

Report on an announced inspection of
Lindholme Immigration

Removal Centre

16–20 February 2009

by HM Chief Inspector of Prisons

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Contents

Introduction	5
Fact page	7
Healthy establishment summary	9
1 Arrival in detention	
Escort vans and transfers	17
Reception and first night	18
2 Environment and relationships	
Residential units	21
Staff-detainee relationships	23
3 Casework	
Legal rights	27
Immigration casework	28
4 Duty of care	
Bullying	31
Suicide and self-harm	32
Childcare and child protection	35
Diversity	36
Faith	38
5 Health services	41
6 Substance use	49
7 Activities	
Work	51
Education and skills	51
Library	52
Physical education	53

8	Rules and management of the centre	
	Rules of the centre	53
	Security	53
	Rewards scheme	54
	Use of force and single separation	55
	Complaints	56
9	Services	
	Catering	61
	Shop	62
10	Preparation for release	
	Welfare	65
	Visits	65
	Telephones	66
	Mail	67
	Removal and release	67
11	Recommendations, housekeeping and good practice	69
	Appendices	
	I Inspection team	79
	II Population profile	80
	III Safety and staff-detainee relationship interviews	83
	IV Summary of survey responses	88

Introduction

Lindholme immigration removal centre (IRC), near Doncaster, is run by the Prison Service on behalf of the UK Border Agency (UKBA). This full announced inspection identified reasonable staff–detainee relationships and slightly improved levels of activity, but we were concerned by a number of safety issues and there was insufficient help for detainees to prepare for release or removal.

Early days in the IRC were generally well managed. Given the large proportion of ex-prisoners, it was commendable that levels of self-harm and bullying were low and most detainees reported feeling safe. However, detainees expressed anxiety about their immigration cases and this was compounded by a shortage of effective legal advice and some poor casework practice.

There was a lack of rigour in some safety procedures. Thus, while use of force was low, removal from association was routinely used without proper authorisation, the new separation unit was not fit for purpose, strip searching was not properly recorded and suicide prevention paperwork was poor. There was also inadequate supervision on the units and, on one night during the inspection, a detainee was assaulted yet the staff response was slow and medical aid was not provided until the following morning. By contrast, managers had placed considerable emphasis on procedural security following a recent audit. Searching had increased and there had been no change to the restrictions on movement that we have previously criticised. This appeared to be an unbalanced approach and impacted unnecessarily on detainees.

The centre remained rather austere and cleanliness varied. Relationships between detainees and the dedicated IRC staff were good, but staff sent in temporarily from the neighbouring prison were much less understanding of the needs of detainees. Arrangements to support diversity and faith were adequate, but could be improved. There was a need for greater use of professional interpreting services. Health services were generally sound, although there was limited mental health provision.

There had been some expansion of activities, and a small amount of paid work was now available. This provision was adequate for short-stay detainees, but lengths of stay had increased and more good quality purposeful activity was needed for those staying for longer periods. Physical education was good and the library was welcoming but limited.

It was disappointing that there had been no real progress in the development of welfare support and work to prepare detainees for release or removal. In fact, welfare staff had been given additional security duties and this restricted their already limited activities. Visiting arrangements were adequate, but there was still no email or internet access.

Lindholme had not progressed significantly since our previous visit. Relationships between IRC staff and detainees remained generally good and there had been some limited increase in the amount of purposeful activity. However, some important safety procedures lacked rigour, and welfare support and work to help detainees prepare for release or removal had been reduced. Conversely, there had been an increased emphasis on security which appeared disproportionate to the risks posed by immigration detainees and adversely affected

the regime. This appeared to reflect the IRC's continued inability to break away from the neighbouring prison and carve out a separate and more appropriate identity for itself.

Anne Owers
HM Chief Inspector of Prisons

May 2009

Fact page

Task of the establishment

IRC Lindholme is an immigration removal centre

Location

Hatfield Woodhouse, near Doncaster, North Yorkshire

Contractor

HM Prison Service

Number held

118

Certified normal accommodation (CNA)

124

Operational capacity

124

Escort provider

G4S

Last inspection

16–18 July 2007

Brief history

IRC Lindholme was previously RAF Lindholme's officers' mess. It became the category D unit for HMP Lindholme, to which it is adjacent. It was converted to its present role in July 2000, with the addition of a dedicated gate, reception, visits, activity centre and sports field.

Description of residential units

IRC Lindholme comprises two residential units (Elm and Willow) for male detainees. Each unit houses 62 detainees in 27 rooms. On each floor there is 24-hour access to telephones, toilets, showers and a kitchenette.

Healthy establishment summary

Introduction

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

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

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

HE.2 Although this was a custodial establishment, we were mindful that detainees were not held because they had been charged with a criminal offence and had not been detained through normal judicial processes. In addition to our own independent *Expectations*, the inspection was conducted against the background of the Detention Centre Rules 2001, the statutory instrument that applies to the running of immigration removal centres. Rule 3 sets out the purpose of centres (now immigration removal centres) as being to provide for the secure but humane accommodation of detainees:

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

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

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

Safety

HE.4 Reception was a well-managed area. First night and induction arrangements were generally sound. Most detainees reported feeling safe. Levels of self-harm and bullying were low, but procedures for monitoring and safeguarding vulnerable detainees were weak. Removal from association was routinely used without authorisation, and supervision of detainees in the separation unit was inadequate, particularly for those at risk of self-harm. There had been poor management of a

recent violent incident, which failed to deal promptly with a detainee's possible medical needs. Strip searching of detainees was not recorded. The approach to security was not always proportionate for the risks posed by the detainee population. Legal representation was limited, and legal resources poor. On-site immigration staff were diligent and files well kept. Rule 35 letters elicited little useful response. Lindholme was not performing sufficiently well against this healthy establishment test.

- HE.5** Detainees reported positively overall on treatment by escort staff. Some detainees complained of disorientating moves around the detention estate, although records showed less evidence of this than in the past. Video link was used to good effect for bail hearings but could have been developed further.
- HE.6** The reception area was clean, bright and reasonably well decorated. Reception staff were conscientious and helpful. Late arrivals did not receive hot food and experienced delays in seeing the nurse. A reasonable amount of translated information was available in reception, but professional interpretation was not used in appropriate cases. There was a small store of property to issue for those without coats or shoes.
- HE.7** Regular first night checks were carried out by staff, and room sharing risk assessments were completed but not subsequently reviewed. A comprehensive induction was delivered by education staff. However, it was not as effective for non-English speakers, and Chinese detainees in particular felt that it was an insufficient introduction to the centre.
- HE.8** There was no comprehensive published set of rules of the centre available to detainees. New systems for security collation and analysis had recently been developed but had not yet been implemented. There was no trends analysis of security information reports, or of other information, and therefore no systematic way to establish risks to the establishment. There was emerging evidence that the recent, more organised approach to security was resulting in an over-zealous approach for a low-risk immigration removal centre (IRC) population. Detainees' rooms were routinely searched twice a month, rather than on a targeted basis. Strip searching of detainees had been carried out on the basis of intelligence, but there were no records to verify procedures and authorisation. There was no paperwork or recorded authorisation for this search.
- HE.9** Use of force was low and records gave assurance of appropriate use and attempts at de-escalation. Temporary confinement under Detention Centre Rule 42 was rare, but removal from association (Rule 40) was used unofficially, without authorisation or paperwork. The separation unit was not routinely staffed when detainees were held there, and was sometimes used for those at risk of self-harm. It was particularly inappropriate that detainees on constant watch because of a high risk of self-harm were supervised through closed-circuit television (CCTV) cameras in separation rooms with obvious ligature points. Furthermore, the CCTV cameras did not have complete coverage of the rooms.
- HE.10** The separation unit room floors and mattress plinths were dirty. Daily visits from relevant staff did not take place routinely. There was no systematic recording to show access to regime elements, such as use of the shower. Virtually all detainees were transferred out after being removed from association, and insufficient attempts were made to manage detainees back into normal location.

- HE.11** The incidence of self-harm was low. The suicide and self-harm prevention strategy was detailed but referred to practice that was not happening. The safer detention officer had no facility time and no formal support from other staff. Monthly safer custody meetings were poorly attended, often cancelled and did not actually discuss suicide prevention or anti-bullying issues. Almost all detainees on an open assessment, care in detention and teamwork (ACDT) document were transferred out of the centre, even when the evidence suggested that they could have been managed safely there. There was no food refusal log, and some food refusals were not recorded. The overall quality of completed ACDT documents was poor. There had been no staff training in any aspects of safer detention since 2007.
- HE.12** Two recent serious night-time incidents – a suicide attempt and a violent altercation – suggested that there was inadequate availability of staff during the night. In both cases, staff response times were slow. In the case of the altercation, staff had failed to summon immediate medical attention, despite the fact that one of the detainees had been hit repeatedly around the head and could have had a serious injury. He had subsequently been allowed to return to his blood-spattered room, which was effectively a crime scene. His assailant had previously been involved in a violent altercation and had stated that he did not want to share a room; there was no evidence that this had been considered in his current room sharing risk assessment.
- HE.13** There was little evidence of bullying, and detainee survey results on safety were extremely positive. Most detainees reported feeling safe. The anti-bullying strategy was up to date, but it was not based on consultation with detainees and did not reflect current practice. The investigation into the single bullying incident recorded in the previous 12 months was poor. Information on assaults, bullying-related security information reports and unexplained injuries was not sent to the safer detention officer for investigation.
- HE.14** A Legal Services Commission-funded duty legal advice scheme was well advertised and well used. However, funding shortfalls meant that not all relevant cases could be taken on. The range of legal resources in the library was poor. The legal visits facility was adequate, but opening hours were limited. Solicitors' letters faxed to detainees were sometimes inappropriately copied and put on file. There was good access to fax and copying facilities each morning and afternoon, with no limits on quantity.
- HE.15** Detainees expressed frustration at the slow progress on their cases. We found little evidence of frailties in casework contributing to prolonged detention. Monthly reviews generally arrived on time and showed progress, although some were too repetitive. Recent Rule 35 letters examined showed no substantive responses from case workers. The on-site immigration team was accessible and followed up queries diligently. Immigration files were well organised and easy to read. However, on-site immigration staff sometimes passed on important and potentially complex information using detainees to interpret rather than professional interpreters.

Respect

- HE.16** Little had been done to soften the physical environment of the centre. Some areas were poorly cleaned. Most staff were flexible and capable, and staff-detainee relationships were good. Diversity outcomes were reasonable, but there had been little progress on achieving more systematic management of diversity. Provision for

different faith groups was adequate. The financial rewards scheme was effective, but the parallel incentives and earned privileges scheme had some inappropriate restrictions. There were few complaints and the quality of responses was mostly good. Overall health services were good but there was no health needs analysis and limited mental health support. There was little evidence of substance misuse and protocols were in place to cover the clinical management of detainees. The quality of food was good. Lindholme was performing reasonably well against this healthy establishment test.

- HE.17** The accommodation was minimally decorated and little had been done to promote an IRC, rather than a prison, environment. The fabric of some rooms was in a poor condition. There were many worn and thin mattresses, with no system for checking and replacing them. Most shower facilities were adequate, but many toilets were dirty and some had no locks. Some rooms were hot and difficult to ventilate, particularly as many had broken window handles. Most detainees did not have access to lockable cabinets, although a delivery of keys arrived during the inspection. A number of televisions, Freeview boxes and aerial sockets were not in working order.
- HE.18** Detainees reported positive relationships with staff. We observed staff managing poor behaviour with maturity, and a focus on informal problem resolution. However, detainees were regularly referred to by surname alone in official documentation and in person. History sheets usually lacked evidence of positive engagement, and any detailed entries were usually negative comments. A new personal officer scheme had yet to become embedded. The continued cross-deployment of prison and IRC staff led to a lack of continuity, a situation with which detainees and IRC staff were dissatisfied.
- HE.19** There had been a lack of progress since the previous inspection on achieving a more systematic approach to diversity issues. There was no diversity management meeting and therefore no strategic oversight. There was little evidence of effective monitoring or use of management information. Only one impact assessment had been completed, and formal consultation arrangements with detainees were poor. The notion of diversity was limited to nationality and race. We came across a number of detainees who would have benefited from professional interpretation services but were not offered any. Chinese nationals, most of whom spoke little English, were particularly affected by this.
- HE.20** There was a highly visible religious and cultural affairs manager, who also oversaw diversity. There was celebration of cultural and religious events. There was reasonably good access to chaplains, although there were no Sikh or Hindu ministers at the time of the inspection. Access to the chapel and mosque was limited as a result of lock-up periods during staff meal breaks. There was no suitable multi-faith room. There were no links with external religious faith groups.
- HE.21** A financial rewards scheme was well understood and an effective means of motivating participation in the regime and promoting good behaviour. However, it was inappropriate that the parallel incentives and earned privileges scheme entailed restrictions such as loss of access to paid work, and loss of mobile telephone.
- HE.22** There were few complaints, averaging four to five a month, and the quality of responses was mostly good. The most frequently raised complaints concerned loss of property. Timescales for response were too long for the detainee population, although most were answered before the formal deadline. There was no monitoring,

analysis or discussion of complaints and trends. Complaint forms were freely available in 21 languages.

- HE.23** Health services were well regarded by detainees. However, there was no comprehensive health needs analysis. The IRC was a satellite of HMP Lindholme healthcare department, and nursing support was drawn from the prison, which had significant staff shortages. There was no nurse dedicated to work at the IRC regularly, and this created a lack of continuity for detainees. Access to the GP service was good, with clinics every weekday. Mental health support was limited and did not meet the requirements of the many detainees with low-level mental health needs. Medication was well managed, but many detainees did not have secure lockers in which to keep their medicines, leading to a significant risk of misuse of medication by other detainees. Detainees had to attend the prison for some appointments, although new procedures meant that their time waiting there was minimised. There was no staff training in relation to torture or trauma.
- HE.24** There was little evidence of substance misuse. There were protocols for the clinical management of detainees who needed it, and specialist nurses at the prison were able to provide interim support. Symptomatic relief was available.
- HE.25** More detainees rated the food as good or very good than at other IRCs. Menus provided for a variety of cultural and religious tastes and for special diets. Detainees told us that there were low quantities of fruit and vegetables, and this was true of the lunch meals. The food comments book was regularly used and contained many positive comments from detainees.
- HE.26** Detainees complained about the high price of goods on the canteen list. The canteen facility was linked to the nearby prison; the influence of the prison's population on the list of available items meant that it could not specifically respond to the needs of the constantly changing and diverse IRC population.

Activities

- HE.27** Activities provision had recently been extended and was adequate for short-stay detainees. There were a limited number of paid work roles. The quality of teaching was satisfactory, and activities staff were appropriately qualified. The library was welcoming but did not meet detainees' needs. There were limited sports facilities and the popular gym was small for the population. Freedom of movement around the centre was too restrictive. Lindholme was performing reasonably well against this healthy establishment test.
- HE.28** Activity provision and access to the activities centre had recently been extended, but the range in the evenings and at weekends was limited. Provision was suitable for detainees staying for short periods, but less so for the large proportion of detainees (69% at the time of the inspection) who spent more than a month at the centre. Recreational facilities were adequate. Attendance at activities was reasonable overall, and the rewards scheme was helpful in motivating attendance.
- HE.29** Education was well managed on a drop-in basis, and the standard of teaching was satisfactory. However, planning of individual learning was not sufficiently structured. There was also an over-reliance on workbooks and worksheets, many of which were

poorly photocopied. Education provision was responsive to the changing needs of the detainee population, and some short units of accreditation in information and communications technology were offered, along with internally accredited English for speakers of other languages. Quality assurance procedures were basic but adequate. Activities staff were appropriately qualified, although the induction of some recently appointed staff had not prepared them well enough for dealing with incidents.

- HE.30** There were only 19 detainees in paid work, although a few more were due to start working in the gardens. However, there had been no progress in increasing the number of work spaces since the previous inspection. Waiting lists were long, with a total of 26 detainees waiting for jobs at the time of the inspection.
- HE.31** The library was welcoming and the library worker was helpful to individual detainees. However, she was unqualified and had received no training in the role, despite repeated requests. She did not have computer access and was therefore unable to catalogue stock. There were no links with other libraries. The selection of English and foreign language newspapers was limited and the library did not purchase periodicals. Until recently, there had been no budget for buying stock. Library opening hours were limited and arrangements to cover staff absence or leave were inadequate. In the previous eight months, there had been 61 closures.
- HE.32** Gym staff were enthusiastic and positive. The gym was small and access was limited to 20 places on each session. There were no monitoring arrangements to ensure fair access. It had limited opening at weekends and in the evenings. There was no sports hall for indoor team sports. The full-sized football field was regularly used.
- HE.33** Detainees had insufficient freedom of movement around the centre, amounting to about nine hours a day.

Preparation for release

- HE.34** There had been no progress in developing much-needed welfare work, and welfare provision did not meet the need. The visits facilities were adequate. Detainees had good access to telephones. There was no email or internet access. Lindholme was not performing sufficiently well against this healthy establishment test.
- HE.35** There was no dedicated welfare officer, and this task was performed by various staff, with little continuity or opportunity to build experience of the role. The commitment to the role was further diluted by the fact that the detailed officer was now located in the visits area, to staff the video link facility. Staff were not trained and the work was clearly not regarded as a priority. Detainees had limited awareness of welfare assistance, and uptake of the service was low. There was no evidence of cases being followed through or completed. Most of the matters raised related to either missing property or money. Welfare provision did not meet the needs of detainees.
- HE.36** Visitors did not need to book in advance and this allowed flexibility. The visitors' centre focused mainly on the needs of visitors to the prison and catered less well for IRC visitors. The visits hall was comfortable and relaxed. Visitors were generally treated well, with the exception of at least one instance where visitors had been inappropriately strip searched. Allowing visitors to make their own tea and coffee contributed to the positive atmosphere.

- HE.37 Detainees reported good telephone access. However, those admitted from other establishments were not always permitted to retain mobile telephones that had been authorised elsewhere. Not all detainees who could not afford a mobile telephone were offered one on loan.
- HE.38 All post was opened by staff, and this was unnecessarily intrusive. There was no email or internet access, which severely limited detainees' access to information and inexpensive communication.
- HE.39 Detainees returning to the community were issued with a travel warrant, which did not always cover the cost of the bus journey to the nearest station. There were concerns about the potential impact of the recently introduced restriction in the amount of luggage which detainees could take with them on a flight. However, the establishment took an appropriately flexible approach to managing this.

Main recommendations

- HE.40 Case workers should respond promptly and fully to notifications sent under Detention Centre Rule 35, including a reasoned evaluation of the impact of this on a decision to maintain detention.
- HE.41 Accessible central records should be kept of the total length of time that individuals have been detained anywhere in the detention estate.
- HE.42 Strip searching of detainees should always be properly authorised and recorded and under no circumstances should staff strip search visitors.
- HE.43 The Rule 40 rooms should be refurbished to remove ligature points, and should be regularly cleaned, whether or not they are in use. Under no circumstances should detainees be placed on Rule 40 without recorded authorisation and without a supervising member of staff present in the unit.
- HE.44 Professional interpretation should always be used for sensitive and formal interviews with detainees.
- HE.45 Detainees should have access to the internet and email.
- HE.46 A dedicated welfare officer role should be created. The post-holder should be trained and have appropriate cover, and the role should be well advertised to detainees.

Section 1: Arrival in detention

Expected outcomes:

Escort staff ensure the well being and respectful treatment of detainees under escort. 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.

Escort vans and transfers

- 1.1 Detainees generally reported positively about conditions and treatment when being transported to the centre. The level of unnecessary journeys appeared to have decreased but was still a problem. Good use was made of the video link.
- 1.2 Detainees were relatively satisfied with their treatment coming to and from the centre, with 62% of respondents to our survey saying that they were treated well or very well by escort staff, which was significantly better than the 47% comparator. In general, journeys were fairly short. Twenty per cent of detainees responding to our survey reported spending more than four hours on a journey, which was significantly lower than the 29% comparator.
- 1.3 The feedback that we received from detainees in our discussion groups was similarly positive. However, we received several comments from detainees about not being allowed proper comfort breaks. In one instance, a detainee reported that the van simply stopped at the side of a road to allow him to relieve himself. It was difficult to get a clear picture about the regularity with which comfort breaks were offered from the escort record forms because the quality of the copied records was poor.
- 1.4 Detainees embarking and disembarking from escort vans were normally not handcuffed.
- 1.5 Although we received few complaints from detainees about their treatment while under escort, and no serious complaints, there was no comment book available for them to express views about their experience.
- 1.6 We received complaints from detainees, and also from staff, about what they regarded as the high number of unnecessary journeys between immigration removal centres. We were told, for example, that it was not uncommon for a detainee located at a London centre to be transferred to Lindholme, where he might stay two nights, simply for an interview with an immigration official. It was difficult to determine the extent of this from records. One detainee spent six months at Campsfield House immigration removal centre (IRC) and was then moved to Dungavel IRC for two nights before coming to Lindholme. The record on the electronic national casework system showed that he had been moved from Campsfield House to free up bed spaces and that no bed had been available at Lindholme for a direct move. A member of the immigration contact team said that movement because of bed spaces was a common occurrence. For example, during our safety interviews, a detainee told us, 'We are being moved very frequently and to very far and remote detention centres without any plausible reasons'. We discussed this matter with the local immigration manager, who agreed that this was a problem, although he was confident that it was not nearly as prevalent as it had been at the time of the previous inspection. The limited evidence we obtained on escorts also suggested that the situation had improved, although each movement was stressful for detainees.

