

Report on a full announced inspection of

Dover Immigration

Removal Centre

24–28 May 2010

by HM Chief Inspector of Prisons

Crown copyright 2010

Printed and published by:
Her Majesty's Inspectorate of Prisons
1st Floor, Ashley House
Monck Street
London SW1P 2BQ
England

Contents

Introduction	5
Fact page	7
Healthy establishment summary	9
1 Arrival in detention	
<hr/>	
Escort vans and transfers	17
Reception and first night	18
2 Environment and relationships	
<hr/>	
Residential units	21
Staff-detainee relationships	23
3 Casework	
<hr/>	
Legal rights	25
Immigration casework	26
4 Duty of care	
<hr/>	
Bullying	29
Suicide and self-harm	30
Childcare and child protection	32
Diversity	33
Faith	35
5 Health services	37
<hr/>	
6 Activities	45
<hr/>	
7 Rules and management of the centre	
<hr/>	
Rules of the centre	49
Security	49
Rewards scheme	50
Discipline	50
Use of force and single separation	50
Complaints	52

8	Services	55
----------	-----------------	----

9	Preparation for release	
----------	--------------------------------	--

Welfare	57
Visits	58
Telephones and mail	59
Removal and release	60

10	Recommendations, housekeeping and good practice	63
-----------	--	----

11	Appendices	
-----------	-------------------	--

I Inspection team	74
II Detainee population profile	75
III Safety and staff–detainee relationship interviews	78
IV Summary of survey responses	83

Introduction

The full announced inspection of Dover Immigration Removal Centre (IRC) took place in May 2010, before I took up my appointment. The inspection took place, and the initial draft of this report was written, during the tenure of my predecessor, Dame Anne Owers. I am grateful for her comments and advice about the report.

Dover is one of the three IRCs run by the Prison Service. In spite of its large proportion of ex-prisoners, it has had reasonably positive inspection reports. However, at the last inspection, there was some concern that it was developing an overly prison-like culture. It is welcome that this inspection did not find this to be the case in general, except for the intrusive and unnecessary amounts of razor wire within the centre's perimeter.

Dover was a reasonably safe centre, though violence reduction strategies and staff supervision of detainees required some improvement, as did arrangements for detainees on their first night in the centre – often after unnecessarily long journeys. Self-harm was low and the use of force and separation had reduced, though some governance procedures needed improvement.

As in other IRCs, the main safety concern for detainees was their anxiety and insecurity about their immigration cases. Given that, it was of some concern that on-site UK Border Agency (UKBA) induction interviews we observed were poor, reviews of detention were uninformative and sometimes late, and responses to rule 35 letters (claiming that a detainee was unfit to be detained) were sporadic. To some extent, that was mitigated by the very good standard of independent advice provided by Refugee and Migrant Justice (RMJ) – though it is not clear whether the quality and extent of that service has been maintained, now that RMJ has gone into administration.

Some of the dormitory accommodation was unsuitable, especially as detainees could be locked in for lengthy periods overnight. Relationships between staff and detainees were reasonable, and staff made attempts to deal with detainees' problems. However, we were concerned at the limited use of interpretation, even for confidential matters, and the limited availability of translated documents to provide key information to detainees. Survey responses from non-English speakers were significantly worse than those from other detainees. Health services were reasonably good, and commissioned by the primary care trust, though primary mental health provision was underdeveloped, as were services for those with substance use problems.

Dover provided a range of work and education opportunities, sufficient for around half of the population. However, they were poorly coordinated, and education in particular was underused, with insufficient provision in the evenings and at weekends. The range and quality of work varied, though there were some opportunities to develop skills. PE facilities were excellent and well used. In general, there was not enough of the right kind of activity for the significant number of detainees who stayed at the centre for long periods. Free movement around the centre was too restricted, with evening lock-up time too early.

