECTION 7: Staff					
47	Do you have a member of staff you can turn to for help if you have a problem?	70%	65%	70%	78%
48	Do most staff treat you with respect?	81%	77%	81%	95%
49	Have any members of staff physically restrained you in the last six months?	7%	10%	7%	12%
50	Have you spent a night in the segregation unit in the last six months?	10%	13%	10%	12%
SECTION 8: Safety					
52	Do you feel unsafe in this centre?	37%	32%	37%	17%
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	25%	19%	25%	15%
54a	Have you been hit, kicked or assaulted since you have been here? (By detainees)	6%	4%	6%	4%
54b	Have you been victimised because of your nationality since you have been here? (By detainees)	8%	6%	8%	4%
54c	Have you ever had your property taken since you have been here? (By detainees)	8%	2%	8%	1%
54d	Have you been victimised because of drugs since you have been here? (By detainees)	2%	1%	2%	0%
54e	Have you ever been victimised here because you have a disability? (By detainees)	3%	1%	3%	1%
54f	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	2%	4%	2%	3%
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	26%	15%	26%	13%
56a	Have you been hit, kicked or assaulted since you have been here? (By staff)	6%	2%	6%	1%
56b	Have you been victimised because of your nationality since you have been here? (By staff)	6%	6%	6%	0%
56c	Have you been victimised because of drugs since you have been here? (By staff)	2%	1%	2%	1%
56d	Have you ever been victimised here because you have a disability? (By staff)	2%	1%	2%	1%

Main comparator and comparator to last time

Key to tables

		Tinsley House 2014	IRC comparator	Tinsley House 2014	Tinsley House 2012
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
56e	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	3%	3%	3%	4%
For those who have been victimised by detainees or staff:					
57	Did you report it?	22%	43%	22%	36%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	12%	11%	12%	9%
59	Have you ever felt threatened or intimidated by a member of staff in here?	7%	12%	7%	4%
SECTION 9: Health services					
61	Is health information available in your own language?	37%	39%	37%	50%
62	Is a qualified interpreter available if you need one during health care assessments?	15%	21%	15%	21%
63	Are you currently taking medication?	55%	42%	55%	38%
For those who have been to health care:					
64	Do you think the overall quality of health care in this centre is good/very good?	67%	47%	67%	67%
SECTION 10: Activities					
66	Are you doing any education here?	29%	24%	29%	18%
For those doing education here:					
67	Is the education helpful?	91%	94%	91%	93%
68	Can you work here if you want to?	58%	58%	58%	57%
69	Is there enough to do here to fill your time?	58%	56%	58%	63%
70	Is it easy/very easy to go to the library?	93%	72%	93%	89%
71	Is it easy/very easy to go to the gym?	81%	67%	81%	80%
SECTION 11: Keeping in touch with family and friends					
73	Is it easy/very easy to use the phone?	82%	66%	82%	80%
74	Have you had any problems with sending or receiving mail?	21%	21%	21%	12%
75	Have you had a visit since you have been in here from your family or friends?	39%	43%	39%	41%
For those who have had visits:					
76	Do you feel you are treated well/very well by staff in the visits area?	75%	73%	75%	93%
SECTION 12: Resettlement					
78	Has any member of staff helped you to prepare for your release?	16%	16%	16%	



Key questions (non-English speakers) Tinsley House IRC 2014

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

Key to tables

		Non-English speakers	English speakers
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		14	51
8	When being detained, were you told the reasons why in a language you could understand?	86%	87%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	23%	7%
10	Have you been in this centre for more than one month?	57%	35%
11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	50%	49%
13	Were you treated well/very well by the escort staff?	27%	68%
17	Were you treated well/very well by staff in reception?	50%	82%
18	Did you receive information about what was going to happen to you on your day of arrival?	30%	53%
19	Did you receive information about what support was available to you on your day of arrival?	30%	83%
22	Did you feel safe on your first night here?	52%	74%
23	Did you have any problems when you first arrived?	57%	57%
26	Do you have a lawyer?	73%	62%
33	Is it easy/very easy to see the centre's immigration staff when you want?	15%	40%
35	Can you clean your clothes easily?	100%	94%
36	Are you normally able to have a shower every day?	100%	94%
43	Is it easy/very easy to get a complaint form?	32%	60%

Non-English Speakers Comparator

Key to tables

		Non-English speakers	English speakers
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
44	Have you made a complaint since you have been at this centre?	16%	26%
47	Do you have a member of staff you can turn to for help if you have a problem?	52%	76%
48	Do most staff treat you with respect?	70%	86%
52	Do you feel unsafe in this centre?	30%	37%
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	24%	23%
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	30%	24%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	24%	8%
59	Have you ever felt threatened or intimidated by a member of staff in here?	0%	10%
61	Is health information available in your own language?	15%	44%
62	Is a qualified interpreter available if you need one during health care assessments?	32%	10%
66	Are you doing any education here?	24%	31%
68	Can you work here if you want to?	56%	61%
69	Is there enough to do here to fill your time?	68%	58%
70	Is it easy/very easy to go to the library?	91%	96%
71	Is it easy/very easy to go to the gym?	76%	84%
73	Is it easy/very easy to use the phone?	91%	80%
74	Have you had any problems with sending or receiving mail?	10%	25%
75	Have you had a visit since you have been in here from your family or friends?	48%	38%
78	Has any member of staff helped you to prepare for your release?	11%	19%