- 1.7 Video link was used at least once, and often twice, a day to deal with bail hearings. There was scope to extend the use of this facility, which was currently being used only in the mornings. The centre manager had recently submitted a bid for extra staffing in order to keep the suite open during the afternoon, but it had been unsuccessful.

Recommendations

- 1.8 The UK Border Agency should minimise the number of short interim transfers between centres, which should only take place in exceptional circumstances. Detainees should be informed of reasons for transfer.
- 1.9 Clear records of detainees' treatment while under escort should be kept. These should be checked by reception staff, and any shortcomings should be raised directly with the escort staff concerned.
- 1.10 Use of the video link facility should be extended.
- 1.11 Detainees should have access to a comments book in order to report their experiences while being supervised under escort.

Reception and first night

1.12 The reception, first night and induction procedures were all reasonably effective. Detainees were treated well in their early days at Lindholme and staff were generally responsive to their needs. Detainees were normally dealt with promptly at reception before moving onto the first night accommodation, which was basic but clean. The induction programme was delivered by education staff, and in most cases was effective. Good use was made of peer interpreters but this was to the exclusion of formal interpretation, including in confidential matters.

- 1.13 The reception area was clean, bright and reasonably well decorated. Reception staff were polite and helpful in their approach to detainees and were responsive to their needs. For example, staff made efforts, despite restrictions, to help detainees take their possessions away with them on departure.
- 1.14 Most new arrivals were admitted during the day. Reception staff normally received several hours' notice from the escort staff about this. The reception area was not staffed over lunchtime, and occasionally this delayed the admissions process.
- 1.15 Detainees were dealt with one at a time on their arrival. As soon as their details had been checked and property logged, they moved into a small waiting room. They were issued with a general information leaflet which had been produced by UK Border Agency. This document was available in a range of languages and gave standard information about how IRCs were run, and the types of facilities and support available. More detailed information, specifically about how Lindholme was run, was displayed in the waiting room. This had been translated into 10 different languages.
- 1.16 Reception staff did not use professional interpreting services, preferring to use detainees who spoke relevant languages for this purpose. While this was appropriate for informal issues, it was inappropriate for sensitive or formal matters.

- 1.17 Detainees who arrived after 6pm were not given the opportunity to have hot food, although they were offered sandwiches and fruit from the kitchen. Late arrivals also sometimes had to wait for up to an hour until the nurse arrived to carry out the initial assessment.
- 1.18 A small store of clothing was held in reception for detainees without enough of their own. However, it was limited and was not actively issued to all those who needed it.
- 1.19 Detainees normally spent no more than two hours in reception before being taken to the residential wings.
- 1.20 Detainees were given a free telephone call and were able to take a shower as soon as they arrived in the residential accommodation. A basic room sharing risk assessment was carried out and, where possible, detainees were located with people from a similar national background. Rooms were prepared with fresh bedding and detainees were issued with a free pack containing basic hygiene items.
- 1.21 Night-time checks were carried out on new arrivals to minimise their risk of self-harm and suicide and enhance their feelings of safety. Detainees that we spoke to who had recently been admitted said that they had been treated well on their first night, and 67% of those responding to our survey said that they had felt safe on their first night, which was significantly better than the 48% comparator. However, this positive finding was not replicated for non-English speakers, among whom only 46% felt safe, compared with 73% of English speakers.
- 1.22 Although there was no written information leaflet available on the first night, it was clear that staff explained to detainees how things worked. A great deal of information was also passed by word of mouth between detainees. The high level of positive scores in our survey relating to questions in this area indicated that detainees understood the information they needed to know at this stage.
- 1.23 The induction process took place on the first working day after arrival. It consisted of a tour around the establishment, led by a member of the education staff. The tour was comprehensive and detainees were shown all of the relevant facilities and services. Once it had been completed, the teacher went through a written information booklet explaining how detainees could make use of the various services available. The booklet was presented in a straightforward style and was available in 12 different languages.
- 1.24 Most of the detainees that we spoke to said that they had found the induction process useful. Relatively few individuals declined to participate and those that did were spoken to, to make sure they were making an informed choice. The teachers who ran the induction process checked in advance to establish if any newly admitted detainee was likely to have difficulty in understanding English. If this was the case, they sought out another detainee who spoke his language to join the tour and act as an interpreter. One of the teaching staff delivering the induction programme was an English for speakers of other languages (ESOL) teaching assistant. However, we received reports from several Chinese detainees who, despite the steps taken to communicate with them on induction, still found it difficult to understand.

Recommendations

- 1.25 Staff deployment should be changed to ensure that staff shortages do not cause delays in admitting detainees over lunchtime.
- 1.26 Late arrivals should be seen promptly by a nurse and offered hot food.

- 1.27 Professional interpreting services should be used when carrying out formal assessments or dealing with sensitive information.
- 1.28 Adequate clothing should be available for detainees arriving or departing who have insufficient suitable clothing of their own.
- 1.29 Extra efforts should be made to ensure that Chinese and Vietnamese detainees are included in, and are given help to understand, the induction material.

Good practice

- 1.30 *Night-time checks on new arrivals helped to minimise risk of suicide and self-harm and enhanced feelings of safety among detainees.*

Section 2: Environment and relationships

Residential units

Expected outcomes:

Detainees are held in decent conditions in an environment that is safe and well maintained.

Family accommodation is child friendly.

Accommodation and facilities

- 2.1 Living accommodation was functional but in need of maintenance, and the units were austere. Movement around the centre was restricted, with detainees spending substantial periods locked on their units. Toilets were dirty but shower facilities were appropriate and well maintained. Laundry arrangements were limited.
- 2.2 The residential accommodation comprised two identical units, Elm and Willow, housed opposite each other in one main building. Each unit had two floors and held 62 detainees in 28 two- or three-bed rooms. The décor was spartan, both within the rooms and on corridors.
- 2.3 Rooms were of varying size, owing to the centre's original design as officers' quarters on an RAF base, rather than purpose-built accommodation. Most were spacious, although some of the two-bedded rooms were small, and none afforded occupants the opportunity for privacy. Most rooms were in poor condition, with peeling paint and missing tiles commonly found. Some rooms had sinks, but water pressure was poor.
- 2.4 Some of the residential areas were extremely hot during the inspection, particularly on the second floor, and ventilation appeared poor throughout. Several rooms had broken window handles, preventing the windows from being opened. Detainees complained that the heating had been turned off for substantial periods without any warning, presumably for maintenance. The centre acknowledged that this had been the case and made assurances that it would not happen again.
- 2.5 Many mattresses had worn thin and there was no systematic check to ensure adequate replacements when necessary; several detainees told us that they had asked for a replacement but none had been provided. We asked staff about the process for obtaining a replacement and were told that a detainee would be provided with one on request. However, when we were taken to see the stock, there were none in the storeroom; we were subsequently told that some were on order.
- 2.6 There was a small room on each floor with a sink and water boiler. These water boilers were the only source of hot water when detainees were locked on their units, and several detainees that we spoke to told us that they frequently broke down owing to high usage. The small rooms on the first floor of the units were also fitted with water coolers.
- 2.7 There was a telephone room on each floor of the units, with access to telephones that allowed incoming as well as outgoing calls. The telephone rooms were extremely hot and contained chairs in a poor state of repair.

- 2.8 Call bells were located at various points along corridors, but detainees told us that these were answered after long delays during the day and not at all at night, although this could not be verified, as the centre's call bell system was unable to provide monitoring printouts. The response time from a member of staff when we pressed a call bell was 11 minutes, but this was after the member of staff had first walked past ignoring it.
- 2.9 Staff supervision of the units was minimal. Only one member of staff was assigned during the day to each unit, and the only time we witnessed staff on the units was during roll checks and when a detainee was being sought to attend a visit. Fabric checks were signed for daily but recorded comments were rare and we saw no staff conducting the checks during the inspection.
- 2.10 Connecting the units was a centre area, which included an association room and a television room. The association room contained a snooker table, table tennis table and pool table. It was dirty and dusty on the first day of the inspection; the walls, skirting boards and windows had clearly not been cleaned in some time and the plasterboard walls had been damaged in several areas. The television room was clean and a rota allowed for channels in different languages to be shown nightly on a good-sized widescreen television. Detainees also had aerial sockets, televisions and Freeview boxes in their rooms, but many did not work.
- 2.11 A range of information was displayed around the centre, but much had not been translated – for example, information about the recent changes in the shop suppliers and how this would impact on detainees.
- 2.12 Regular, formal consultation with detainees took place in the form of the monthly amenities committee. Minutes demonstrated that meetings took place consistently and were generally well attended by staff; two to five detainees attended. Action points were recorded in the minutes and, while it was not always clear from subsequent meeting minutes that they had been carried out, detainees confirmed that they had.

Clothing and possessions

- 2.13 Detainees were allowed to wear their own clothing, and all were offered clothing by the centre, including sweatshirts, jogging bottoms, T-shirts, socks and boxer shorts. The issued clothing could be changed twice a week, on Mondays and Fridays. Detainees could not wash their own clothing but had to hand it in to be washed. This practice was restrictive, as they could only hand their clothing in to be laundered once a week, on Thursday, between 8.15am and 9.30am. They could then collect this clothing between 3.15pm and 4pm the next day.
- 2.14 During our group sessions, several detainees complained that their visitors could no longer bring in replacement clothing but had to post it in. This was refuted by staff, who told us that visitors were allowed to bring in clothing and that the only consideration was that detainees' property in possession should not exceed the new weight limits imposed by the UK Border Agency across the whole of the estate.
- 2.15 All rooms contained a medium-sized cabinet for each detainee, but none that we saw could be locked. Staff told us that keys had been distributed to those detainees who had lockable cabinets and that cabinets without locks were to be replaced with lockable ones.

Hygiene

- 2.16 The units had showers and toilets on both floors. The toilets were all dirty and detainees told us that they were cleaned infrequently. We did not see any cleaning of these areas during the inspection, although we were told that contractors were responsible for this on weekdays, with the small number of detainees employed as cleaners assuming responsibility at weekends. None of the detainee cleaners had received any accredited training (for example, British Institute of Cleaning Sciences). Several toilet cubicles did not have locks on them and tiles were missing from the walls and floors. Three of the four toilets had broken soap dispensers, and the sole intact one contained no soap.
- 2.17 Shower facilities were clean, and well lit and ventilated. Detainees had unhindered 24-hour access to the showers. They were afforded privacy, each shower being within a cubicle, although some had missing tiles on the wall. Detainees with a disability had access to the ground floor shower of each unit, and a shower had been adapted in each. In our survey, 90% of detainees said that they could receive a shower every day, which was similar to the comparator.
- 2.18 Basic toiletries (including soap, shower and shaving gels, deodorants, razors, toothbrushes and toothpaste) were available to all detainees on request from the laundry area.

Recommendations

- 2.19 All rooms should be adequately heated and ventilated.
- 2.20 All rooms, including showers, toilets and telephone rooms, should be checked daily for faults and a system implemented to ensure that necessary repairs are conducted within a reasonable timeframe.
- 2.21 Staff supervision of residential units should be more frequent.
- 2.22 Managers should determine and enforce a maximum response time for call bells.
- 2.23 All published information should be translated into the main languages spoken by detainees.
- 2.24 Wet weather clothing should be available to all detainees.
- 2.25 Showers and toilets should be cleaned daily.
- 2.26 Detainees should have daily access to laundry facilities to wash their own clothing.

Staff–detainee relationships

Expected outcomes:

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

- 2.27 Staff–detainee relationships were good. Staff were experienced and capable. Many staff used surnames alone to address detainees and some used inappropriate language. History sheets lacked detail and the personal officer scheme had only just been implemented. Prison staff in uniform were often used to cover immigration removal centre duties.
- 2.28 Detainees reported good relationships with immigration removal centre (IRC) staff. In our survey, 73% said that most staff treated them with respect. Our in-depth staff–detainee relationship interviews revealed a similarly positive picture overall. We observed staff behaving with sympathy and decency towards detainees. Poor behaviour was managed with maturity and a focus on informal problem resolution. This interaction was rarely reflected in history sheets, where any detailed entries were usually negative comments. There were regular management checks, but these rarely said anything other than ‘comments noted’.
- 2.29 Detainees were regularly referred to by surnames alone, both in official documentation and verbally, and some detainees complained of inappropriate and unwanted nicknames. We also heard some staff using some unprofessional expletive-laden language, apparently unaware of the negative impact that this had on some detainees. We observed a number of staff entering detainees’ rooms without knocking.
- 2.30 A personal officer scheme had been implemented recently and had yet to become established. History sheet entries suggested that few personal officers had yet introduced themselves to detainees. Most detainees that we spoke to were unaware of the scheme but positive about its potential. There was little proactive engagement with detainees who could not speak English. Our survey results suggested that they had worse experiences in the centre than English speakers.
- 2.31 There was continued cross-deployment of prison and IRC staff, to the detriment of a separate identity and culture in the IRC. IRC staff wore polo shirts, although not name badges, to promote a more informal atmosphere. Visiting prison staff wore their usual uniform. Most had little meaningful interaction with detainees, and usually referred them to regular IRC staff if they had any questions. The latter were similarly unhappy about their inability to develop the IRC’s distinct identity and to maintain a continuity of staffing. Staff had received no formal training on the specific experiences of, and challenges faced by, asylum seekers, refugees and detainees.
- 2.32 As in other Prison Service-run – but not private – establishments, staff carried extendable batons.

Recommendations

- 2.33 **Staff should address detainees politely and professionally at all times, and the use of surnames alone and inappropriate nicknames should cease.**
- 2.34 **The personal officer scheme should be fully implemented and particular efforts should be made to communicate with detainees who have little or no use of English. This engagement should be reflected in regular and detailed entries in history files.**
- 2.35 **Staff should knock before entering detainees’ rooms.**

- 2.36 Staff should receive training to enhance their understanding of the experiences and histories of people seeking asylum, refugees and those detained under immigration powers.
- 2.37 Staff should not carry defensive weapons.

Section 3: Casework

Legal rights

Expected outcomes:

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

- 3.1 Detainees had good access to the duty legal advice scheme, but advisers were unable to take on all relevant cases. The library had little up-to-date legal information.
- 3.2 Two local firms of solicitors provided the Legal Services Commission (LSC)-funded duty advice scheme on Tuesdays and Thursdays. Detainees were usually able to see an adviser at the next routine visit following the request. One of these firms had not been able to represent detainees at bail applications since the beginning of December 2008 because of a lack of funding pending the start of a new LSC contract at the end of March 2009. In our survey, 40% of respondents, against a 55% comparator, had received a visit from their solicitor or legal representative. In our in-depth detainee safety interviews, access to legal advice was the second major concern after casework.
- 3.3 Bail summaries were served to detainees, as is required, by 2pm at the latest on the day before the hearing.
- 3.4 There were two small rooms set aside for legal visits at one end of the main visiting room in the visits building. These were suitable discrete rooms where interviews could be conducted in sight but out of hearing of staff. Formal interviews by immigration officials (such as Criminal Casework Directorate staff) had to be fitted into the same visiting hours that applied to domestic visitors. This often meant that long interviews (for example, the asylum interview) had to be broken up and conducted either in the morning and afternoon or over two different dates.
- 3.5 The library had only two legal textbooks, and one was out of date. There were some copies of official Acts, but these were almost worthless, and even misleading, as they did not show the frequent changes in legal provisions. There were no dedicated human rights books and little information from voluntary organisations. A detainee told us that, 'basic legal materials such as forms that are available in other centres cannot be found here'.
- 3.6 The two computers advertised as giving legal information were run solely by the visitors' group, Doncaster Association of Visitors to Immigration Detainees (DAVID), with no input from the library worker (see section on activities). The computers had little accessible and up-to-date legal information. On one of them, a detainee had opened a file recording personal details of his case which had not been deleted and was accessible by any other user.
- 3.7 There were no restrictions on detainees being able to fax documents to legal representatives from the immigration liaison office, and this was reflected in a 100% positive response to this question in our survey. Detainees were given faxes on the day of receipt, as far as possible. However, in two cases, solicitors' confidential faxed letters to their clients had been copied and put on file inappropriately.

Recommendations

- 3.8 In consultation with the Legal Services Commission, the centre should seek ways of improving access to specialist legal advice and representation for detainees.
- 3.9 Official interviews by immigration officials should be facilitated in a single session, even if the session runs into a routine lock-up time.
- 3.10 The library should be stocked with up-to-date and easily accessible legal literature and information relating to immigration issues.
- 3.11 The computers providing legal information should be kept up to date by the establishment in cooperation with Doncaster Association of Visitors to Immigration Detainees (DAVID).
- 3.12 Copies of letters from solicitors to detained clients should never be held in official files.

Housekeeping point

- 3.13 The use of the legal information computers in the library should be monitored to ensure that personal and confidential matters cannot be viewed by other users.

Immigration 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 about the progress of their cases.

- 3.14 The on-site immigration team was efficient and diligent. Casework was pursued with reasonable timeliness, although some monthly reviews were repetitive. Immigration surgeries were held approximately once a month. Responses to Rule 35 letters were poor, and a new system had just been introduced. Detainees were often inappropriately asked to interpret information relating to immigration cases.
- 3.15 Four detainees had been in detention for over 12 months overall (one for 27 months, one for 17 months and two for 15 months). Thirty-one detainees had been in detention for over six months overall and 12 of these had spent more than six months continuously at the establishment. No statistics were available for cumulative lengths of detention across the estate as a whole; the reasons given were that each centre has its own computer system and the frequent movements of detainees make it difficult to collate such information centrally.
- 3.16 Many detainees were extremely frustrated at their length of detention and the lack of progress on their cases. In our in-depth safety interviews, uncertainty about immigration cases was by far the most prominent concern identified by detainees.
- 3.17 A request to see a member of the immigration team was usually accommodated on the same or the following day. In our survey, 38% said that it was easy to see immigration staff when they wanted to, which was significantly better than the 21% comparator. The team was

experienced and generally conscientious in following up queries. We found one case of poor practice, involving a Chinese detainee for whom a written request had been made to the immigration contact team in December 2008 by the case worker following an immigration interview. This had asked whether the centre had concerns about the health of the detainee and, if so, what they were. There had been no response and it appeared that the request had not even been forwarded to health services staff. All the casework files had been checked in the week before the inspection. Before this, monthly checks had been made only on those detained for over six months.

- 3.18 An immigration induction was carried out by the on-site contact team within 72 hours of arrival at the centre. The professional telephone interpretation service was used for this induction when this was felt necessary, but thereafter interpretation was usually provided by another detainee. At this induction, detainees were asked if they were willing to interpret for others. Sensitive and/or important information relating to immigration cases was often inappropriately imparted using detainee interpreters.
- 3.19 An immigration officer visited from Leeds Criminal Casework Directorate (CCD) once a month to see named detainees; this applied only to CCD cases. A notice in the library erroneously stated that there was a daily immigration surgery at specified times, but was taken down during the inspection.
- 3.20 The monthly detention reviews (IS151F) generally arrived on time; if not, they were followed up by the on-site contact team. We checked 30 files chosen at random. The files were clear and well organised. Most of the reviews on the files at the establishment (which only started from the date that the detainee arrived at the centre) showed progress, although some were too repetitive; the norm was to paste in the whole of the previous month's letter and add briefly any procedural developments since then. The result was an accurate procedural history of the administration of the case, but not a full and balanced consideration of the factors relevant to detention. In some cases there was inappropriate reference to the detainee extending his own detention by making an asylum application; this was not a relevant consideration.
- 3.21 Detention Centre Rule 35 requires a report to be made if a detainee's health is likely to be injuriously affected by detention, including any allegation of torture or suicidal intent. There was a central file for recording Rule 35 statements in the immigration office, containing approximately 30 such statements. We checked all of these. In most cases there was no response logged from the case worker. Where there was a response, it was not a substantive one. The contact team faxed a standard form (referring only to torture) to the case worker, requesting only that a tick be placed in a box if the statement had been taken into account in the consideration of detention. For example, in June 2008 a detainee alleged that he had been raped and beaten. The doctor wrote on the statement that, 'He has some skeloid scars over his body. They are consistent with the event that he reported'. The only recorded response to this Rule 35 statement was the tick on the fax returned by the case worker the following day. In many cases, there was no evidence that even this fax had been received.
- 3.22 A new procedure had been introduced in February 2009 (in line with a Detention Service Order (DSO) issued in September 2008), with standard forms requesting a response from the case worker within two working days of being sent a Rule 35 statement. The first example of such a response was received on the final day of the inspection. This response gave a full account of the consideration of the Rule 35 statement. A new log had just been introduced, showing receipt of responses from case workers and service of this on both the detainee and health services staff.