The centre was still not performing well enough in relation to preparation for removal, release or transfer. Unlike in privately run centres, detainees still had no access to controlled email or internet, severely restricting effective communication with families and friends, particularly overseas. There was no coordinated or specialist welfare support in the centre, and staff were not able to ensure that detainees' concerns were identified and dealt with. Voluntary organisations provided an excellent service, but were over-reliant on self-referral from detainees.

Dover holds a large proportion of ex-prisoners in a rather forbidding site. It was, nevertheless, providing a reasonably safe and decent environment, and a range of activities for detainees, a third of whom spent over four months there. There were two main issues that needed to be addressed. One, for the Prison Service, was the absence of internet and email access and of sufficient coordinated welfare support, to assist with practical problems and prepare detainees for release or removal. The other, for UKBA, was the poor quality of on-site information for, and responses to, detainees who were extremely concerned about the progress of their cases. This will present even more of a challenge, with the collapse of Refugee and Migrant Justice, who were providing good independent on-site advice.

Nick Hardwick
HM Chief Inspector of Prisons

July 2010

Fact page

Task of the establishment

Dover immigration removal centre (IRC) provides to the UK Border Agency (UKBA) the safe, secure detention of adult males, detained under immigration warrant.

Location

The Citadel, Western Heights, Dover, Kent

Contractor

Her Majesty's Prison Service

Number held

308

Certified normal accommodation (CNA)

316

Operational capacity

316

Escort provider

G4S and G4S Overseas

Last inspection

January 2009

Brief history

Dover IRC was formally a young offender institution, changing role in 2002, to that of an IRC.

Description of residential units

There are five units of normal accommodation.

Sandwich unit, the induction centre, has seven dormitories, nine single rooms and one double room.

Romney unit has seven dormitories, nine single rooms and one double room.

Hastings unit has seven dormitories and ten single rooms.

Rye unit has 50 double occupancy rooms.

Deal unit has 58 single rooms and a 'buddy suite'.

Hythe unit (the separation unit) consists of 10 single rooms, one of which is an observation room, and two rooms for the purpose of special accommodation, as defined in PSO 1700.

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, upon which inspections base the four tests of a healthy establishment, 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 Under each test, we make an assessment of outcomes for detainees and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the United Kingdom Border Agency.

- **outcomes for detainees are good against this healthy establishment test.**

There is no evidence that outcomes for detainees are being adversely affected in any significant areas.

- **outcomes for detainees are reasonably good against this healthy establishment test.**

There is evidence of adverse outcomes for detainees in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.

- **outcomes for detainees are not sufficiently good against this healthy establishment test.**

There is evidence that outcomes for detainees are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of detainees. Problems/concerns, if left unattended, are likely to become areas of serious concern.

- **outcomes for detainees are poor against this healthy establishment test.**

There is evidence that the outcomes for detainees are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for detainees. Immediate remedial action is required.

HE.3 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.4 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.5 Some escorted journeys were unnecessarily long and many detainees were moved during the night. Reception was a reasonable facility, but there were no interview rooms. First night detainees were not interviewed individually by a member of unit staff, and there was no formal induction programme. Physical security was disproportionate. Dynamic security was good and the freedom of movement not unnecessarily restrictive. Use of force and the use of separation had decreased. Detainees subject to age dispute arrangements were held on the separation unit. Management of self-harm and suicide was good. Violence reduction was well managed, but supervision was inconsistent and the anti-bullying process was not sufficiently robust. Arrangements for detainees to obtain legal information and advice were good, but casework arrangements poor. Rule 35 arrangements were in need of review and the quality of information provided was poor. Overall, outcomes for detainees against this healthy establishment test were reasonably good.

HE.6 Many detainees underwent long and circuitous journeys to Dover, often from relatively nearby departure points. There was evidence of excessive moves around the estate, with some detainees being held in three or four different locations within a short space of time. A significant number of night-time transfers took place, including routine moves.