- 3.23 On one file, there was a case worker request (from the CCD) for a search to be conducted on a detainee's property, cell and visitors record, and asking that his mobile telephone and address book be 'interrogated'. It stated that these requests 'have been specifically requested by our director during the detention review process'. The objective was apparently to establish the detainee's first language to help identify nationality, even though arrangements were already in place to undertake an official language test. A member of the on-site contact team correctly stated that they would not have done this on the basis that the interrogation of mobile telephones is considered to be an unlawful request, and that any searching of property would have been referred to custodial staff. There was nothing on the file about either of these responses.
- 3.24 No record was kept of when a detainee was given less than the normal minimum 72 hours' notice of removal under the new DSO (07/2008 Service of Removal Directions) as an exceptional case.

Recommendations

- 3.25 Reviews of detention should be timely, detail progress and reflect a balanced consideration of all factors relevant to continuing detention.
- 3.26 All casework files held at Lindholme should be quality checked monthly.
- 3.27 Detainee interpreters should not normally be used for imparting important immigration-related information at induction or subsequently.
- 3.28 Guidance should be issued to staff on the requirements of the Regulation of Investigatory Powers Act for prior authorisation on specific grounds before private communications data may be obtained, in relation to mobile telephones.

Housekeeping point

- 3.29 Records should be kept of all cases when less than 72 hours' notice of removal is given, with the reasons.

Section 4: Duty of care

Expected outcomes:

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

4.1 There was little bullying and detainees reported feeling safe. However, systems to manage bullying were weak and the anti-bullying strategy did not reflect practice. There were concerns about the staff response to a night-time incident during the inspection. Levels of self-harm were low but the recording and monitoring of information was poor. Assessment, care in detention and teamwork (ACDT) reviews were timely but the quality was often poor. Rule 40 accommodation was used for detainees on an open ACDT document, without proper staff support. Most such detainees were transferred out before the document was closed.

Bullying

- 4.2 Detainees in our groups said that they felt safe at Lindholme. In our survey, 32% of detainees said that they had felt unsafe in the centre, compared with 50% at other centres. There had been no bullying-related security information reports in the previous year and no unexplained injuries. Detainees reported low levels of bullying, and staff and detainees concurred that any intimidatory behaviour was usually related to use of the television, pool table or playing loud music. There was minimal supervision of the landings (see section on residential units). Our survey results were positive about levels of safety at the establishment, with few detainees reporting victimisation of any sort.
- 4.3 The anti-bullying strategy was up to date but was not based on analysis of the pattern of bullying in the centre or on consultation with detainees. The strategy was aspirational and not a reflection of current practice. For instance, it referred to a bi-annual survey, monthly analysis of data, bullying support plans and staff training, none of which took place. A survey had been written over a year earlier but had not been distributed owing to financial difficulties with translating it. There was no exit survey.
- 4.4 A monthly safer custody meeting aimed to deal with both anti-bullying and suicide and self-harm prevention but only four had taken place in the previous seven months. Attendance was mixed, with no healthcare input. However, two detainees routinely attended. In three out of the four sets of minutes it was not clear who had chaired the meeting. The minutes suggested that meetings were not focused on driving the strategies forward, but on discussing unrelated issues such as washing machines, luggage limits, toasters and kettles, and the gym flooring. These issues were raised repeatedly at each meeting, with no resolution. There was little discussion of suicide prevention or anti-bullying issues and no analysis of data or trends.
- 4.5 There was a nominated safer detention officer, who coordinated the anti-bullying strategy and the suicide and self-harm prevention strategy, but he was given no facility time and was overstretched.
- 4.6 The centre operated a three-stage approach to bullying, which involved an interview, followed by a warning, followed by removal, but it did not involve formal monitoring or support plans. Most concerns about bullying were brought to staff attention by detainees, and these were not logged. Potential bullying highlighted by other systems, such as assault reports (eight in the previous year), were not brought to the attention of the safer detention officer and were not

investigated. In the previous 14 months, there had been only one recorded incident of bullying, which was raised through a complaint form. The paperwork for this incident did not record details of the investigation, and the log recorded only the victim's details. There was no data monitoring relating to anti-bullying, and no mechanism for supporting victims of bullying, apart from additional staff observation.

- 4.7 There was a safer detention information board in the central area which included information on how to report bullying, the suicide prevention policy and the Samaritans. The visitors' centre had a helpline number to ring if visitors were concerned about the person they were visiting. Basic issues relating to safer detention were covered in detainees' induction talk.
- 4.8 We had concerns about arrangements to ensure safety at night and at the poor management of a recent incident. The two staff on night duty were not able to go onto a landing until night staff from HMP Lindholme had arrived. A recent incident involving a detainee being beaten around the head and body by his room mate during the night highlighted serious flaws in this arrangement. Other detainees had intervened by breaking down the room door and separating the men, but staff would not assist in the absence of HMP Lindholme staff. Despite obvious injuries to the victim's head, no medical assistance had been given until 8.45am, over eight hours after the incident had taken place. The injured man said that he had pressed the call bell shortly after 1am and no one had responded. It was not possible to verify this, as records of alarm bells were not kept (see paragraph 2.8). Furthermore, he was subsequently allowed to return to his blood-spattered room, which was effectively a crime scene. We were also concerned that a room sharing risk assessment (RSRA), completed seven and a half months earlier on the perpetrator of the assault, highlighted that he had been involved in a fight with another detainee two months previously and that he did not wish to share a room. There was no evidence that this had been considered in the current RSRA, and we were told that RSRAs were not routinely reviewed.

Suicide and self-harm

- 4.9 There was a detailed and up-to-date suicide and self-harm prevention strategy but it was not specific to the centre. It referred to practice that was not in place, such as the post of safer custody liaison officer, access to mental health in-reach and a care suite protocol. The safer detention meeting (see section on bullying) did not reflect the terms of reference outlined in the strategy.
- 4.10 The safer detention officer was appropriately trained in relevant areas, and in addition there were two staff trained as assessment, care in detention and teamwork (ACDT) assessors.
- 4.11 Staff had a caring approach to detainees and took an interest in their cases, but the recording and monitoring of information was poor. Basic bi-monthly data analysis was completed for the safer prisons manager in HMP Lindholme, but there was no monitoring by location, nationality or reason for the ACDT document being opened, and no systematic analysis of trends.
- 4.12 New arrivals were checked three times during their first night. In our survey, 67% said that they had felt safe on their first night, compared with 48% in other immigration removal centres (IRCs). However, this positive finding was not replicated for non-English speakers, only 46% of whom felt safe on their first night, compared with 73% of English speakers.
- 4.13 There had been no self-inflicted deaths in detention since the centre had opened. Recorded numbers of detainees managed through the ACDT process were low, with 19 opened in the previous year. However, no figures were kept of self-harm incidents. We found evidence of two

self-harm incidents plus two attempted suicides and one food refusal in the previous year. Detainees who arrived on an open ACDT document were not included in the log; we found evidence of four such detainees. There were no investigations into serious self-harm or suicide attempts and no learning points were disseminated in writing. ACDT reviews were timely but the quality was poor; for example, goals were not always appropriate. On one care map, the goal was, 'Stop lying about important matters' and the action required was, 'Detainee told to consider the consequences of his lies'. The 'triggers' section of one document stated, 'not hearing what he wants to hear'. We also found that consistency between reviews was poor, reviews were not always multidisciplinary, entries were often minimal and named staff were not always allocated to objectives.

- 4.14 Twelve records were available for those who had been managed on the ACDT process during the previous year. Of these, seven had been managed by locating the detainees in question in the Rule 40 accommodation on what was described as 'constant and camera observation'. This meant that they were alone and monitored only by camera in the centre office. Some detainees showed signs of significant distress in these conditions, such as banging their head against the wall, pacing the cell and continually pressing the call bell. Detainees on an open ACDT document spent an average of 30 hours in a Rule 40 cell before being transferred out.
- 4.15 Most of the 19 detainees for whom ACDT documents had been opened in the previous year had been transferred out. In the one recorded use of 'constant and camera observation', the detainee had been put in strip clothing. A manager told us that this was for no more than five hours, but the log did not indicate when his own clothes had been returned to him. This detainee should have been put under constant watch, as the use of strip clothing suggests a high level of risk. However, we found no records of constant watch being used, with a member of staff permanently stationed outside the room. We were told that when direct staff supervision was deemed necessary, uniformed prison officers would sometimes come over from HMP Lindholme to carry this out; this was not conducive to rapport building and supporting the detainee.
- 4.16 Staff were informed when removal notices were issued; if the detainee was deemed to be at significant risk, a special concerns form was opened, which meant closer observation by staff and possible conversion to an ACDT process. Twelve of these had been opened in the previous year. If they needed mental health input, they would have to go to an external hospital, although the safer detention officer could not recall any instances where this had happened. Detainees were generally allocated to a room with, or close to, others of the same nationality. However, there was no Listener scheme; we were told that this was due to the short stays of detainees. In fact, the average stay was now significantly longer than had previously been the case, and at least two detainees were already fully trained as Listeners from their previous establishment. There were plans to implement a partial scheme. Detainees were given the Samaritans telephone number on arrival, but it was not a freephone number.
- 4.17 As with the management of bullying, we had concerns about staff's inability to respond to incidents during the night. Approximately three months before the inspection, a detainee on Willow unit attempted to hang himself on the landing. Other detainees held the weight of his body and cut him down. Staff were dealing with an issue on Elm unit at the time and were unable to respond. The night officer on duty said that it was about 10 minutes before he was able to respond, but he could not remember exactly; detainees said it was 40 minutes.
- 4.18 There was a food refusal protocol, and staff were able to identify whenever a detainee had missed a meal. There was a food refusal file but no log and no data analysis. There had been no record of a food refusal since 2007, despite there being at least one such incident during

2008. Because of the lack of healthcare provision, the policy was that those who remained on food refusal for more than a few days were transferred out.

- 4.19 There had been no training in any aspects of safer detention since 2007, although the safer detention officer had recently distributed a leaflet to staff to raise awareness of self-harm and suicide. The officer on night duty we spoke to said that he had not had training in first aid since 1985.
- 4.20 There was no support or buddying scheme available, other than the volunteer visitors scheme, which operated for one and a half hours each week (see section on legal rights). In our survey, only 4% said that they had received a visit from a volunteer visitor, compared with 31% at the previous full inspection.

Recommendations

- 4.21 The anti-bullying strategy should be informed by an analysis of the pattern of bullying in the centre and consultation with detainees, and current practice should reflect the strategy.
- 4.22 An anti-bullying survey should be completed and analysed, and exit surveys should take place routinely.
- 4.23 Safer detention meetings should take place monthly, with appropriately multidisciplinary attendance, focus on driving the anti-bullying and suicide and self-harm prevention strategies forward, be chaired by a senior manager and discuss trends from data monitoring.
- 4.24 The safer detention officer should be given adequate facility time to carry out the roles of both anti-bullying coordinator and suicide and self-harm prevention coordinator.
- 4.25 All incidents of bullying or potential bullying should be reflected in a referral form, passed to the anti-bullying coordinator, logged and promptly investigated.
- 4.26 Bullying-related data should be routinely collated and analysed, and trends discussed.
- 4.27 Victims and bullies should be formally supported until issues are resolved.
- 4.28 Centre staff should be able to respond promptly to incidents during the night.
- 4.29 Detainees who experience a potentially serious injury should be seen immediately by medical staff.
- 4.30 Use of call bells and responses to them should be monitored electronically.
- 4.31 Room sharing risk assessments should consider previous assessments and be routinely reviewed each time a change of room allocation takes place.
- 4.32 The management of suicide and self-harm prevention should reflect the content of the strategy.
- 4.33 Suicide and self-harm prevention data monitoring should be collated monthly and should include monitoring by location, nationality, nature and number of incidents and

reason for opening an assessment, care in detention and teamwork (ACDT) document. Trends should be discussed at monthly safer detention meetings.

- 4.34 Detainees arriving on an open ACDT document should be recorded in the ACDT log.
- 4.35 Serious incidents of self-harm or attempted suicide this should be investigated, and lessons learned should be disseminated in writing to all relevant staff.
- 4.36 ACDT documents should detail appropriate goals and triggers, and demonstrate a multidisciplinary review process and consistency between reviews. Targets should have a named member of staff allocated, and entries should show frequent engagement with detainees.
- 4.37 Detainees at risk of suicide or self-harm should only be managed in the Rule 40 cell as a last resort, with clear reasons for it being in the best interests of the detainee. A member of the centre staff who knows the detainee should be permanently posted outside the cell and interact frequently with the detainee.
- 4.38 Strip clothing should not be used to manage detainees at risk of self-harm or suicide, unless there are exceptional circumstances and following a fully documented risk assessment.
- 4.39 Detainees should only be transferred out while on an open ACDT document if it is clear that their needs cannot be met in the centre.
- 4.40 A buddying or Listener scheme and care suite should be introduced.
- 4.41 The Samaritan's telephone number that is issued on arrival should be a freephone number.
- 4.42 All food refusals should be recorded and logged, and data should be collated and analysed for trends at the safer detention meeting.
- 4.43 Staff should receive ongoing training in suicide and self-harm prevention and anti-bullying.

Childcare and child protection

Expected outcomes:

Children are detained only in exceptional circumstances and then only for a few days. Children are well cared for, properly protected in a safe environment and receive suitable education. All managers and staff safeguard and promote the welfare of children, as do any services provided by other bodies.

4.44 There were no records of detainees under 18 being received and there were appropriate arrangements for safeguarding children during visits.

4.45 A system to log detainees claiming to be under 18 had only recently been set up, and staff could not remember the last time this situation had arisen at the centre.

- 4.46 At the time of the inspection, one detainee was subject to child protection measures, and there were appropriate arrangements for ensuring the safety of visiting children (see section on visits).

Diversity

Expected outcomes:

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

4.47 Detainees were positive about respect for diversity. However, there was poor strategic management of diversity and the focus was limited to nationality and race. Consultation arrangements were weak. Celebration of religious and cultural events was excellent, with one recent exception. The use of professional interpretation services was extremely limited. The management of racist complaints was flawed and most staff had not undertaken diversity training during the previous 12 months.

4.48 In our group and one-to-one discussions, detainees indicated that they had few concerns about race relations, and this perception was reinforced by our survey results: 4% of detainees felt that they had been victimised by staff because of their cultural or ethnic origin, which was similar to the comparator, and 0% of detainees felt that they had been victimised by staff because of their nationality, which was significantly better than the 7% comparator.

4.49 Responsibility for managing diversity fell under the remit of the religious and cultural affairs manager, with support from an appointed diversity officer. It was not clear what responsibilities the diversity officer had, other than providing informal cover in the absence of the religious and cultural affairs manager. The religious and cultural affairs manager was a highly visible presence in the centre.

4.50 The notion of diversity was limited to nationality and religion; there was little evidence of any focus on other areas of diversity, such as sexual orientation and disability. Awareness of the latter was limited to those with obvious visible disabilities. There was no disability liaison officer.

4.51 Systems for managing diversity were weak. There were no diversity meetings to provide strategic oversight. Monitoring of management information was limited to listing detainees by nationality and religion, with no subsequent analysis to inform strategy and policy. We were told that monitoring by location within the units took place, but it was not clear to what extent this occurred after initial reception. Staff were not aware of such monitoring and gave no indication that it was being used to inform decisions relating to detainees changing location. Only one impact assessment had been completed, on detainees' access to religion; this was currently at an area office. A race equality scheme had recently been drawn up, along with a race relations action plan, but the religious and cultural affairs manager was not aware of them.

4.52 Detainees had no formal opportunity to express views on diversity issues, other than through the unstructured monthly amenities committee. The few detainees who attended were simply asked if there were any issues they wished to raise.

- 4.53 Notices around the centre were translated into a number of languages, but some relating to key information (for example, education facilities and canteen arrangements) were only in English.
- 4.54 Good work was carried out in the celebration of religious and cultural events, although invitations were not routinely issued to members of nearby minority ethnic community or faith groups. Reference was made to religious and cultural events calendars and the appropriate detainees were approached informally to ask them how they would like to celebrate upcoming festivals or events. Detainees appreciated this, and also the efforts and enthusiasm of the religious and cultural affairs manager. The one exception to this had been celebration of the Chinese New Year. The Chinese detainees that we spoke to felt particularly aggrieved about these arrangements; they had supplied a list of food items, which the centre had agreed they could prepare, but they had eventually received pre-packed Chinese meals from a supermarket. This had led to them refusing to accept any food for the next 24 hours in protest. Minutes from the management meeting indicated little understanding as to why the Chinese detainees had reacted negatively to the lack of communication and subsequent change to the original arrangements.
- 4.55 The religious and cultural affairs manager spoke a number of mainly Asian languages and was able to communicate with many detainees from the Indian sub-continent. However, formal interpretation for non-English-speaking detainees was poor (see sections on reception and first night, and immigration casework). Again, the experience of Chinese detainees, most of whom spoke little English, was particularly negative and they reported few proactive attempts to communicate with them by any staff. We spoke to a group of 10 Chinese detainees, and eight reported that no attempts had been made to interpret information for them at reception. The other two had been helped by other detainees. None of the detainees were aware of the professional telephone interpretation service available to the centre.
- 4.56 No staff had received any form of diversity training in the previous year, with the exception of the religious and cultural affairs manager and the centre's deputy manager.
- 4.57 No racist incident report forms had been submitted in 2008, and one had been submitted during the first two months of 2009. Examination of the request and complaint forms indicated that only one was of a racist nature, and it had been in connection with a detainee's period of detention at Oakington IRC. The religious and cultural affairs manager had not received formal training in investigating racist incidents and told us that he attempted to deal with any issues or complaints in an informal manner in his daily interactions with detainees. We had concerns that the system for complaining or raising concerns was entirely informal. Detainees, both individually and during group sessions, indicated a perception among them that anyone who 'caused a fuss' would be transferred to a different IRC.

Recommendations

- 4.58 **The religious and cultural affairs manager should receive specific training in managing race relations, particularly in regard to monitoring, implementing systems and managing racist incidents.**
- 4.59 **A diversity committee should be formed, chaired by the centre manager or deputy, and meet regularly, with attendance from staff, detainees and community groups where possible. There should be a clear and consistent agenda, including the monitoring of appropriate data, and action should be taken to address disproportionate trends.**

- 4.60 The diversity committee should ensure adequate coverage of all diversity issues, including sexual orientation and disability.
- 4.61 There should be regular and formal consultation with detainees, including formal interpretation for those who speak little English.
- 4.62 All staff should receive diversity training and regular refresher training thereafter.
- 4.63 Diversity impact assessments should be carried out to determine the impact of locally implemented policies.
- 4.64 Both accommodation units should have members of staff appointed as diversity 'champions', and these officers should be given adequate facility time to consult with detainees regularly on matters relating to race, nationality, culture and religion.
- 4.65 A disability liaison officer should be appointed.
- 4.66 Invitations should be extended to members of local minority and/or community groups when cultural or religious celebrations are being held.
- 4.67 Group interviews assisted by professional interpreters should systematically be conducted with groups of detainees who speak little English, to ensure that emerging concerns can be identified quickly and addressed.

Faith

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.

4.68 Detainees were generally supported in practising their religion, and all major religious festivals were observed. There was limited time available for pastoral work. There was no multi-faith room. The religious and cultural affairs coordinator played an active role in the running of the centre but had limited involvement in preparation for release, transfers or removals, and there were there no links with religious groups in the community.

- 4.69 There were 39 Muslims, 35 Christians, 10 Buddhists, four Sikhs, four Hindus and one Jehovah's Witness at the time of the inspection. Fourteen did not declare a religion. There was a full-time religious and cultural affairs coordinator, and detainees were generally supported in practising their religion, including regular access to chaplains, classes, prayer, religious artefacts and services. There was no Sikh chaplain, although one was in the process of being recruited, and no Hindu chaplain. Pastoral work took place, but a chaplain we spoke to felt that insufficient time was allowed for this. In our survey, 69% of detainees said that their religious beliefs were respected, which was significantly fewer than at the previous full inspection (89%).
- 4.70 There was a mosque and a chapel but no multi-faith room. The mosque was not always able to accommodate everyone who came to Friday prayers. There was free access to these facilities while detainees were unlocked, but lock-up periods during staff meal breaks restricted access.

- 4.71 Association rooms on the wings which had previously been used by Muslims for communal prayer had recently been turned into bedrooms. A number of Muslim detainees said that they had been led to believe that they could instead use a new association room that was to be created by relocating the pay telephones. This had not yet been done and it was not clear to them that the association room would not necessarily be for their use.
- 4.72 All major religious festivals were celebrated, and this included detainees being involved in catering.
- 4.73 The religious and cultural affairs manager played an active role in the running of the centre, engaging with most key meetings. However, religious staff had no involvement in preparation for release, removals or transfers, other than a brief courtesy visit, and there were no links with religious groups in the community.

Recommendations

- 4.74 The mosque should be of adequate size for the population.
- 4.75 A multi-faith room should be identified.
- 4.76 The issue regarding the proposed new association rooms on landings should be resolved promptly, and the outcome communicated to detainees.
- 4.77 Access to worship spaces should not be denied during staff meal breaks.
- 4.78 Religious leaders should take an active role in helping detainees prepare for release, transfer or removal.
- 4.79 The religious and cultural affairs manager should develop links with community-based religious groups.
- 4.80 Chaplains should be allowed more time for pastoral work.

Section 5: Health services

Expected outcomes:

Health services are provided at least to the standard of the National Health Service, include the promotion of well being as well as the prevention and treatment of illness, and recognise the specific needs of detainees as displaced persons who may have experienced trauma.

- 5.1 There was no recent health needs analysis, although a health service requirement assessment had been undertaken. There was a lack of continuity of health services staff working at the immigration removal centre, but access to them and the doctor was good. Mental health support, including counselling services, was inadequate. Medicine management was satisfactory but there was no safe storage for individual detainees' medicines. Other services, including dentistry, chiropody and optical services, were delivered at the prison, but some waiting lists were too long. The management of detainees alleging torture was satisfactory, but staff had not been trained, and documentation under Rule 35 was not sufficiently robust.

General

- 5.2 Doncaster Primary Care Trust (PCT) was responsible for the commissioning of health services at the IRC, a satellite of HMP Lindholme. Serco Health held responsibility for delivery of health services at the immigration removal centre (IRC) and the prison.
- 5.3 Health services were well regarded by detainees. In our survey, 49% of respondents said that the overall quality of health care was good or very good, which was significantly better than the 34% comparator.
- 5.4 A comprehensive health service requirement analysis had been completed the week before the inspection. The work done by the centre manager and the regional offender health adviser had identified that health provision at the centre was not comparable to that found in the community, and also that a full health needs assessment was needed. Work had begun to establish a programme of development with the PCT strategic lead and the prison health commissioner.
- 5.5 The healthcare room was located off the centre corridor, and access was through a gated door and a stable door. The ventilation in the room was oppressive and, despite having two windows, there was a significant lack of fresh air. The room was small and split into two areas: an office and dispensary area, and an examination area. The office and dispensary area contained a desk with a telephone and computer, medicine cabinets, clinical policies, professional documentation and clinical records. The room was reasonably clean, and contract cleaners mopped the floors every weekday. Nurses cleaned all clinical surfaces. The medicine cabinets were secure and fixed to the wall, with the cabinet keys being held in a locked cabinet fixed to the wall. The sink was unsatisfactory, as the taps were of the wrong type. Other infection control measures appeared adequate, but there had been no infection control audit. Although the room was tidy, no one appeared to have overall responsibility for it. This was evident in the filing system, some of which had not been updated since 2007.
- 5.6 Detainees were able to obtain a second medical opinion at their own expense.

- 5.7 A professional interpretation and translation service was available but there was an over-reliance on using other detainees to interpret, which compromised medical confidentiality and there was no guarantee of the accuracy of the translation.
- 5.8 There was no lead nurse for the centre, and working practices were dependent on which nurse was deployed from the joint prison/IRC team to work there on any one day. The acting healthcare manager assured us that it was a future objective to deploy a dedicated lead nurse to the centre. There was no lead nurse for older detainees.
- 5.9 An extensive level of health promotion information was available in languages other than English.
- 5.10 Nursing staff were sensitive to the possibility that detainees may have been tortured, and raised this issue during the initial health screening. If a detainee answered positively, or if the nurse felt that he had been subjected to torture, he would be seen by the doctor at the earliest opportunity. New documentation had been introduced to comply with Detention Centre Rule 35, which covers report of special illnesses and conditions (including torture claims) (see section on immigration casework). However, health services staff did not keep a register of its use and had not received specific training on how to recognise and treat signs of trauma and torture.
- 5.11 There was no evidence that health services were restricted by security measures or that detainees were restrained during visits to external health facilities. There was a protocol for detainees who refused food and fluids. There was no palliative care or end-of-life policy, as it was not relevant in this scenario; any detainee who was found to be in need of such care was transferred to a detention facility with 24-hour care.

Clinical governance

- 5.12 Clinical governance measures were in place, including the management and accountability of staff. Health services staff were employed to work at both HMP Lindholme and the IRC. Nurses provided support at the prison from 8am until 8pm every day, and from 8am until 5.30pm at the IRC. Overall, there were 15 whole-time equivalent nursing staff for both establishments. This included the acting healthcare manager, who was a registered general nurse (RGN), four full-time RGNs, three part-time RGNs and a part-time nursing assistant. Two newly appointed RGNs and one registered mental health nurse (RMN) had been recruited and were undergoing induction. Other vacancies were being filled by agency nurses. We were told that a skill mix review had been undertaken approximately 18 months earlier, but the division of labour between the prison and the IRC appeared unbalanced. Recruitment was difficult because of the rural location and the nature of the work. The cross-working of staff meant that detainees might see a different nurse two or three times a week, providing little continuity and unnecessarily raising their anxiety levels.
- 5.13 Medical cover was provided by an independent company, Local Care Direct, which provided a GP every weekday morning for one hour; the same company provided the out-of-hours service.
- 5.14 Ongoing professional training was limited owing to staffing shortages; however, where possible, nurses were encouraged to maintain such training. Clinical supervision was encouraged, and protected time given. The healthcare manager provided supervision to some of the nurses.

- 5.15 Oxygen and minor dressings were kept in the healthcare room. The defibrillator was located in the centre office, and nursing staff had been trained annually in its use. Emergency equipment was checked daily.
- 5.16 Any additional medical equipment, such as walking frames, was available through the PCT. However, there were no facilities for detainees with physical disabilities.
- 5.17 There was a range of healthcare policies and protocols; the majority had recently been reviewed, and others were still being reviewed.
- 5.18 Clinical records were paper based and there was a named Caldicott Guardian for the prison and the IRC. There were plans to introduce an electronic medical information system in the near future. Clinical records were kept in secure cabinets and were not accessible to anyone other than health services staff. Some of the signatures in the clinical records were indecipherable and did not comply with professional guidelines. Records were not managed appropriately, and many were without covers, in no particular order and not tied together; it would have been difficult to find specific information in them. There were no care plans in use at the time of the inspection.
- 5.19 There was a protocol for the resolution of complaints. Detainees' concerns were discussed with the doctor and the healthcare manager initially, and then, if necessary, with the Independent Complaints Advocacy Service (ICAS).
- 5.20 The centre had established a good working relationship with the local Health Protection Agency and there were protocols for the management of a communicable disease outbreak.
- 5.21 There was no overarching policy on information sharing, but there was a specific protocol for detainees to consent to the acquisition of their medical notes from their GPs.

Primary care

- 5.22 All detainees underwent a comprehensive initial health screening in reception, including both a physical and mental health check. A small room was available in reception to carry out initial health screenings; the room was generally satisfactory but had no telephone. There was also a washing machine inappropriately located there. Detainees were asked if they had any history of drug or alcohol misuse. Any detainee requesting to see the doctor, or assessed by the nurse as needing to see the GP, was seen the next day, or earlier if necessary. The health screen tool had been translated into 21 languages. There was no secondary health screening.
- 5.23 Health services staff were not on duty after 5.30pm. For detainees arriving after this time, a nurse had to come over from the prison to undertake the assessment. This could take a long time, as the nurse would often be delayed by duties at the prison. In addition, it took at least 10 minutes to get from the prison to the IRC.
- 5.24 Nurses kept a communication diary, to pass on messages to whomever would be working there the next day.
- 5.25 Healthcare operated an 'open door' policy, which allowed detainees to 'drop in' whenever they were passing the door. The system worked well and was appreciated by detainees. The doctor held a clinic every morning, but the number of detainees failing to attend was high. The reason for this was said to be 'because they didn't want to get out of bed that early'. We were unable to establish the non-attendance rate because there was no data collection system. Nurses

carried out assessments of detainees wishing to see the doctor, but documented triage algorithms were not in use.

- 5.26 Detainees could see an optician or a chiropodist in the prison, but the waiting lists for both services were too long. The centre manager had bought a supply of reading glasses to help detainees waiting to see the optician.
- 5.27 There were no physiotherapy services.
- 5.28 Free barrier protection was available and detainees were offered health advice when they requested it.
- 5.29 If a detainee was registered with a GP, the practice was contacted (with the detainee's consent) and asked to provide a synopsis or copy of the detainee's health record.
- 5.30 The level of health services available was not comparable to that found in the community. There were no trained diabetic or asthma nurses, but there were protocols for the management of detainees with these conditions, and, where necessary, detainees were referred to the local hospital for management.
- 5.31 The management of detainees with sexual health conditions was limited, but there were contacts with the local hospital and a consultant in sexual health. Some of the nurses had completed short courses in the management of sexual health illnesses, including HIV and AIDS, and others had been trained in the counselling of patients with these conditions.
- 5.32 Health promotion was supported and, where possible, health promotion days were held; however, the limited staffing meant that there was little capacity for such days to be held.
- 5.33 If a detainee was transferred to another establishment, a form confirming his fitness for transfer was completed, and all clinical records and a supply of medication went with him. Another form was completed if a detainee was released into the community or deported. If requested, and at a cost, detainees could be supplied with a copy of their clinical records. They were also given a letter for their GP and were issued with sufficient medication before deportation or transfer to community GPs.

Pharmacy

- 5.34 Medicines were supplied from a local pharmacy, and we were told that the service was good. A good level of stock medicines was retained at the centre and there was safe storage of all pharmacy items. No controlled drugs were held at the centre. Medications requested were normally supplied the next day, or the same day if urgent.
- 5.35 Detainees could discuss medication issues with a pharmacist who visited the Lindholme site three times a week; however, in reality such discussions rarely happened. It appeared that detainees received their medication on time and in appropriate quantities.
- 5.36 Nurses were able to administer simple medications such as paracetamol; this would be recorded on the detainee's prescription and administration chart. Detainees could also purchase paracetamol from the nurse, to hold in-possession for when the healthcare department was closed. The amount charged was reasonable, and those detainees with little or no money did not have to pay.

- 5.37 The Doncaster Prisons Drugs and Therapeutic Committee and the Doncaster Prisons Medicines Management Risk Sub-Group met bi-monthly to discuss all pharmacy issues. There was a current in-possession medication policy, and detainees could hold their medicines in-possession for up to 28 days. However, detainees' own medicines were not secure in their rooms, as for many there was no facility for locking them away. In most cases, medicines were stored on the window sills of detainees' rooms. Nurses made sure that detainees attending court or being transferred were given appropriate amounts of medication to cover their time away from the centre.

Dentistry

- 5.38 There were four dental sessions each week, and the surgery was held in the prison. This had previously presented significant problems for detainees in accessing treatment, owing to problems with escorting staff. However, under a new system detainees were routinely taken over before the start of dental, optometry and chiropody clinics, and were seen first. The dental waiting list was within the normal NHS range, but if there was a dental emergency, efforts would be made to ensure that the detainee was seen at the next dental session. Oral health promotion was limited. There was no out-of-hours service for dental emergencies.

Secondary care

- 5.39 Detainees with outstanding NHS appointments were placed on a medical hold to ensure that they attended appointments.

Mental health

- 5.40 Mental health support was limited, with general nurses providing restricted support. The contract with the Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust had ended in April 2008 and there was no alternative cover in place. There was access to a psychiatrist for six sessions annually but this facility was rarely used. In instances of severe mental illness a psychiatrist was available to provide guidance, but in most cases the detainee was transferred to an IRC with an inpatient unit. When specialist mental health nursing support was needed, RMN agency nurses were brought in to cover the gap; however, on a day-to-day basis there was no specialist support. There were no counselling services.
- 5.41 A newly recruited RMN from the main prison was due to start providing sessions at the IRC within two weeks of the inspection. The service would be augmented by a support worker and be based on individual need.
- 5.42 The majority of mental health problems related to the frequent moving around of detainees within the IRC estate. This frequent movement, which often seemed unnecessary, placed detainees under severe and unwarranted stress. They were often moved with little notice and did not know where they were going (see section on escort vans and transfers).
- 5.43 Nurses attended assessment, care in detention and teamwork (ACDT) reviews when appropriate, but the inconsistency of nursing staff meant that the nurse may not have known the detainee being reviewed.
- 5.44 There was no dedicated mental health awareness training for centre staff.

Recommendations

- 5.45 The centre should request that the PCT commissions a health needs analysis (HNA) which includes physical and mental health and substance use. This HNA should inform an action plan to improve health services for detainees and ensure comparability with NHS standards.
- 5.46 The healthcare facility should be enlarged to improve facilities for detainees and working conditions for health services staff. Ventilation should be improved as a matter of priority.
- 5.47 The sink in the healthcare room should be replaced with one that meets infection control guidelines.
- 5.48 The centre should request that the PCT carries out an infection control audit to ensure that the department meets infection control criteria.
- 5.49 Nursing support should be provided at the centre until 8pm every weekday, to ensure that new receptions are seen and assessed in a timely manner.
- 5.50 A secondary health screening should be carried out by a GP within 24 hours of the initial screening.
- 5.51 A dedicated lead nurse should be allocated to the centre in order to improve continuity of care and to provide ownership of the department and its contents. A support worker should be recruited.
- 5.52 Administrative support should be provided.
- 5.53 Nurses using interpretation services such as Big Word should maintain a register of its usage.
- 5.54 A lead nurse for the prison and the IRC should be identified to oversee the care of older detainees.
- 5.55 Mental health support should be provided regularly for all detainees. This should include generic and specific counselling services.
- 5.56 Mental health awareness training should be introduced for all staff and be part of a rolling programme of training.
- 5.57 Health services staff should ensure that all clinical entries are decipherable and that all health professionals making an entry into patients' clinical notes include their name, signature and designation. All entries should comply with professional guidelines.
- 5.58 Formal documented triage algorithms should be used to ensure consistency and continuity of care and advice given to detainees.
- 5.59 Health services staff should receive specialist training on recognising and treating special illnesses and conditions, including torture claims.
- 5.60 Health services staff should keep a register of completed Rule 35 reports.

- 5.61 A policy should be introduced covering the sharing of information with relevant health agencies.
- 5.62 Detainees should be made aware that it is unacceptable for them not to attend GP appointments unless there is a good reason for non-attendance.
- 5.63 Additional sessions for the optician should be put in place to reduce the waiting list.
- 5.64 Physiotherapy services should be available to detainees.
- 5.65 Access to community specialist asthma and diabetic trained nurses should be facilitated.
- 5.66 Detainees should be supplied with lockable boxes in which they can keep their medications.
- 5.67 A policy for access to emergency dental services should be introduced.
- 5.68 Clinical records should be properly managed and subject to regular audit.

Housekeeping points

- 5.69 A telephone should be provided in the reception healthcare room.
- 5.70 The washing machine in the reception healthcare room should be moved elsewhere.

Good practice

- 5.71 *The open door policy enabled detainees to access health advice and support without any undue delay.*

Section 6: Substance use

Expected outcomes:

Detainees with substance-related needs are identified at reception and receive effective treatment and support throughout their detention

- 6.1 Substance use support was available through the counselling, assessment, referral, advice and throughcare (CARAT) team at HMP Lindholme. There was a low but rising level of substance use among detainees. HMP Lindholme was an integrated drug treatment system (IDTS) site, so specialist advice was available through the prison. Only symptomatic relief was available.
- 6.2 The incidence of substance use among detainees was said to be infrequent but gradually increasing. The drug of choice appeared to be cannabis.
- 6.3 Detainees arriving with methadone dependency were immediately transferred to an immigration removal centre (IRC) with facilities to maintain their dependence. In the short term, only symptomatic relief was available. The IDTS and CARAT teams at the prison provided specialist support and advice to the IRC when necessary. If necessary, CARAT workers would complete a comprehensive assessment to determine the level of need of the detainee, and provide advice to health services staff. This could result in a recommendation for a stabilisation or detoxification programme; in either case, the detainee would be transferred to a facility with 24-hour nursing support.
- 6.4 The CARAT team could provide psychosocial interventions if necessary, but this had not been necessary in recent times. A 28-day psychosocial support mechanism was in place and could be delivered on a one-to-one basis or as part of group work.
- 6.5 When necessary, detainees were advised regarding substance use-related health immunisations, such as hepatitis B and C, and they could be referred to community specialist services.
- 6.6 The CARAT team were not funded for alcohol treatment; if this was necessary, detainees were signposted to the appropriate services. Alcoholic Anonymous visited the prison but had never been asked to attend the IRC. There was no smoking cessation course available at the IRC.

Recommendation

- 6.7 Smoking cessation courses should be made available to detainees.

Section 7: Activities

Expected outcomes:

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

- 7.1 The number of paid work roles was low, and progress to extend paid work had been slow. Relationships between detainees and activity staff were good. A successful incentive scheme encouraged detainees to attend learning and skills and other activity. The standard of learning and skills development offered was satisfactory, as was quality assurance. Detainees had good opportunities for outdoor sport and satisfactory access to indoor physical exercise. Purposeful activity for detainees remaining a short time at the centre was adequate but too limited for the growing number whose stay was prolonged. Detainees had no access to the internet or email. The library was poor. Freedom of movement around the centre was too limited.

Work

- 7.2 The centre did not offer sufficient paid work to detainees. It provided 19 full-time paid work roles, mainly in cleaning, kitchen duties, and painting and decorating. An additional five gardening roles were due to start imminently. A total of 26 detainees wanting to work were on a waiting list; vacant roles were rare, and the wait was often long. Progress to extend paid work had been slow, and the amount offered had not increased for at least 18 months.

Education and skills

- 7.3 The range of activity for those remaining a short time at the centre was adequate. In the main building, well-used recreational facilities consisted of a common room with snooker, pool tables and table tennis, an electronic play station games machine, and a television room (see section on residential units).
- 7.4 A successful incentive scheme encouraged detainees to attend learning and skills and other activity: they received a stamp, worth 10p of credit to their account, for every hour of attendance. In addition, the centre held popular bingo competitions several times a week, where detainees could win small amounts of credit.
- 7.5 Manchester College held a contract to provide learning and skills development and additional recreational activity. Most of this took place in the attractively decorated activity building, a short distance from the main centre. Facilities were welcoming, and rooms were well furnished and sufficiently spacious. On three afternoons and one or two evenings a week, recreational activity in a room equipped with board games, two computers and additional electronic games machines usefully supplemented the facilities available in the main building. However, some recreational resources, such as board games, were incomplete and unusable.
- 7.6 The standard of learning and skills development offered was satisfactory overall, as was attendance. Well-attended classes in English for speakers of other languages (ESOL) at two levels and in information and communications technology (ICT) took place in morning and afternoon sessions on weekdays. Music tuition was available one morning and afternoon a week, where detainees at different levels followed well-structured individual programmes to

develop their playing skills. Arts and crafts were taught on two afternoons and one evening a week.

- 7.7 Learning sessions offered a welcoming and inclusive environment. Provision was flexible, and detainees could join or leave sessions when they chose. Staff managed this effectively, welcoming new arrivals appropriately, with minimal disruption to those already studying. In ICT sessions, detainees worked individually at computers learning new software applications of differing complexity. Some detainees followed short units of study, leading to externally accredited qualifications. Computer resources were satisfactory for the programmes offered, but did not provide internet or email access (see recommendation HE.45). ESOL learners worked towards internally accredited certificates, and participated well in both individual and group activity, but did not receive sufficient structured listening and speaking practice. In both ESOL and ICT, the planning of individuals' learning was poor. Learners spent too much time working alone on topics which did not adequately reflect their needs or interests, using poorly photocopied workbooks and worksheets.
- 7.8 Relationships between detainees and staff were good. Staff supervised detainees effectively when they were in the activity building, without the need for officer support. They had suitable expertise for their role and the contract holder encouraged their professional development. Recently appointed activities staff were appropriately qualified, enthusiastic and keen to develop recreational provision. However, their induction had not sufficiently prepared them to manage detainee behaviour, which on one occasion had been unduly boisterous.
- 7.9 Quality assurance procedures were basic but adequate. They included regular monitoring of standards of teaching and learning through classroom observation. Data on attendance at sessions were collected routinely and analysed appropriately to establish trends and help develop provision. Activity staff monitored changes in the population and made useful adaptations in response, such as increasing the range of advanced ICT training and offering more ESOL at lower levels. The most recent self-assessment report was helpfully cross-referenced to the relevant section of HMIP IRC Expectations.
- 7.10 The volume of activity was too limited for the growing number of detainees spending prolonged periods at the centre. In our survey, more than half of the detainees who participated in learning and skills felt that they did not have enough to fill their time. Apart from one evening of arts and crafts, no learning and skills provision took place in the evenings or at weekends. Access to facilities in the activities building was too restricted. Outside scheduled class times, detainees had no opportunity to develop and practice music or arts and crafts skills or use the computer room. The centre was continuing to extend recreational provision.
- 7.11 There were unresolved problems in the movement of detainees between the main and activity buildings in the evening.
- 7.12 The amount of time that detainees were allowed freedom of movement outside the residential wings was too low, at nine and a quarter hours a day during the week and nine hours at weekends (see section on residential units). They were locked on their units from 7.30pm to 8.45am, and also for an hour at lunchtime and half an hour at teatime.

Library

- 7.13 The library was located in the activities building and provided a friendly and supportive setting for detainees who visited it. An enthusiastic member of the centre staff was responsible for the

library. However, despite repeated requests, she had received no training and had no qualifications for the role.

- 7.14 Morning and afternoon opening times corresponded conveniently with learning and skills sessions. However, access to the library was poor overall. It was shut during the evenings and weekends. Arrangements to cover for staff absence were inadequate and closure of the library was frequent. In the previous eight months, there had been 61 closures.
- 7.15 A sufficient number of books in English and other languages was available, with around a thousand titles, covering 26 different languages. In addition, there was an adequate range of simplified English texts aimed at those learning English. Many videos and DVDs were stocked, although the range of DVDs in languages other than English was narrow. Only one video and two DVD players were available for loan to detainees.
- 7.16 The range of newspapers in English and other languages was narrow. Purchasing arrangements were inflexible, and did not enable the range of foreign language newspapers to alter sufficiently in response to changes in the detainee population. The library did not purchase any periodicals. Legal information in the library was minimal and out of date.
- 7.17 Management of the book stock was poor and depended on paper records. There were no arrangements effectively to monitor loans and identify trends in borrowing or gaps in stock.
- 7.18 The library did not have a computer to manage its operations or to provide staff with internet access. The centre had only recently agreed a budget to purchase new library resources and furnishings after a significant period without any such funding. There were no established links with external library services.

Physical education

- 7.19 Access to physical exercise was satisfactory. The centre provided cardiovascular exercise training in a fitness room in the activity building. Sessions took place in the morning and afternoon each weekday and on weekend afternoons, staffed by trained officers. Additionally, in recent weeks activity staff had provided one or two evening sessions during the week. However, equipment in the fitness centre did not sufficiently cater for changing demand from detainees, particularly for weight training. The room was small and poorly ventilated, and catered for a maximum of 20 detainees at each session. During the inspection, prompt action was taken to remove from service a piece of equipment that inspectors identified as unsafe.
- 7.20 Well-qualified activity staff offered popular outdoor team sports on the large playing field adjacent to the activity building during the afternoon on three weekdays and at weekends. The centre was extending the range of outside activities offered through the purchase of new equipment. However, there was no sports hall for indoor team sports. Basketball games took place on unsuitable hard surfaces close to hazards such as a pond.
- 7.21 All detainees using the fitness room received a suitable induction. The centre supplied clean gym kit, and football boots for those playing football outdoors. Detainees used shower facilities in the residential wings nearby after taking part in activities.
- 7.22 Promotion of fitness and sporting activity was good. Activity staff routinely visited the main building to publicise sports activity, effectively supplementing information displayed on posters throughout the centre and a plasma screen in the main building.

- 7.23 Systems for recording accidents and injuries were appropriate. However, links with healthcare were limited. The arrangements to notify staff of detainees' fitness to take part in physical exercise were poor.
- 7.24 There was no booking system to manage participation in sporting or fitness training. Monitoring of participation to ensure that the level of activity supplied responded adequately to the needs of the detainee population was inadequate.

Recommendations

- 7.25 The centre should significantly increase the proportion of detainees participating in paid work.
- 7.26 The centre should increase the volume of activity, including learning and skills, to meet the needs of detainees spending prolonged periods there.
- 7.27 Detainees should have more use of the facilities in the activity building, particularly in the evenings and at weekends.
- 7.28 The amount of time that detainees are free to move outside the residential wings should increase to at least 12 hours a day.
- 7.29 Learning and skills staff should improve the planning of individual learning and reduce the amount of classroom time that detainees spend working alone on workbook and worksheet activity.
- 7.30 The centre should ensure that the library is staffed by an appropriately trained librarian with access to the internet, and that adequate cover for staff absence is provided.
- 7.31 Detainees' access to the library should be extended to include evenings and weekends.
- 7.32 The library should increase its range of foreign language newspapers, and provide an adequate range of periodicals in English and other languages.
- 7.33 The library should establish effective arrangements to manage, monitor and replace the book stock.
- 7.34 The number of DVD players for loan, and of DVDs in foreign languages, should increase to reflect the needs of the population.
- 7.35 The centre should ensure that equipment and settings for sporting and fitness activity are safe.
- 7.36 The centre should extend facilities to enable detainees to undertake weight training.
- 7.37 Booking and monitoring arrangements should be established to ensure fair and equitable access to sports facilities.
- 7.38 Detainees' fitness to take part in physical exercise should be routinely and clearly communicated to activities and fitness staff.

Section 8: Rules and management of the centre

Expected outcomes:

Detainees feel secure in a predictable and ordered environment.

8.1 There was no comprehensive set of published rules. Good staff–detainee relationships helped to maintain order. There had been no systematic analysis and reporting of security information, but new systems were being introduced to rectify this. There had recently been an increase in staffing and activity relating to security issues, which was in danger of leading to a disproportionate focus on security. The rewards scheme was well run and included an effective financial rewards element. Force was used rarely, and its use appeared appropriate. The accommodation for single separation was deficient and its use was not always authorised. Rule 40 procedures, including requirements for management checks and paper records, were not consistently followed. Almost no detainees returned from Rule 40 to the main centre. Few complaints were submitted each month and property was the most frequently raised issue.

Rules of the centre

- 8.2 Some instructions were displayed in reception and some 'rules' were displayed on the PowerPoint presentation within the induction process, but no comprehensive set of rules was displayed or issued in writing to detainees.
- 8.3 IRC staff related well to detainees and most used their discretion in maintaining order and standards of behaviour. When they challenged detainees on their behaviour, they took time to explain the reasons. Those who belonged to the permanent IRC staff group were able to do this more effectively than staff from HMP Lindholme, who worked occasional shifts in the IRC. Their prison officer uniform made this task harder for the latter group.

Security

- 8.4 Following an audit and incidents at the centre, attention had been given to improving security, and additional resources had been devoted to it. An anti-dash fence had been built in order to restrict access to the gate. New staffing had been identified for security work. Funding had been allocated for X-ray equipment and for an enclosed space for visitor searching.
- 8.5 A monthly security meeting for the centre had been initiated, so that security issues were now considered separately from HMP Lindholme. There was no discrete local security strategy for the centre, although this was being drafted at the time of the inspection. The newly formed security department had just begun to collect quantitative information on security issues. There had not yet been a systematic collation and analysis of security information, an evidence-based analysis of trends developing over time, or any way of analysing risks reliably.
- 8.6 Although the attention given to security intelligence was necessary and welcome, there was some evidence that disproportionate attention was given to security. The approach was based on the security principles applicable to a category C prison, and was in some respects more stringent than for such a prison. The UK Border Agency (UKBA) had shown consistent willingness to transfer out of the centre those detainees who, in the interests of safety and good order, needed more supervision and support. The centre had few staff, and there was a

risk that security could be given an excessive focus in their deployment. For example, the person detailed as welfare officer, who had previously been in the centre office each morning to deal with detainees' welfare issues, was now always deployed, in the interests of security, to staff the video link facility in the visits hall, attending to welfare issues only in the intervals between video link duties (see section on welfare).

- 8.7 A programme of searching had been implemented, whereby all detainees' rooms and all communal areas were searched twice each month. This was unusually frequent, did not produce significant finds and was likely to place strains on staff–detainee relationships.
- 8.8 Strip searching of detainees was not recorded, although it had taken place. A domestic visitor to a detainee had been strip searched shortly before the inspection. This was entirely inappropriate, contrary to the relevant Detention Service Order and may have been illegal. It had not been authorised, even at what would have been the correct level for strip searching a detainee.
- 8.9 The searching of visitors took place in the open air, outside the gate lodge. This was recognised by the establishment as unacceptable, and a new facility was due to be installed.

Rewards scheme

- 8.10 There was an incentives and earned privileges (IEP) scheme. All new arrivals were given enhanced status under this scheme. A review took place after 28 days, and there was a clear system of warnings.
- 8.11 Within this policy, there was a financial rewards scheme, incentivising engagement in activities such as education, cleaning and interpretation for other detainees. Although the rewards were appropriately modest, this was a well understood and effective means of motivating participation in the regime and promoting good behaviour.
- 8.12 Under the IEP scheme, demotion to the standard level entailed restrictions such as loss of access to paid work and loss of own mobile telephone. In view of the importance of preparation for release or removal, and of contact with family and friends, these restrictions were not appropriate. However, demotion to the standard level was rare, and no detainees were on the standard level at the time of the inspection.

The use of force and single separation

- 8.13 Force had been used on eight occasions in the previous 12 months. In all of these cases, the detainee had then been located in single separation under Rule 40 (removal from association), or taken from that accommodation to reception for outward transfer. There had been no planned interventions involving use of force; all were in response to actual or potential risk.
- 8.14 The recording of use of force was adequate, and indicated that force used was reasonable and proportionate. In all cases, the situation had been de-escalated through a reduction in the level of force used during the course of the incident. Handcuffs had not been used. All of the regular centre staff had completed control and restraint refresher training within the previous 12 months.
- 8.15 The single separation accommodation comprised two rooms in a separate building. The floors and plinths of these rooms were dirty. The shower – a transparent cubicle with a narrow modesty strip – was in the small corridor in front of the rooms and not sufficiently private.

There was no exercise area; detainees were taken outside by staff for a brief smoking break or to make a call on a mobile telephone. There were ligature points in the rooms, especially in one room, where a significant area (including a clear high-level ligature point) was out of view of the closed-circuit television (CCTV) camera.

- 8.16** Detainees were routinely placed in this accommodation without authorisation for periods of less than two hours. This occurred especially when a detainee was agitated and had to be located quickly at a time when staff were about to go off duty for their lunch or tea break, or otherwise for what was described as a 'cooling-off' period. At times when correct authorisation was sought, this was normally promptly initiated and well managed. There had been 25 such uses of the Rule 40 accommodation in 2008. Detainees were sometimes placed in this accommodation because of self-harm risk, which was not appropriate (see section on suicide and self-harm).
- 8.17** The normal means of supervising detainees in this accommodation was on the CCTV monitor in the centre office. There were normally three locked doors between this office and the building containing the Rule 40 rooms, and no other staff nearer to this building. The visits recorded by staff were not sufficiently frequent to protect the safety and well-being of detainees in this accommodation.
- 8.18** Health services staff made daily visits to detainees held in the Rule 40 accommodation. The centre manager or duty governor, chaplain or religious and cultural affairs manager was also supposed to do this, but these visits did not always take place. On one occasion, a visit was recorded as 'by phone'.
- 8.19** The recording of the use of the Rule 40 accommodation was incomplete and inconsistent. Rule 42 (temporary confinement) paperwork was incorrectly used for this purpose on some occasions. We saw no entries in the appropriate part of the paperwork to record regime elements such as use of the shower or telephone, or exercise, although we were told that this was separately recorded.
- 8.20** Almost all detainees moved to the Rule 40 accommodation were transferred out to another centre. There was a presumption that this would normally take place, rather than a policy of reintegrating detainees back into the Lindholme IRC population wherever possible.

Complaints

- 8.21** General complaints were dealt with by UKBA. The process was well advertised outside the centre office and forms were available, without request, in 21 different languages. In our survey, 72% of respondents said that it was easy to get a complaint form, compared with 48% at other IRCs. Complaint boxes were emptied twice each day by UKBA staff. They were date stamped and an acknowledgment slip was sent to the complainant. Target response times for complaints were 20 days for UKBA and 21 days for a centre-related complaint; these were too long for many detainees, who may have moved on before a response was received. Although most complaints we saw were answered well within these timescales, there was no historical log to show turnaround times, and those being answered by other establishments were sometimes late.
- 8.22** Detainees were encouraged to solve disputes informally before making official complaints. There were few complaints, averaging four or five each month, and the most frequently raised issue was property. Most detainees we spoke to said that they were reluctant to submit a complaint, as they felt it might jeopardise their immigration outcome.

- 8.23 There was no formal analysis of complaints or discussion of trends; this was due to change, as the centre planned to move to central UKBA monitoring.
- 8.24 Responses to complaints were mostly appropriate, although one we saw was dismissive and lacked a balanced explanation, stating simply, 'I have spoken to (member of staff); he tells me a different story. In this case based on the information received I do not accept your version of the events which took place'. This supported feedback from detainees in our groups that responses were not always useful. In our survey, only 19% of detainees felt that complaints were sorted out fairly, compared with 50% at the previous full inspection. Until recently, copies of responses to complaints had not routinely been kept.
- 8.25 Racist complaints were dealt with separately and were submitted through a separate box outside the religious and cultural affairs coordinator's office, and also outside the centre office. One racist complaint had been submitted in the previous year and this had been investigated by the head of religious and cultural affairs (see section on diversity).
- 8.26 The Independent Monitoring Board (IMB) complaints box was also outside the centre office, and IMB members had free access to detainees.

Recommendations

- 8.27 Rules of the centre should be drawn up in consultation with detainees, given to all new arrivals, translated into all the main languages spoken by detainees, and displayed prominently.
- 8.28 The security department should provide a monthly statistical report, with analysis of trends over time.
- 8.29 The designated welfare officer should carry out welfare duties only.
- 8.30 The frequency of room searches should be reduced, and should normally be intelligence led rather than routine.
- 8.31 Searches of visitors should take place discreetly, in an enclosed space.
- 8.32 Neither paid work nor access to detainees' own mobile telephones should be regarded as a privilege which can be forfeited under a rewards scheme.
- 8.33 A shower affording a greater degree of privacy should be made available for detainees held under Rule 40.
- 8.34 The cameras in the Rule 40 rooms should also have 100% coverage.
- 8.35 Managers should ensure through regular checks that the daily visits to detainees held under Rule 40, and recording of regime events, take place as required.
- 8.36 Unless it is clear that a detainee cannot return from Rule 40 to the main IRC population, a progression plan should be drawn up with a view to return if possible.
- 8.37 Formal complaints should be dealt with within three working days, or 10 in exceptional circumstances.

- 8.38 Data relating to complaints should be routinely analysed and trends discussed.
- 8.39 Responses to complaints should be routinely checked by a senior manager to ensure that they are being responded to appropriately.
- 8.40 Managers should take steps to reassure detainees that making a complaint will not jeopardise immigration outcomes, and should check through monitoring that such jeopardy does not occur.

Good practice

- 8.41 *The financial 'stamps' scheme was an effective, low-level method for encouraging involvement in constructive activities.*

Section 9: Services

Expected outcomes:

Services available to detainees allow them to live in a decent environment in which their everyday needs are met freely and without discrimination.

9.1 The kitchen was clean and well run, although detainees working there had not received adequate training. Detainees were positive about the food served. The canteen was based at the prison next door, and detainees could only purchase items once a week. Detainees were dissatisfied with the cost of goods, as well as the range on offer, and it was unclear how much influence they could have on the content of the canteen list.

Catering

- 9.2 The kitchen was well equipped and clean, and there was a dining hall that was also clean. It was run by a grade three cook, supported by two civilian staff. Detainees could gain employment in the kitchen but, while they underwent suitable medical screening before employment, they did not receive any formal health and hygiene training other than an informal induction by the staff. Tasks undertaken by the detainees were limited to cleaning and the preparation of food, with no opportunity to train in or carry out the cooking of meals.
- 9.3 Storage areas were limited, which resulted in halal meat being stored in the same freezers as other meat, albeit on separate shelves. Separate utensils were used for the preparation and serving of halal meals. Certification for the halal meat was not available, as all foodstuffs were received from HMP Lindholme, and the certificates were held there. Reliance on supplies from the adjacent prison also meant that the centre had less autonomy in deciding on the meals it served.
- 9.4 In our survey, 45% of detainees said that food was good or very good, which was significantly better than the 20% comparator. Menus were well publicised and based on a three-week cycle. They provided for a variety of cultural and religious tastes but, while vegans and vegetarians were catered for at every meal, their choices were basic. Several detainees that we spoke to complained of a lack of fruit and vegetables within the choices; our own observations showed that, although this could be the case at lunchtime, vegetables were served with all evening meals and a piece of fruit was also available. The menus used symbols to identify the meal for non-English-speaking detainees, and signs with similar symbols were displayed on the servery for each choice. Portions appeared plentiful.
- 9.5 Breakfast took the form of breakfast packs issued on the evening before. Lunch was served between 11.40am and noon, and dinner between 4.30pm and 5.10pm. A cooked breakfast was available at weekends and this was served between 8.40am and 9am. Supper could be collected with the early evening meal, and took the form of a choice of sandwiches.
- 9.6 There appeared to be no regular monitoring of detainees' attendance for meals. We observed a register being used to mark off the names of detainees leaving the hall on only one occasion, and staff that we spoke to told us that there was no formal system.
- 9.7 During group sessions, detainees said that there was not enough consultation on food-related issues. Food was a standing item on the agenda of the amenities committee but there had been no food-related survey undertaken since the previous inspection. The food comments

book was displayed on the servery and was used regularly, with an impressive range of positive feedback entered into it by detainees. When a negative comment or a request was entered, it was answered in the book by the caterer who ran the kitchen. Catering staff told us that they always attempted to speak to detainees as they assisted with the serving of meals.

Shop

- 9.8 The shop contract had recently been transferred from Aramark to DHL. Detainees and staff told us that the transition had not been smooth; detainees felt that although the issues had been beyond the control of the centre, staff had done their best to alleviate them.
- 9.9 There was no actual shop, but a replication of the Prison Service's canteen, since the centre's arrangements fell within the remit of HMP Lindholme. Detainees were given a canteen sheet every Friday, which was collected over the weekend by staff. The items ordered from the sheets would then be distributed on the following Tuesday afternoon.
- 9.10 In addition to this weekly arrangement, detainees were able to make daily purchases of tobacco and mobile telephone credit through the rewards scheme, and drinks and confectionary from the vending machines.
- 9.11 Detainees were not permitted to have cash in their possession. Vending machines were available for staff and detainee use and detainees could change up to £5 of their private cash into vending machine tokens daily.
- 9.12 Catalogues were not available to purchase goods by mail order. We were told that this was because the former supplier had suspended this service and the current one had not yet re-implemented it.
- 9.13 In our survey, 31% of detainees said that the shop sold a wide enough range of goods to meet their needs, which was similar to the comparator. However, this figure was lower than that found at the time of the previous inspection (44%). Detainees complained to us of high prices and also of changes in prices from week to week, with no communication from the centre or the suppliers in advance of such changes. In particular, the price of mobile telephones appeared to be excessive.
- 9.14 Consultation over the list of goods available took place through the amenities committee, but this only involved the two to five detainees who attended, and there had been no survey undertaken during the previous year to gauge the preferences of the whole population. We were supplied with copies of emails demonstrating that feedback from the amenities committee was passed on to the prison; subsequent replies indicated that some of it was taken into account, but this seemed to be due to the additional influence of the prison population. It was unclear whether the centre would be able to meet the needs of a constantly changing, diverse population because of the greater influence of the prison population on the list of items available.

Recommendations

- 9.15 **All detainees working in the kitchen should undertake an accredited health and hygiene course. They should also be given the opportunity to gain catering qualifications.**
- 9.16 **All halal meat should be stored separately. Copies of halal meat suppliers' certificates should be available to detainees on request.**

- 9.17 Lunch should not be served before noon and dinner not before 5pm.
- 9.18 Regular consultation should take place with detainees in relation to food, and should include regular surveys as a means of ensuring that all detainees can provide feedback.
- 9.19 A system should be implemented to ensure that detainee feedback appropriately influences the range of items available from the canteen.
- 9.20 Catalogues should be made available for detainees to purchase items by mail order.

Section 10: Preparation for release

Expected outcomes:

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

10.1 The role of welfare officer had not become well established. There was no job description, officers undertaking the work had received no training and the function had clearly been given low priority. The visiting facilities were sound and detainees were positive about the way they were treated. Detainees generally had good access to telephones, although not all detainees who requested the loan of a mobile telephone were successful. The procedures relating to mail were standard, except for the fact that all mail was opened by staff in advance. Apart from routine administrative help, detainees did not receive support with removal and release.

Welfare

- 10.2 The post of welfare officer had been introduced at the time of the previous inspection. However, the role had not become well established and most detainees that we spoke to were unfamiliar with it. There were posters in the residential areas explaining that the welfare officer could assist with problems relating to property or help detainees to get in touch with people; however, there was no reference to the role of the welfare officer in the information leaflet which was issued on induction.
- 10.3 Every weekday morning, an officer was designated as welfare officer and was based in the visits area. If a detainee wanted assistance, he had to complete a welfare application and hand it in to the centre office. A log was kept of all the referrals, and over the previous six weeks only 18 matters had been raised. Most of these related to either missing property or money. Although staff we spoke to said that they were usually successful in resolving detainees' queries, no record was kept of outcomes, so we were unable to verify this.
- 10.4 Welfare officers had recently taken over responsibility for staffing the video link facility. This restricted the amount of time which they could devote to other welfare work (see section on rules of the centre). The staff we spoke to who covered the work of the welfare officer did not appear enthusiastic about the role. There was no job description, they had received no training and it was evident that this was not a function which had been given high priority. Given the limited uptake of this service, combined with the high level of discontent expressed by detainees in our discussion groups about the difficulties they had in locating missing property, the role of the welfare officer was not sufficiently wide-reaching to meet the needs of detainees.

Visits

- 10.5 There was a visitors' centre outside the immigration removal centre (IRC), which serviced the nearby prison. Visitors to the IRC were able to use the facilities at the visitors' centre, but staff working there were unfamiliar with the workings of the IRC and were not able to respond to queries about it.

- 10.6 The centre was located at a distance from the IRC. The signposting was poor and it was difficult for visitors to find it.
- 10.7 Domestic visits took place in the mornings and afternoons during the week and in the afternoons at the weekend. Legal visits took place in the mornings and afternoons during the week. The visits area was a large, bright area, and was comfortable and reasonably well decorated. There were nine tables with soft chairs, and these were well spaced out. Legal visits took place in four interview rooms adjacent to the open visits area.
- 10.8 Visitors did not have to book visits in advance, and this allowed them flexibility. There was ample space in the visits area to accommodate domestic visits, even at the weekend, when it was busier. Staff did not restrict the duration of visits and permitted visitors to remain as long as the sessions lasted if they so wished. Legal visitors had to book appointments in advance. They were permitted to take laptop computers with them and were not prohibited from taking documents into the visits area; they were also given access to interpreting and fax facilities.
- 10.9 There were always two members of staff present in the visits area during visits. The atmosphere in the area was relaxed and staff maintained supervision discreetly. Staff permitted detainees to play with their children in the small children's play area. Visitors also had access to a kitchen area, where they were able to prepare their own tea and coffee. There was no food available, but staff advised visitors to use the nearby post office, which sold hot snacks. In our survey, 80% of detainees who had received visits (significantly more than the 57% comparator) said that they were treated well or very well by visits staff.
- 10.10 Detainees were required to wear bibs during visits. This was demeaning and unnecessary, particularly given the small number of visits taking place, along with the level of staff supervision. We were initially told of two instances where visitors had been strip searched, although this was later revised to one instance. We were told that on both occasions this had taken place with the consent of the visitors concerned, but nevertheless it was inappropriate and a clear breach of guidance (see recommendation HE.42). A room where closed visits could be conducted was available, but we were told that it had never been used.
- 10.11 One detainee had been identified as presenting a potential risk to children visiting the centre. Visits staff held a file containing this type of information and, where necessary, they made sure that visitors were seated in such a way as to reduce any risk.
- 10.12 There was no comments book available for visitors to express their views.

Telephones

- 10.13 We were told that almost three-quarters of detainees possessed a mobile telephone which they could use. Budget top-up cards were available through the canteen, and this seemed to be the preferred means of contact by detainees.
- 10.14 Detainees admitted from other establishments were not always permitted to retain mobile telephones which had been authorised elsewhere. Those with funds could purchase a mobile telephone from the canteen. Some mobile telephones were available on loan to detainees who not afford to buy one. Decisions to allocate these telephones were discretionary and not all detainees who requested a loan were successful.
- 10.15 There were sufficient pay telephones for outgoing calls, as well as facilities for incoming calls, on both residential units, and detainees said that it was easy to make and receive calls. The

rooms in which the pay telephones were located were hot, poorly ventilated and contained ripped chairs.

Mail

- 10.16 All mail was opened by staff as soon as it arrived, before being issued to detainees. Detainees had free use of a fax machine and there were no restrictions on the amount of material which could be sent. They were also entitled to send one free letter a week, which they could post anywhere in the world.
- 10.17 With no access to email or the internet, detainees at the centre were significantly disadvantaged in comparison to those at all of the contracted-out centres, where these facilities allowed them to maintain close links with their family and friends in the community (see recommendation HE.45).

Removal and release

- 10.18 The weakness of the welfare officer role meant that , detainees received no targeted help with removal and release.
- 10.19 Detainees normally received one or two days' notice about any planned move. We were told that over the previous 18 months there had been no forced removals. We were also told that when immigration officials were aware that a detainee was unhappy about a planned move, they would make a point of discussing the circumstances with him.
- 10.20 Detainees who did not have suitable luggage were issued with a travel bag to carry their property. Detainees returning to the community were issued with a travel warrant, but this did not always cover the cost of the bus journey to the station.
- 10.21 A new policy had been introduced, restricting the amount of luggage which detainees could take with them on a flight (Detention Service Order 09/2008). Considerable effort appeared to have been made locally by staff to apply this policy fairly. However, it was still not clear if the policy was to be applied retrospectively and if its conditions applied to all property.

Recommendations

- 10.22 A job description should be produced for a dedicated welfare officer role, sufficiently comprehensive to meet the appropriate range of detainees' needs.
- 10.23 Information about the role of the welfare officer should be contained in the detainee information leaflet, and detainees should be encouraged to approach welfare officers directly.
- 10.24 Welfare officers should receive relevant training and be given sufficient time and the necessary resources to carry out this duty.
- 10.25 Detainees should not be required to wear bibs during visits.
- 10.26 A comment book should be available for visitors to provide feedback about their treatment.

- 10.27 Detainees arriving with mobile telephones which have been authorised in other immigration removal centres should be able to retain them.
- 10.28 All detainees without funds should be given the option of receiving a loaned mobile telephone.
- 10.29 The rooms in which pay telephones are located should be properly ventilated and contain well-maintained furniture.
- 10.30 Mail should be opened in the sight of detainees and not in advance of them receiving it.
- 10.31 Links should be made with relevant voluntary organisations to provide assistance for detainees with removal and release.
- 10.32 Travel warrants issued to detainees should always cover the full cost of their journey.
- 10.33 Guidance should be provided clarifying the application of Detention Service Order 09/2008.

Housekeeping point

- 10.34 Staff working at the visitors' centre should be briefed to provide visitors with basic information about the centre.

Section 11: Recommendations, housekeeping and good practice

The following is a listing of recommendations and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report.

Main recommendations

To the chief executive, UKBA

- 11.1 Case workers should respond promptly and fully to notifications sent under Detention Centre Rule 35, including a reasoned evaluation of the impact of this on a decision to maintain detention. (HE.40)
- 11.2 Accessible central records should be kept of the total length of time that individuals have been detained anywhere in the detention estate. (HE.41)

Main recommendations

To the centre manager

- 11.3 Strip searching of detainees should always be properly authorised and recorded and under no circumstances should staff strip search visitors. (HE.42)
- 11.4 The Rule 40 rooms should be refurbished to remove ligature points, and should be regularly cleaned, whether or not they are in use. Under no circumstances should detainees be placed on Rule 40 without recorded authorisation and without a supervising member of staff present in the unit. (HE.43)
- 11.5 Professional interpretation should always be used for sensitive and formal interviews with detainees. (HE.44)
- 11.6 Detainees should have access to the internet and email. (HE.45)
- 11.7 A dedicated welfare officer role should be created. The post-holder should be trained and have appropriate cover, and the role should be well advertised to detainees. (HE.46)

Recommendations

To the chief executive, UKBA

- 11.8 The UK Border Agency should minimise the number of short interim transfers between centres, which should only take place in exceptional circumstances. Detainees should be informed of reasons for transfer. (1.8)
- 11.9 Reviews of detention should be timely, detail progress and reflect a balanced consideration of all factors relevant to continuing detention. (3.25)
- 11.10 All casework files held at Lindholme should be quality checked monthly. (3.26)
- 11.11 Detainee interpreters should not normally be used for imparting important immigration-related information at induction or subsequently. (3.27)

- 11.12 Guidance should be issued to staff on the requirements of the Regulation of Investigatory Powers Act for prior authorisation on specific grounds before private communications data may be obtained, in relation to mobile telephones. (3.28)
- 11.13 Guidance should be provided clarifying the application of Detention Service Order 09/2008. (10.33)

Recommendations

To the centre manager

Escort vans and transfers

- 11.14 Clear records of detainees' treatment while under escort should be kept. These should be checked by reception staff, and any shortcomings should be raised directly with the escort staff concerned. (1.9)
- 11.15 Use of the video link facility should be extended. (1.10)
- 11.16 Detainees should have access to a comments book in order to report their experiences while being supervised under escort. (1.11)

Arrival in detention

- 11.17 Staff deployment should be changed to ensure that staff shortages do not cause delays in admitting detainees over lunchtime. (1.25)
- 11.18 Late arrivals should be seen promptly by a nurse and offered hot food. (1.26)
- 11.19 Professional interpreting services should be used when carrying out formal assessments or dealing with sensitive information. (1.27)
- 11.20 Adequate clothing should be available for detainees arriving or departing who have insufficient suitable clothing of their own. (1.28)
- 11.21 Extra efforts should be made to ensure that Chinese and Vietnamese detainees are included in, and are given help to understand, the induction material. (1.29)

Environment and relationships

- 11.22 All rooms should be adequately heated and ventilated. (2.19)
- 11.23 All rooms, including showers, toilets and telephone rooms, should be checked daily for faults and a system implemented to ensure that necessary repairs are conducted within a reasonable timeframe. (2.20)
- 11.24 Staff supervision of residential units should be more frequent. (2.21)
- 11.25 Managers should determine and enforce a maximum response time for call bells. (2.22)
- 11.26 All published information should be translated into the main languages spoken by detainees. (2.23)

- 11.27 Wet weather clothing should be available to all detainees. (2.24)
- 11.28 Showers and toilets should be cleaned daily. (2.25)
- 11.29 Detainees should have daily access to laundry facilities to wash their own clothing. (2.26)

Staff–detainee relationships

- 11.30 Staff should address detainees politely and professionally at all times, and the use of surnames alone and inappropriate nicknames should cease. (2.33)
- 11.31 The personal officer scheme should be fully implemented and particular efforts should be made to communicate with detainees who have little or no use of English. This engagement should be reflected in regular and detailed entries in history files. (2.34)
- 11.32 Staff should knock before entering detainees' rooms. (2.35)
- 11.33 Staff should receive training to enhance their understanding of the experiences and histories of people seeking asylum, refugees and those detained under immigration powers. (2.36)
- 11.34 Staff should not carry defensive weapons. (2.37)

Casework

- 11.35 In consultation with the Legal Services Commission, the centre should seek ways of improving access to specialist legal advice and representation for detainees. (3.8)
- 11.36 Official interviews by immigration officials should be facilitated in a single session, even if the session runs into a routine lock-up time. (3.9)
- 11.37 The library should be stocked with up-to-date and easily accessible legal literature and information relating to immigration issues. (3.10)
- 11.38 The computers providing legal information should be kept up to date by the establishment in cooperation with Doncaster Association of Visitors to Immigration Detainees (DAVID). (3.11)
- 11.39 Copies of letters from solicitors to detained clients should never be held in official files. (3.12)

Duty of care

- 11.40 The anti-bullying strategy should be informed by an analysis of the pattern of bullying in the centre and consultation with detainees, and current practice should reflect the strategy. (4.21)
- 11.41 An anti-bullying survey should be completed and analysed, and exit surveys should take place routinely. (4.22)
- 11.42 Safer detention meetings should take place monthly, with appropriately multidisciplinary attendance, focus on driving the anti-bullying and suicide and self-harm prevention strategies forward, be chaired by a senior manager and discuss trends from data monitoring. (4.23)
- 11.43 The safer detention officer should be given adequate facility time to carry out the roles of both anti-bullying coordinator and suicide and self-harm prevention coordinator. (4.24)

- 11.44 All incidents of bullying or potential bullying should be reflected in a referral form, passed to the anti-bullying coordinator, logged and promptly investigated. (4.25)
- 11.45 Bullying-related data should be routinely collated and analysed, and trends discussed. (4.26)
- 11.46 Victims and bullies should be formally supported until issues are resolved. (4.27)
- 11.47 Centre staff should be able to respond promptly to incidents during the night. (4.28)
- 11.48 Detainees who experience a potentially serious injury should be seen immediately by medical staff. (4.29)
- 11.49 Use of call bells and responses to them should be monitored electronically. (4.30)
- 11.50 Room sharing risk assessments should consider previous assessments and be routinely reviewed each time a change of room allocation takes place. (4.31)
- 11.51 The management of suicide and self-harm prevention should reflect the content of the strategy. (4.32)
- 11.52 Suicide and self-harm prevention data monitoring should be collated monthly and should include monitoring by location, nationality, nature and number of incidents and reason for opening an assessment, care in detention and teamwork (ACDT) document. Trends should be discussed at monthly safer detention meetings. (4.33)
- 11.53 Detainees arriving on an open ACDT document should be recorded in the ACDT log. (4.34)
- 11.54 Serious incidents of self-harm or attempted suicide this should be investigated, and lessons learned should be disseminated in writing to all relevant staff. (4.35)
- 11.55 ACDT documents should detail appropriate goals and triggers, and demonstrate a multidisciplinary review process and consistency between reviews. Targets should have a named member of staff allocated, and entries should show frequent engagement with detainees. (4.36)
- 11.56 Detainees at risk of suicide or self-harm should only be managed in the Rule 40 cell as a last resort, with clear reasons for it being in the best interests of the detainee. A member of the centre staff who knows the detainee should be permanently posted outside the cell and interact frequently with the detainee. (4.37)
- 11.57 Strip clothing should not be used to manage detainees at risk of self-harm or suicide, unless there are exceptional circumstances and following a fully documented risk assessment. (4.38)
- 11.58 Detainees should only be transferred out while on an open ACDT document if it is clear that their needs cannot be met in the centre. (4.39)
- 11.59 A buddying or Listener scheme and care suite should be introduced. (4.40)
- 11.60 The Samaritan's telephone number that is issued on arrival should be a freephone number. (4.41)
- 11.61 All food refusals should be recorded and logged, and data should be collated and analysed for trends at the safer detention meeting. (4.42)

- 11.62 Staff should receive ongoing training in suicide and self-harm prevention and anti-bullying. (4.43)
- 11.63 The religious and cultural affairs manager should receive specific training in managing race relations, particularly in regard to monitoring, implementing systems and managing racist incidents. (4.58)
- 11.64 A diversity committee should be formed, chaired by the centre manager or deputy, and meet regularly, with attendance from staff, detainees and community groups where possible. There should be a clear and consistent agenda, including the monitoring of appropriate data, and action should be taken to address disproportionate trends. (4.59)
- 11.65 The diversity committee should ensure adequate coverage of all diversity issues, including sexual orientation and disability. (4.60)
- 11.66 There should be regular and formal consultation with detainees, including formal interpretation for those who speak little English. (4.61)
- 11.67 All staff should receive diversity training and regular refresher training thereafter. (4.62)
- 11.68 Diversity impact assessments should be carried out to determine the impact of locally implemented policies. (4.63)
- 11.69 Both accommodation units should have members of staff appointed as diversity 'champions', and these officers should be given adequate facility time to consult with detainees regularly on matters relating to race, nationality, culture and religion. (4.64)
- 11.70 A disability liaison officer should be appointed. (4.65)
- 11.71 Invitations should be extended to members of local minority and/or community groups when cultural or religious celebrations are being held. (4.66)
- 11.72 Group interviews assisted by professional interpreters should systematically be conducted with groups of detainees who speak little English, to ensure that emerging concerns can be identified quickly and addressed. (4.67)
- 11.73 The mosque should be of adequate size for the population. (4.74)
- 11.74 A multi-faith room should be identified. (4.75)
- 11.75 The issue regarding the proposed new association rooms on landings should be resolved promptly, and the outcome communicated to detainees. (4.76)
- 11.76 Access to worship spaces should not be denied during staff meal breaks. (4.77)
- 11.77 Religious leaders should take an active role in helping detainees prepare for release, transfer or removal. (4.78)
- 11.78 The religious and cultural affairs manager should develop links with community-based religious groups. (4.79)
- 11.79 Chaplains should be allowed more time for pastoral work. (4.80)

Health services

- 11.80 The centre should request that the PCT commissions a health needs analysis (HNA) which includes physical and mental health and substance use. This HNA should inform an action plan to improve health services for detainees and ensure comparability with NHS standards. (5.45)
- 11.81 The healthcare facility should be enlarged to improve facilities for detainees and working conditions for health services staff. Ventilation should be improved as a matter of priority. (5.46)
- 11.82 The sink in the healthcare room should be replaced with one that meets infection control guidelines. (5.47)
- 11.83 The centre should request that the PCT carries out an infection control audit to ensure that the department meets infection control criteria. (5.48)
- 11.84 Nursing support should be provided at the centre until 8pm every weekday, to ensure that new receptions are seen and assessed in a timely manner. (5.49)
- 11.85 A secondary health screening should be carried out by a GP within 24 hours of the initial screening. (5.50)
- 11.86 A dedicated lead nurse should be allocated to the centre in order to improve continuity of care and to provide ownership of the department and its contents. A support worker should be recruited. (5.51)
- 11.87 Administrative support should be provided. (5.52)
- 11.88 Nurses using interpretation services such as Big Word should maintain a register of its usage. (5.53)
- 11.89 A lead nurse for the prison and the IRC should be identified to oversee the care of older detainees. (5.54)
- 11.90 Mental health support should be provided regularly for all detainees. This should include generic and specific counselling services. (5.55)
- 11.91 Mental health awareness training should be introduced for all staff and be part of a rolling programme of training. (5.56)
- 11.92 Health services staff should ensure that all clinical entries are decipherable and that all health professionals making an entry into patients' clinical notes include their name, signature and designation. All entries should comply with professional guidelines. (5.57)
- 11.93 Formal documented triage algorithms should be used to ensure consistency and continuity of care and advice given to detainees. (5.58)
- 11.94 Health services staff should receive specialist training on recognising and treating special illnesses and conditions, including torture claims. (5.59)
- 11.95 Health services staff should keep a register of completed Rule 35 reports. (5.60)

- 11.96 A policy should be introduced covering the sharing of information with relevant health agencies. (5.61)
- 11.97 Detainees should be made aware that it is unacceptable for them not to attend GP appointments unless there is a good reason for non-attendance. (5.62)
- 11.98 Additional sessions for the optician should be put in place to reduce the waiting list. (5.63)
- 11.99 Physiotherapy services should be available to detainees. (5.64)
- 11.100 Access to community specialist asthma and diabetic trained nurses should be facilitated. (5.65)
- 11.101 Detainees should be supplied with lockable boxes in which they can keep their medications. (5.66)
- 11.102 A policy for access to emergency dental services should be introduced. (5.67)
- 11.103 Clinical records should be properly managed and subject to regular audit. (5.69)

Substance use

- 11.104 Smoking cessation courses should be made available to detainees. (6.7)

Activities

- 11.105 The centre should significantly increase the proportion of detainees participating in paid work. (7.25)
- 11.106 The centre should increase the volume of activity, including learning and skills, to meet the needs of detainees spending prolonged periods there. (7.26)
- 11.107 Detainees should have more use of the facilities in the activity building, particularly in the evenings and at weekends. (7.27)
- 11.108 The amount of time that detainees are free to move outside the residential wings should increase to at least 12 hours a day. (7.28)
- 11.109 Learning and skills staff should improve the planning of individual learning and reduce the amount of classroom time that detainees spend working alone on workbook and worksheet activity. (7.29)
- 11.110 The centre should ensure that the library is staffed by an appropriately trained librarian with access to the internet, and that adequate cover for staff absence is provided. (7.30)
- 11.111 Detainees' access to the library should be extended to include evenings and weekends. (7.31)
- 11.112 The library should increase its range of foreign language newspapers, and provide an adequate range of periodicals in English and other languages. (7.32)
- 11.113 The library should establish effective arrangements to manage, monitor and replace the book stock. (7.33)

- 11.114 The number of DVD players for loan, and of DVDs in foreign languages, should increase to reflect the needs of the population. (7.34)
- 11.115 The centre should ensure that equipment and settings for sporting and fitness activity are safe. (7.35)
- 11.116 The centre should extend facilities to enable detainees to undertake weight training. (7.36)
- 11.117 Booking and monitoring arrangements should be established to ensure fair and equitable access to sports facilities. (7.37)
- 11.118 Detainees' fitness to take part in physical exercise should be routinely and clearly communicated to activities and fitness staff. (7.38)

Rules and management of the centre

- 11.119 Rules of the centre should be drawn up in consultation with detainees, given to all new arrivals, translated into all the main languages spoken by detainees, and displayed prominently. (8.27)
- 11.120 The security department should provide a monthly statistical report, with analysis of trends over time. (8.28)
- 11.121 The designated welfare officer should carry out welfare duties only. (8.29)
- 11.122 The frequency of room searches should be reduced, and should normally be intelligence led rather than routine. (8.30)
- 11.123 Searches of visitors should take place discreetly, in an enclosed space. (8.31)
- 11.124 Neither paid work nor access to detainees' own mobile telephones should be regarded as a privilege which can be forfeited under a rewards scheme. (8.32)
- 11.125 A shower affording a greater degree of privacy should be made available for detainees held under Rule 40. (8.33)
- 11.126 The cameras in the Rule 40 rooms should also have 100% coverage. (8.34)
- 11.127 Managers should ensure through regular checks that the daily visits to detainees held under Rule 40, and recording of regime events, take place as required. (8.35)
- 11.128 Unless it is clear that a detainee cannot return from Rule 40 to the main IRC population, a progression plan should be drawn up with a view to return if possible. (8.36)
- 11.129 Formal complaints should be dealt with within three working days, or 10 in exceptional circumstances. (8.37)
- 11.130 Data relating to complaints should be routinely analysed and trends discussed. (8.38)
- 11.131 Responses to complaints should be routinely checked by a senior manager to ensure that they are being responded to appropriately. (8.39)

11.132 Managers should take steps to reassure detainees that making a complaint will not jeopardise immigration outcomes, and should check through monitoring that such jeopardy does not occur. (8.40)

Services

11.133 All detainees working in the kitchen should undertake an accredited health and hygiene course. They should also be given the opportunity to gain catering qualifications. (9.15)

11.134 All halal meat should be stored separately. Copies of halal meat suppliers' certificates should be available to detainees on request. (9.16)

11.135 Lunch should not be served before noon and dinner not before 5pm. (9.17)

11.136 Regular consultation should take place with detainees in relation to food, and should include regular surveys as a means of ensuring that all detainees can provide feedback. (9.18)

11.137 A system should be implemented to ensure that detainee feedback appropriately influences the range of items available from the canteen. (9.19)

11.138 Catalogues should be made available for detainees to purchase items by mail order. (9.20)

Preparation for release

11.139 A job description should be produced for a dedicated welfare officer role, sufficiently comprehensive to meet the appropriate range of detainees' needs. (10.22)

11.140 Information about the role of the welfare officer should be contained in the detainee information leaflet, and detainees should be encouraged to approach welfare officers directly. (10.23)

11.141 Welfare officers should receive relevant training and be given sufficient time and the necessary resources to carry out this duty. (10.24)

11.142 Detainees should not be required to wear bibs during visits. (10.25)

11.143 A comment book should be available for visitors to provide feedback about their treatment. (10.26)

11.144 Detainees arriving with mobile telephones which have been authorised in other immigration removal centres should be able to retain them. (10.27)

11.145 All detainees without funds should be given the option of receiving a loaned mobile telephone. (10.28)

11.146 The rooms in which pay telephones are located should be properly ventilated and contain well-maintained furniture. (10.29)

11.147 Mail should be opened in the sight of detainees and not in advance of them receiving it. (10.30)

11.148 Links should be made with relevant voluntary organisations to provide assistance for detainees with removal and release. (10.31)

11.149 Travel warrants issued to detainees should always cover the full cost of their journey. (10.32)

Housekeeping points

Casework

11.150 The use of the legal information computers in the library should be monitored to ensure that personal and confidential matters cannot be viewed by other users. (3.13)

11.151 Records should be kept of all cases when less than 72 hours' notice of removal is given, with the reasons. (3.29)

Health services

11.152 A telephone should be provided in the reception healthcare room. (5.68)

11.153 The washing machine in the reception healthcare room should be moved elsewhere. (5.69)

Preparation for release

11.154 Staff working at the visitors' centre should be briefed to provide visitors with basic information about the centre. (10.34)

Examples of good practice

Arrival in detention

11.155 Night-time checks on new arrivals helped to minimise risk of suicide and self-harm and enhanced feelings of safety among detainees. (1.30)

Health services

11.156 The open door policy enabled detainees to access health advice and support without any undue delay (5.71)

Rules and management of the centre

11.157 The financial 'stamps' scheme was an effective, low-level method for encouraging involvement in constructive activities. (8.41)

Appendix I: Inspection team

Nigel Newcomen	Deputy Chief Inspector
Hindpal Singh Bhui	Team leader
Martin Kettle	Inspector
Ian Macfadyen	Inspector
Martin Owens	Inspector
Susan Fenwick	Inspector
Andrew Rooke	Inspector
Bridget McEvelly	Healthcare inspector
Alastair Pearson	Ofsted inspector
Sheila Willis	Ofsted inspector
Glenys Pashley	Ofsted inspector
Lucy Trussler	Researcher
Samantha Booth	Researcher
Catherine Nichols	Researcher

Appendix II: Detainee population profile

(i) Age	No. of men	No. of women	No. of children	%
Under 1 year				0
1 to 6 years				0
7 to 11 years				0
12 to 16 years				0
16 to 17 years				0
18 years to 21 years	2			1.7
22 years to 29 years	45			38.5
30 years to 39 years	49			41
40 years to 49 years	18			15.4
50 years to 59 years	4			3.4
60 years to 69 years				0
70 or over				0
Total	118			100

(ii) Nationality	No. of men	No. of women	No. of children	%
Afghanistan	1			0.8
Albania				0
Algeria	5			4.2
Angola	4			3.3
Belarus	1			0.8
Bangladesh	3			2.5
Brazil				0
Burundi	1			0.8
Cameroon	1			0.8
China	15			12.5
Cote D'Ivoire	1			0.8
Congo (Brazzaville)	1			0.8
Colombia				0
Ecuador	3			2.5
Eritrea	1			0.8
Ethiopia	1			0.8
Gambia	3			2.5
Guatalama				0
Ghana	3			2.5
Guinea	1			0.8
India	11			9.2
Iraq	7			5.8
Iran	6			5.0
Jamaica	4			3.3
Kenya	2			1.7
Kosovo				0
Lebanon				0
Liberia	2			1.7
Libya	1			0.8
Malawi	1			0.8
Mauritius	1			0.8
Mexico				0
Morocco	1			0.8
Nigeria	9			7.5
Namibia				0

Nepal				0
Pakistan	8			6.7
Palestine	1			0.8
Portugal	1			0.8
Rwanda	3			2.5
South Korea				0
Sierra Leone	2			1.7
Singapore	1			0.8
Sri Lanka				0
Senegal				0
Somalia	3			2.5
Sudan	2			1.7
Syria	1			0.8
Trinidad & Tobago	1			0.8
Turkey	2			1.7
Uganda				0
Vietnam	2			1.7
Zimbabwe	3			2.5
Total				

(iv) Religion/belief	No. of men	No. of women	No. of children	%
Buddhist	10			8.5
Roman Catholic				
Orthodox	35			29.66
Other Christian religion	1			0.85
Hindu	4			3.4
Muslim	39			33
Sikh	4			3.4
Agnostic/atheist	24			20.34
Unknown				
Other (please state what)				
Lutheran				
None				
Pentecostal				
Rasta				
Jehovah's Witness	1			0.85
Total	118			100

(v) Length of time in detention in this centre	No. of men	No. of women	No. of children	%
Less than 1 week	15			12.71
1 to 2 weeks	3			2.54
2 to 4 weeks	18			15.25
1 to 2 months	17			14.4
2 to 4 months	28			23.73
4 to 6 months	25			21.19
6 to 8 months	7			5.93
8 to 10 months	1			0.85
More than 10 months (please note the longest length of time)	4 (16 m)			3.4
Total	118			100

(vi) Detainees' last location before detention in this centre	No. of men	No. of women	No. of children	%
Community				
Another IRC	60			50.85
A short-term holding facility (e.g. at a port or reporting centre)				
Police station				
Prison	58			49.15
Total	118			100

Appendix III: Safety and staff–detainee relationship interviews

Twenty detainees were approached by the research team to undertake structured interviews regarding issues of safety and staff-detainee relationships at Lindholme IRC. Individuals were randomly selected, 10 from Willow unit and 10 from Elm unit.

Location of interviews

Interviews were undertaken in a private interview room, and participation was voluntary. An interview schedule was used to maintain consistency; therefore, all interviewees were asked the same questions. The interview schedule had two distinct sections, the first covering safety and the second staff–detainee relationships.

The demographic information of interviewees is detailed below, followed by the results from each section.

Demographic information

- The average length of time in detention was approximately four months and ranged from one week to nine months.
- Length of time at Lindholme ranged from one week to seven months. The average length of time spent at Lindholme was approximately 3.5 months.
- For all the detainees this was their first time in detention.
- Ages ranged from 23 to 42 years, the average being 30 years of age.
- Three interviewees were Chinese, three were Indian, two were Iranian, two Libyan, one Ghanaian, one Guinean, one Kenyan, one Nigerian, one Pakistani, one from Trinidad and Tobago, one from Zimbabwe and one from Sierra Leone.
- All interviewees spoke English but only four spoke English as a first language.
- Five interviewees identified their religion as Christian, seven as Muslim, four had no religion, one as Buddhist, one as Hindu and two as Sikh.
- None of the interviewees stated that they had a disability.

Safety

All interviewees were asked to identify areas of concern with regard to safety within Lindholme IRC, as well as rating the problem on a scale of 1–4 (1 = a little unsafe, to 4 = extremely unsafe). A 'seriousness score' was then calculated, by multiplying the number of individuals who thought the issue was a problem by the average rating score.

The ranking column shows the order of the 23 potential safety concerns covered in the interview schedule, based on the seriousness score. A ranking of '1' shows the issue with the highest seriousness score.

Scores highlighted in red indicate areas in which over 50% of respondents mentioned the area to be of concern.

	Yes, this is a problem (number of respondents)	Average rate (1 = a little unsafe, to 4 = extremely unsafe)	Seriousness score	Ranking
Uncertainty/insecurity because of immigration case	13	3.5	45	1
Access to legal advice	7	3.4	24	2
Isolation (within the centre)	9	2.7	24	2
Aggressive body language of detainees	8	2.9	23	4
Healthcare facilities	8	2.8	22	5
Lack of trust in staff	8	2.8	22	5
Staff behaviour with detainees	7	2.9	20	7
Lack of confidence in staff	8	2.5	20	7
Response of staff to self harm incidents in the centre	6	2.3	14	9
Lack of information in translation	5	2.8	14	9
Layout of the centre	4	3.3	13	11
Response of staff with regards to fights/bullying in the centre	5	2.6	13	11
Overcrowding	5	1.8	9	13
Surveillance cameras	3	2.7	8	14
Gang culture	2	4	8	14
Lack of communication with family/friends	2	2.5	5	16
Lack of information about centre regime	1	4	4	17
Aggressive body language of staff	2	1.5	3	18
Number of staff on duty during the day	2	1	2	19
The way meals are served	1	1	1	20
Existence of an illegal market	0	0	0	21
Availability of drugs	0	0	0	21
Staff members giving favours in return for something	0	0	0	21

The top ten issues were:

1. Uncertainty/insecurity because of immigration case.
- = 2. Access to legal advice
- = 2. Isolation (within the centre)
4. Aggressive body language of detainees
- = 5. Healthcare facilities
- = 5. Lack of trust in staff

- = 7. Staff behaviour with detainees
- = 7. Lack of confidence in staff
- = 9. Lack of information in translation
- = 9. Response of staff to self-harm incidents in the centre

Overall rating

Interviewees were asked to give an overall rating for safety at Lindholme IRC, with 1 being very bad and 4 being very good.

The average rating was 2.5

A breakdown of the scores given are shown in the table below:

1	2	3	4
3 (15%)	8 (40%)	6 (30%)	3 (15%)

Staff-detainee relationships

All interviewees were asked to rate their relationship with staff for the following questions. For each question, a breakdown of responses is provided, as well as an average rating, where applicable.

1. Do you feel that staff are respectful towards you?

1 Completely	2	3	4 Not at all
9 (45%)	6 (30%)	3 (15%)	2 (10%)

The average rating was 1.9

2. How often are staff appropriate in their comments and attitudes to you?

1 Always	2	3	4 Never
10 (50%)	8 (40%)	1 (5%)	1 (5%)

The average rating was 1.7

3. How often do wing staff address you by your first name or by Mr...?

1 Always	2	3	4 Never
7 (35%)	4 (20%)	3 (15%)	6 (30%)

The average rating was 2.4

4. How often do wing staff knock before entering your room?

1 Always	2	3	4 Never
4 (20%)	0 (0%)	1 (5%)	15 (75%)

The average rating was 3.4

5. How helpful are staff generally with questions and day to day issues?

1 Very helpful	2	3	4 Not at all helpful
2 (10%)	11 (55%)	2 (10%)	5 (25%)

The average rating was 2.5

6. How often are staff appropriate in their behaviour?

1 Always	2	3	4 Never
15 (75%)	3 (15%)	2 (10%)	0

The average rating was 1.4

7. Do staff treat detainees fairly?

1 Completely	2	3	4 Not at all
12 (60%)	6 (30%)	2 (10%)	0

The average rating was 1.5

8. Would staff take it seriously if you were being victimised or bullied?

Yes	No	Depends who you approach
9 (45%)	9 (45%)	1 (5%)

9. How often do staff interact with you?

1 Always	2	3	4 Never
4 (20%)	5 (25%)	7 (35%)	4 (20%)

The average rating was 2.6

10. Do you have a member of staff to turn to if you have a problem?

Nine (45%) stated they did not. Of the 10 (50%) who said that they did, they gave the following rating of how many staff they felt they could approach:

1 Many	2	3	4 One
1 (5%)	3 (15%)	3 (15%)	0 (0%)

The average rating was 3.1

11. Do staff challenge inappropriate behaviour?

1 Always	2	3	4 Never
7 (35%)	1 (5%)	3 (15%)	6 (30%)

The average rating was 2.2

12. Do staff actively encourage you to take part in activities within the centre?

1 Always	2	3	4 Never
4 (20%)	5 (25%)	0 (0%)	11 (55%)

The average rating was 2.9

13. Have you ever been discriminated against by staff because of:

- Your culture or ethnicity

Yes	No
4 (20%)	16 (80%)

- Your nationality

Yes	No
3 (15%)	17 (85%)

- Your religion

Yes	No
1 (5%)	19 (95%)

- Your age

Yes	No
0	20 (100%)

- You have a disability

Yes	No
0	20 (100%)

- Your sexual orientation

Yes	No
1 (5%)	19 (95%)

Overall rating

Interviewees were asked to give an overall rating for staff-detainee relationships at Lindholme IRC, with 1 being excellent and 4 being poor. The average rating was 2.3

A breakdown of the scores given is shown in the table below:

1	2	3	4
4 (20%)	9 (45%)	4 (20%)	3 (15%)

Appendix IV: Summary of survey responses

Detainee survey methodology

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

Choosing the sample size

At the time of the survey on 4–5 February 2009, the detainee population at Lindholme was 117. The questionnaire was offered to all detainees.

Selecting the sample

Questionnaires were offered to all adult detainees. Surveys were handed out over lunchtime and dinner time, and an alpha list of all detainees was marked off to ensure that all detainees were offered a survey.

Completion of the questionnaire was voluntary. If a detainee was not bilingual, an interpreter was used via a telephone to communicate the purpose and aims of the survey. Questionnaires were offered in 23 different languages.

Interviews were carried out with any respondents with literacy difficulties. In total, one respondent was interviewed.

Methodology

Every attempt was made to distribute the questionnaires to each respondent. This gave researchers an opportunity to explain the independence of the Inspectorate and the purpose of the questionnaire, as well as to answer questions.

All completed questionnaires were confidential – only members of the Inspectorate saw them. In order to ensure confidentiality, respondents were asked to do one of the following:

- to have their questionnaire ready to hand back to a member of the research team at a specified time;
- to seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable; or
- to seal the questionnaire in the envelope provided and leave it in their room for collection.

Respondents were not asked to put their names on their questionnaire.

Response rates

In total, 65 respondents completed and returned their questionnaires. This represented 56% of the detainee population. Therefore, the response rate was 56%. In total, 23 detainees refused to complete a questionnaire, 23 questionnaires were not returned and six were returned blank. Forty-six questionnaires (71%) were returned in English, five (8%) in Chinese, four (6%) in

Urdu, three (5%) in Punjabi, two (3%) in Bengali, and one (2%) each in Arabic, French, Hindi, Tamil and Turkish.

Comparisons

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

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

Presented alongside the results from this survey are the comparator figures for all detainees surveyed in detention centres. This comparator is based on all responses from detainee surveys carried out in nine detention centres since April 2003.

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

Summary

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

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

Percentages shown in the summary may differ by 1% or 2 % from that shown in the comparison data as the comparator data have been weighted for comparison purposes.

Section One: About You

Q1	Are you male or female?	
	Male.....	100%
	Female	0%
Q2	What is your age?	
	Under 18.....	0%
	18-21	9%
	22-29.....	40%
	30-39.....	37%
	40-49.....	12%
	50-59.....	0%
	60-69.....	2%
	70 or over.....	0%
Q3	What region are you from? (please tick only one)	
	Africa	44%
	North America	0%
	South America.....	0%
	Indian subcontinent (India, Pakistan, Bangladesh, Sri Lanka).....	27%
	China.....	10%
	Other Asia	6%
	Caribbean.....	3%
	Europe.....	6%
	Middle East.....	3%
Q4	What is your nationality (e.g. Jamaican)?	
Q5	Is English your first language?	
	Yes.....	32%
	No.....	68%
Q6	Do you understand spoken English?	
	Yes.....	79%
	No.....	21%
Q7	Do you understand written English?	
	Yes.....	78%
	No.....	22%
Q8	What would you classify, if any, as your religious group?	
	None.....	5%
	Church of England.....	5%
	Catholic	6%
	Protestant.....	2%
	Other Christian denomination.....	6%
	Buddhist	8%
	Hindu.....	11%
	Jewish	0%
	Muslim.....	52%
	Sikh	6%
Q9	Do you consider yourself to have a disability?	
	Yes.....	10%
	No.....	74%
	Do not know	16%

Q10	Do you have any children under the age of 18?	
	Yes.....	52%
	No.....	48%

Section Two: Immigration Detention

Q11	When being detained, were you told the reasons why in a language you could understand?	
	Yes.....	75%
	No.....	25%
Q12	Following detention, were you given written reasons why you were being detained in a language you could understand?	
	Yes.....	63%
	No.....	37%
Q13	Were you first detained in a police station?	
	Yes.....	71%
	No.....	29%
Q14	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.....	35%
	Three to five.....	48%
	Six or more.....	17%
Q15	How long have you been in detention here?	
	Less than 1 week.....	6%
	More than 1 week less than 1 month.....	17%
	More than 1 month less than 3 months.....	22%
	More than 3 months less than 6 months.....	23%
	More than 6 months less than 9 months.....	22%
	More than 9 months less than 12 months.....	2%
	More than 12 months.....	8%

Section Three: Transfers and escorts

Q16	Did you know where you were going when you left the last place where you were detained?	
	Yes.....	57%
	No.....	41%
	Do not remember	2%
Q17	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	
	Yes.....	43%
	No.....	54%
	Do not remember	3%
Q18	How long did you spend in the escort vehicle to get to this centre on your most recent journey?	
	Less than one hour.....	13%
	One to two hours.....	22%
	Two to four hours.....	41%
	More than four hours.....	20%
	Do not remember	5%
Q19	How did you feel you were treated by the escort staff?	
	Very Well.....	25%
	Well.....	37%

Neither.....	24%
Badly	6%
Very Badly	8%
Do not remember	0%

Section Four: Reception and first night

Q21	Were you seen by a member of healthcare staff in reception?	
	Yes	84%
	No.....	13%
	Do not remember	3%
Q22	When you were searched in reception, was this carried out in a sensitive way?	
	Yes	69%
	No.....	23%
	Do not remember / Not applicable	8%
Q23	Overall, how well did you feel you were treated by staff in reception?	
	Very well.....	17%
	Well	45%
	Neither.....	22%
	Badly	9%
	Very Badly	6%
	Do not remember	2%
Q24	On your day of arrival, did you receive any of the following? (Please tick all that apply)	
	Information about what was going to happen to you	38%
	Information about what support was available to people feeling depressed or suicidal.....	36%
	Information about how to make applications	38%
	Information about healthcare services at this Centre.....	50%
	Information about the religious team	41%
	Information on how to make a bail application.....	32%
	Information about how people can visit you.....	50%
	Did not receive anything	23%
Q25	Was any of this information given to you in a translated form?	
	Do not need translated material	41%
	Yes	14%
	No.....	45%
Q26	On your day of arrival were you given any of the following? (Please tick all that apply)	
	Something to eat	77%
	The opportunity to make a free telephone call.....	80%
	The opportunity to have a shower	78%
	The opportunity to change into clean clothing	70%
	Did not receive anything	5%
Q27	Did you feel safe on your first night here?	
	Yes	67%
	No.....	28%
	Do not remember	5%
Q28	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you)	
	Not had any problems	40%
	Loss of property.....	25%
	Housing/accommodation.....	4%
	Contacting employers.....	4%
	Contacting family.....	29%

Ensuring dependants were being looked after	7%
Access to phone numbers.....	20%
Access to legal advice.....	11%
Access to your immigration case papers.....	16%
Money/debt problems.....	16%
Feeling depressed or suicidal.....	18%
Drug problems.....	4%
Alcohol problems.....	4%
Health problems.....	15%
Needing protection from other detainees.....	4%

Q29	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	
	<i>Not had any problems</i>	41%
	Yes.....	24%
	No.....	35%

Section Five: Legal rights and immigration

Q31	Do you have a solicitor/legal representative?	
	<i>Do not need one</i>	7%
	Yes.....	63%
	No.....	30%
Q32	Do you get legal aid (free advice under the legal aid scheme)?	
	<i>Do not need legal advice</i>	14%
	Yes.....	42%
	No.....	44%
Q33	How easy or difficult is it to communicate with your solicitor or legal representative?	
	Very easy.....	10%
	Easy.....	20%
	Neither.....	5%
	Difficult.....	15%
	Very difficult.....	12%
	<i>Not applicable</i>	37%
Q34	Are you able to send a fax to your legal representative free of charge?	
	Yes.....	59%
	No.....	3%
	<i>Do not know / Not applicable</i>	38%
Q35	Are you able to send letters to your legal representative free of charge?	
	Yes.....	44%
	No.....	7%
	<i>Do not know / Not applicable</i>	49%
Q36	Have you had a visit from your solicitor/legal representative?	
	<i>Do not have one</i>	37%
	Yes.....	25%
	No.....	37%
Q37	Can you get hold of books about your legal rights?	
	Yes.....	23%
	No.....	53%
	<i>Do not know / Not applicable</i>	25%
Q38	How easy or difficult is it for you to obtain bail information?	
	Very easy.....	9%

	Easy	25%
	Neither.....	13%
	Difficult.....	16%
	Very difficult.....	22%
	Not applicable	15%
Q39	Can you get access to official information reports on your country?	
	Yes.....	16%
	No.....	67%
	Do not know / Not applicable	18%
Q40	How easy or difficult is it to see immigration staff when you want?	
	Do not know / have not tried	17%
	Very easy	12%
	Easy	26%
	Neither.....	17%
	Difficult.....	10%
	Very difficult.....	17%
Q41	Have you had a review of your detention every month? (You should have had a review if you have been in detention anywhere for over one month)	
	Not been in detention for over a month	16%
	Yes.....	52%
	No.....	24%
	Don't know.....	9%
Q42	If yes, was the review written in a language you could understand?	
	Have not had a review	28%
	Yes	49%
	No.....	23%

Section Six: Respectful Detention

Q44	Are you normally offered enough clean, suitable clothes for the week?	
	Yes.....	79%
	No.....	21%
Q45	Are you normally able to have a shower every day?	
	Yes.....	90%
	No.....	10%
Q46	Is it normally quiet enough for you to be able to relax or sleep in your room at night time?	
	Yes.....	60%
	No.....	40%
Q47	Can you normally get access to your property held by staff at the Centre, if you need to?	
	Yes.....	53%
	No.....	34%
	Do not know	14%
Q48	What is the food like here?	
	Very good.....	10%
	Good.....	34%
	Neither.....	33%
	Bad.....	8%
	Very bad.....	15%

Q49	Does the shop sell a wide enough range of goods to meet your needs?			
	<i>Have not bought anything yet</i>			4%
	Yes.....			32%
	No.....			65%
Q50	Do you feel that your religious beliefs are respected?			
	Yes.....			69%
	No.....			17%
	Not applicable			14%
Q51	Are you able to speak to a religious leader of your faith in private if you want to?			
	Yes.....			49%
	No.....			26%
	Do not know / Not applicable			25%
Q52	How easy or difficult is it for you to contact the Independent Monitoring Board?			
	<i>Do not know who they are</i>			30%
	Very easy.....			7%
	Easy.....			17%
	Neither.....			20%
	Difficult.....			7%
	Very difficult.....			20%
Q53	How easy or difficult is it to get a complaint form?			
	Very easy.....			36%
	Easy.....			36%
	Neither.....			10%
	Difficult.....			2%
	Very difficult.....			2%
	Do not know			15%
Q54	Have you made a complaint since you have been at this Centre?			
	Yes.....			37%
	No.....			60%
	Do not know how to			3%
Q55	If yes, please answer the following questions about complaints:			
		Yes	No	Not made a complaint
	Do you feel complaints are sorted out fairly?	7%	28%	66%
	Do you feel complaints are sorted out promptly?	8%	19%	73%

Section Seven: Staff

Q57	Do you have a member of staff at the Centre that you can turn to for help if you have a problem?			
	Yes.....			56%
	No.....			44%
Q58	Do most staff at the Centre treat you with respect?			
	Yes.....			73%
	No.....			27%
Q59	How often do staff normally speak to you?			
	Never.....			9%
	Rarely.....			30%
	Some of the time.....			30%
	Most of the time.....			23%
	All of the time.....			9%

Q60 Have any members of staff physically restrained you (C and R) in the last six months?
 Yes 10%
 No..... 90%

Q61 Have you spent a night in the separation/isolation unit in the last six months?
 Yes 5%
 No..... 95%

Section Eight: Safety

Q63 Have you ever felt unsafe in this Centre?
 Yes 33%
 No..... 67%

Q64 Do you feel unsafe in this Centre at the moment?
 Yes 30%
 No..... 70%

Q65 Has another detainee or group of detainees victimised (insulted or assaulted) you here?
 Yes 9%
 No..... 91%

Q66 If you have felt victimised by a detainee/group of detainees, what did the incident(s) involve? (Please tick all that apply)
Insulting remarks (about you or your family or friends)..... 5%
Physical abuse (being hit, kicked or assaulted)..... 0%
Unwanted sexual attention 0%
Your cultural or ethnic origin..... 2%
Because of your nationality 0%
Having your property taken 0%
Because you were new here 2%
Drugs..... 0%
Because of your sexuality..... 0%
Because you have a disability 0%
Because of your religion/religious beliefs 0%

Q67 Has a member of staff or group of staff victimised (insulted or assaulted) you here?
 Yes 6%
 No..... 94%

Q68 If you have felt victimised by a member of staff/group of staff, what did the incident(s) involve? (Please tick all that apply)
Insulting remarks (about you or your family or friends)..... 0%
Physical abuse (being hit, kicked or assaulted)..... 0%
Unwanted sexual attention 0%
Your cultural or ethnic origin..... 4%
Because of your nationality 0%
Because you were new here 0%
Drugs..... 0%
Because of your sexuality..... 0%
Because you have a disability 0%
Because of your religion/religious beliefs 0%

Q69 If you have been victimised by detainees or staff, did you report it?
 Yes 2%
 No..... 13%
Not been victimised..... 86%

Q70 Have you ever felt threatened or intimidated by another detainee/group of detainees in here?
 Yes 9%
 No..... 91%

Q71 Have you ever felt threatened or intimidated by a member of staff in here?
 Yes 7%
 No..... 93%

Section Nine: Healthcare

Q73 Is health information available in your own language?
 Yes 46%
 No..... 36%
Do not know..... 18%

Q74 Do you know whether counselling is available at this Centre?
 Yes 20%
 No..... 80%

Q75 Are you able to see a doctor of your own gender?
 Yes 57%
 No..... 20%
Do not know..... 23%

Q76 Is a qualified interpreter available if you need one during healthcare assessments?
Do not need an interpreter / Do not know 55%
 Yes 4%
 No..... 41%

Q77 Are you currently taking medication?
 Yes 36%
 No..... 64%

Q78 If you are taking medication, are you allowed to keep possession of your medication in your own room?
Not taking medication..... 65%
 Yes 35%
 No..... 0%

Q79 What do you think of the overall quality of the healthcare here?
Have not been to healthcare..... 9%
 Very good..... 14%
 Good..... 30%
 Neither..... 21%
 Bad..... 7%
 Very bad..... 18%

Section Ten: Activities

Q81 Do you have unrestricted access to the Centre facilities for at least 12 hours each day?
 Yes 47%
 No..... 53%

Q82 Are you doing any education here?
 Yes 48%
 No..... 52%

Q83	Is the education helpful?	
	<i>Not doing any education</i>	56%
	Yes.....	43%
	No.....	2%
Q84	Can you work here if you want to?	
	<i>Do not want to work</i>	22%
	Yes.....	53%
	No.....	24%
Q85	Is there enough to do here to fill your time?	
	Yes.....	41%
	No.....	59%
Q86	How easy or difficult is it to go to the library?	
	<i>Do not know / Do not want to go</i>	4%
	Very easy.....	42%
	Easy.....	44%
	Neither.....	7%
	Difficult.....	2%
	Very difficult.....	2%
Q87	How easy or difficult is it to go to the gym?	
	<i>Do not know / Do not want to go</i>	7%
	Very easy.....	50%
	Easy.....	38%
	Neither.....	3%
	Difficult.....	2%
	Very difficult.....	0%

Section Eleven: Keeping in touch with family and friends

Q89	How easy or difficult is it to receive incoming calls?	
	<i>Do not know / have not tried</i>	14%
	Very Easy.....	31%
	Easy.....	34%
	Neither.....	8%
	Difficult.....	3%
	Very difficult.....	10%
Q90	How easy or difficult is it to make outgoing calls?	
	<i>Do not know / have not tried</i>	11%
	Very easy.....	37%
	Easy.....	30%
	Neither.....	9%
	Difficult.....	2%
	Very difficult.....	12%
Q91	Have you had any problems with sending or receiving mail?	
	Yes.....	23%
	No.....	58%
	<i>Do not know</i>	19%
Q92	Have you had a visit since you have been here from your family or friends?	
	Yes.....	42%
	No.....	58%

Q93	Have you had a visit since you have been here from volunteer visitors?	
	<i>Do not know who they are</i>	28%
	Yes	4%
	No.....	68%
Q94	How do you feel you are treated by visits staff?	
	<i>Not had any visits</i>	58%
	<i>Very well</i>	19%
	<i>Well</i>	15%
	<i>Neither</i>	5%
	<i>Badly</i>	2%
	<i>Very Badly</i>	2%

Thank you for completing this survey



Detainee Survey Responses Lindholme IRC 2009

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

Key to tables

Any numbers highlighted in green are significantly better than the IRC comparator/ 2005 survey	Lindholme IRC	IRC Comparator	Lindholme IRC 2009	Lindholm IRC 2005
Any numbers highlighted in blue are significantly worse than the IRC comparator/ 2005 survey				
Any percent highlighted in orange shows a significant difference in detainees' background details				
Numbers which are not highlighted show there is no significant difference between the 2008 survey and the IRC comparator/ 2005 survey				

SECTION 1: General Information

Number of completed questionnaires returned

		65	948		65	51
1	Are you male?	100%	83%		100%	100%
2	Are you aged under 21 years?	9%	15%		9%	2%
5	Is English your first language?	33%	29%		33%	21%
6	Do you understand spoken English?	80%	74%		80%	83%
7	Do you understand written English?	79%	69%		79%	69%
8	Are you Muslim?	51%	38%		51%	
9	Do you consider yourself to have a disability?	10%	17%		10%	
10	Do you have any children under the age of 18?	53%	41%		53%	54%

SECTION 2: Immigration Detention

11	When being detained, were you told the reasons why in a language you could understand?	75%	68%		75%	
12	Following detention, were you given written reasons why you were being detained in a language you could understand?	64%	59%		64%	
13	Were you first detained in a police station?	71%	62%		71%	
14	Including this Centre, have you been held in six or more places as an immigration detainee since being detained?	17%	10%		17%	
15	Have you been here for more than one month?	77%	66%		77%	38%

SECTION 3: Transfers and Escorts

16	Did you know where you were going when you left the last place where you were detained?	57%	42%		57%	50%
17	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	43%	31%		43%	52%
18	Did you spend more than four hours in the escort van to get to this centre?	20%	29%		20%	25%
19	Were you treated well/very well by the escort staff?	62%	47%		62%	55%

Key to tables						
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	Any numbers highlighted in blue are significantly worse than the IRC comparator/ 2005 survey					
	Any percent highlighted in orange shows a significant difference in detainees' background details					
	Numbers which are not highlighted show there is no significant difference between the 2008 survey and the IRC comparator/ 2005 survey					
					Lindholm IRC 2005	
SECTION 4: Reception and First Night						
21	Were you seen by a member of healthcare staff in reception?	84%	86%		84%	90%
22	When you were searched in reception was this carried out in a sensitive way?	69%	63%		69%	84%
23	Were you treated well/very well by staff in reception?	62%	55%		62%	69%
24a	Did you receive information about what was going to happen to you on your day of arrival?	38%	31%		38%	31%
24b	Did you receive information about what support was available to people feeling depressed or suicidal on your day of arrival?	36%	24%		36%	31%
24c	Did you receive information about how to make applications on your day of arrival?	38%	26%		38%	34%
24d	Did you receive information about healthcare services at the Centre on your day of arrival?	50%	38%		50%	
24e	Did you receive information about the religious team on your day of arrival?	41%	31%		41%	
24f	Did you receive information on how to make a bail application on your day of arrival?	32%	22%		32%	
24g	Did you receive information about how people can visit you on your day of arrival?	50%	40%		50%	26%
For those who required information in a translated form:						
25	Was any of this information provided in a translated form?	23%	31%		23%	
26a	Did you receive something to eat on your day of arrival?	77%	69%		77%	58%
26b	Did you get the opportunity to make a free telephone call on your day of arrival?	80%	61%		80%	66%
26c	Did you get the opportunity to have a shower on your day of arrival?	79%	54%		79%	
26d	Did you get the opportunity to change into clean clothing on your day of arrival?	70%	48%		70%	
27	Did you feel safe on your first night here?	67%	48%		67%	63%
28a	Did you have any problems when you first arrived?	60%	79%		60%	70%
28b	Did you have any problems with loss of transferred property when you first arrived?	25%	22%		25%	12%
28c	Did you have any housing problems when you first arrived?	4%	13%		4%	9%
28d	Did you have any problems contacting employers when you first arrived?	4%	8%		4%	9%
28e	Did you have any problems contacting family when you first arrived?	29%	20%		29%	23%
28f	Did you have any problems ensuring dependants were being looked after when you first arrived?	7%	10%		7%	9%
28g	Did you have any problems accessing your phone numbers when you first arrived?	20%	15%		20%	

Key to tables					
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	Any numbers highlighted in blue are significantly worse than the IRC comparator/ 2005 survey				
	Any percent highlighted in orange shows a significant difference in detainees' background details				
	Numbers which are not highlighted show there is no significant difference between the 2008 survey and the IRC comparator/ 2005 survey				
SECTION 4: Reception and First Night continued					
28h	Did you have any problems accessing legal advice when you first arrived?	11%	23%	11%	
28i	Did you have any problems getting access to your immigration case papers when you first arrived?	16%	22%	16%	
28j	Did you have any money/debt worries when you first arrived?	16%	12%	16%	30%
28k	Did you have any problems with feeling depressed or suicidal when you first arrived?	18%	33%	18%	23%
28l	Did you have any drug problems when you first arrived?	4%	5%	4%	2%
28m	Did you have any alcohol problems when you first arrived?	4%	3%	4%	2%
28n	Did you have any health problems when you first arrived?	14%	33%	14%	25%
28o	Did you have any problems with needing protection from other detainees when you first arrived?	4%	9%	4%	2%
For those who had problems on arrival:					
29	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	40%	30%	40%	40%
SECTION 5: Legal Rights and Immigration					
31	Do you have a solicitor or legal representative?	63%	60%	63%	59%
For those who have a solicitor or legal representative:					
33	Is it easy/very easy to communicate with your solicitor or legal representative?	49%	40%	49%	
34	Are you able to send a fax to your legal representative free of charge?	100%	91%	100%	89%
35	Are you able to send letters to your legal representative free of charge?	100%	79%	100%	80%
36	Have you had a visit from your solicitor/legal representative?	40%	55%	40%	23%
32	Do you get legal aid (free advice under the legal aid scheme)?	42%	46%	42%	
37	Can you get access to books about your legal rights?	23%	31%	23%	
38	Is it easy/very easy for you to obtain bail information?	34%	25%	34%	
39	Can you get access to official information reports on your country?	16%	18%	16%	14%
40	Is it easy/very easy to see immigration staff when you want?	38%	21%	38%	43%
41	Have you had a review of your detention every month?	52%	37%	52%	29%
For those who have had a written review:					
42	Was the review written in a language you could understand?	67%	63%	67%	

Key to tables					
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SECTION 6: Respectful Detention					
44	Are you normally offered enough clean, suitable clothes for the week?	79%	49%	79%	82%
45	Are you normally able to have a shower every day?	90%	91%	90%	
46	Is it normally quiet enough for you to be able to sleep in your room at night?	60%	52%	60%	68%
47	Can you normally get access to your property held by staff at the Centre, if you need to?	53%	48%	53%	63%
48	Is the food good/very good?	45%	20%	45%	24%
49	Does the shop sell a wide enough range of goods to meet your needs?	31%	29%	31%	44%
50	Do you feel that your religious beliefs are respected?	69%	68%	69%	89%
51	Are you able to speak to a religious leader of your own faith if you want to?	49%	56%	49%	53%
52	Is it easy/very easy to contact the Independent Monitoring Board?	23%	15%	23%	17%
53	Is it easy/very easy to get a complaint form?	72%	48%	72%	66%
54	Have you made a complaint since you have been at this Centre?	37%	34%	37%	
For those who have made a complaint:					
55a	Do you feel complaints are sorted out fairly?	19%	28%	19%	50%
55b	Do you feel complaints are sorted out promptly?	28%	25%	28%	44%
SECTION 7: Staff					
57	Do you have a member of staff you can turn to for help if you have a problem?	56%	53%	56%	66%
58	Do most staff treat you with respect?	73%	66%	73%	87%
59	Do staff speak to you most of the time/all of the time?	31%	20%	31%	
60	Have any members of staff physically restrained you in the last six months?	10%	16%	10%	0%
61	Have you spent a night in the segregation unit in the last six months?	5%	17%	5%	3%
SECTION 8: Safety					
63	Have you ever felt unsafe in this Centre?	32%	50%	32%	35%
64	Do you feel unsafe in this Centre at the moment?	30%	46%	30%	

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SECTION 8: Safety continued						
65	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	9%	33%		9%	15%
66a	Have you had insulting remarks made about you, your family or friends since you have been here? (By detainees)	5%	11%		5%	7%
66b	Have you been hit, kicked or assaulted since you have been here? (By detainees)	0%	6%		0%	2%
66c	Have you experienced unwanted sexual attention here from another detainee?	0%	3%		0%	2%
66d	Have you been victimised because of your cultural or ethnic origin since you have been here? (By detainees)	2%	7%		2%	4%
66e	Have you been victimised because of your nationality since you have been here? (By detainees)	0%	7%		0%	4%
66f	Have you ever had your property taken since you have been here? (By detainees)	0%	7%		0%	9%
66g	Have you ever been victimised because you were new here? (By detainees)	2%	5%		2%	7%
66h	Have you been victimised because of drugs since you have been here? (By detainees)	0%	1%		0%	7%
66i	Have you been victimised here because of your sexuality? (By detainees)	0%	2%		0%	
66j	Have you ever been victimised here because you have a disability? (By detainees)	0%	2%		0%	
66k	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	0%	6%		0%	
67	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	5%	28%		5%	13%
68a	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	0%	8%		0%	4%
68b	Have you been hit, kicked or assaulted since you have been here? (By staff)	0%	4%		0%	2%
68c	Have you experienced unwanted sexual attention here from staff?	0%	3%		0%	2%
68d	Have you been victimised because of your cultural or ethnic origin since you have been here? (By staff)	4%	6%		4%	4%
68e	Have you been victimised because of your nationality since you have been here? (By staff)	0%	7%		0%	2%
68f	Have you ever been victimised because you were new here? (By staff)	0%	5%		0%	4%
68g	Have you been victimised because of drugs since you have been here? (By staff)	0%	1%		0%	4%
68h	Have you been victimised here because of your sexuality? (By staff)	0%	2%		0%	
68i	Have you ever been victimised here because you have a disability? (By staff)	0%	2%		0%	
68j	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	0%	5%		0%	

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SECTION 8: Safety continued					
For those who have been victimised by detainees or staff:					
69	Did you report it?	13%	46%	13%	17%
70	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	9%	22%	9%	
71	Have you ever felt threatened or intimidated by a member of staff in here?	7%	25%	7%	
SECTION 9: Healthcare					
73	Is health information available in your own language?	47%	29%	47%	29%
74	Do you know whether counselling is available at this Centre?	21%	24%	21%	
75	Are you able to see a doctor of your own gender?	57%	34%	57%	
76	Is a qualified interpreter available if you need one during healthcare assessments?	4%	14%	4%	12%
77	Are you currently taking medication?	36%	44%	36%	
For those who are currently taking medication:					
78	Are you allowed to keep possession of your medication in your own room?	100%	50%	100%	
For those who have been to healthcare:					
79	Do you think the overall quality of health care in this Centre good/very good?	49%	34%	49%	46%
SECTION 10: Activities					
81	Do you have unrestricted access to the Centre facilities for at least 12 hours each day?	48%	39%	48%	
82	Are you doing any education here?	48%	32%	48%	42%
For those doing education here:					
83	Is the education helpful?	95%	82%	95%	93%
84	Can you work here if you want to?	53%	43%	53%	
85	Is there enough to do here to fill your time?	41%	37%	41%	32%
86	Is it easy/very easy to go to the library?	86%	65%	86%	
87	Is it easy/very easy to go to the gym?	88%	54%	88%	

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SECTION 11: Keeping in Touch with Family and Friends						
89	Is it easy/very easy to receive incoming calls?	64%	50%		64%	39%
90	Is it easy/very easy to make outgoing calls?	67%	46%		67%	27%
91	Have you had any problems with sending or receiving mail?	23%	24%		23%	
92	Have you had a visit since you have been in here from your family or friends?	43%	46%		43%	34%
93	Have you had a visit since you have been here from volunteer visitors?	4%	20%		4%	31%
For those who have had visits:						
94	Do you feel you are treated well/very well by visits staff?	80%	57%		80%	