HE.7 The centre was open 24 hours a day for the reception and discharge of detainees. Reception staff were polite and friendly, and adept at identifying those who were vulnerable. The area was of an adequate size but there were no rooms in which to conduct private interviews. There was little evidence of use of telephone interpreting services. There was limited food provided but detainees could access hot and cold drinks. Most detainees moved to Sandwich unit, the first night centre, within two hours of arrival at the centre, unless it coincided with the afternoon patrol state.

HE.8 Detainees who arrived during unlock hours were seen by induction staff and given verbal information about centre routines. There was some written information provided in English and a full induction booklet available in 20 languages, but this

was only provided on request. There was no formal induction programme. Detainees were not offered the chance for a private one-to-one interview with staff on their first night. Other detainees were often used to interpret. First night accommodation was poor.

- HE.9** Physical security was disproportionate. There was an unnecessary amount of razor wire on low buildings within the free movement zone. There was a good level of intelligence received from staff. This information was collated and analysed, and action taken was usually timely. Freedom of movement was not over-restricted by security arrangements.
- HE.10** Use of force had reduced and was low. Records were generally good. Videos of planned uses of force showed inadequate use of de-escalation and unnecessary use of personal protection equipment. Extendable batons were carried and incidents involving their use had not been fully investigated. The quality of strip-search records was poor.
- HE.11** The use of Rule 40 (removal from association) had decreased significantly. Separation was usually used as a response to disruptive or non-compliant behaviour. Safety algorithms were completed to a high standard. Recording within the unit was good. Detainees were well cared for and staff had a sound knowledge of them. Special cells were not overused but one of the three uses in 2010 had been inappropriate.
- HE.12** There was no formally agreed childcare policy for managing detainees whose age was in dispute. Any detainee who claimed to be a child was held in the separation unit until they had been assessed by social services. While some changes had been made to the unit to accommodate children, this was an inappropriate location. There was no formal safeguarding children policy for those visiting detainees at the centre.
- HE.13** In our survey, significantly more detainees than at similar establishments said that they felt unsafe at the centre, although this was not supported by our detainee groups or our observations. The centre's own safety survey highlighted areas where detainees felt unsafe and staff had been encouraged to be vigilant, but supervision was inconsistent. Levels of violence had decreased. A quarter of staff had received violence reduction training. Although investigations of bullying were reasonable, anti-bullying booklets did not demonstrate any active challenging of detainees placed on the measures. Victims were monitored, but there was little evidence of additional meaningful engagement with them. Relevant data were analysed.
- HE.14** Incidents of self-harm had decreased and were low. The number of detainees arriving at the establishment on open assessment, care in detention and teamwork (ACDT) documents had increased. There was a well-attended safer detention meeting and good monitoring of trends. Detainees felt well cared for but too few staff had received ACDT refresher training. Staff were aware of detainees who were deemed vulnerable. Samaritans support was well integrated. ACDT documents were generally of good quality. Detainees were inappropriately used to interpret during ACDT reviews. Prisons and Probation Ombudsman reports were looked at for relevant learning points.

- HE.15** The Detention Duty Advice Scheme, run by Refugee and Migrant Justice, provided a valuable service.¹ The consultation rooms in the visits hall had no telephones, making it difficult to access interpreters. The library contained a range of up-to-date legal text books but detainees could not access them easily. The absence of internet access inhibited detainees' access to justice, as they were not able freely to research and prepare their asylum, deportation or bail hearings.
- HE.16** While the UK Border Agency (UKBA) could systematically monitor how long a detainee had been held at the establishment, they were unable to monitor accumulated periods of detention. UKBA staff saw detainees within 24 hours of arrival at the centre, but the quality of the information they provided was poor. Detainees were given copies of their reviews of detention but many of these merely repeated information from previous months, and some reviews were served late. Of 22 Rule 35 applications (issued where there is evidence that a detainee has been tortured or is physically or mentally unfit to be detained) that had been made in 2010, UKBA only had a record of seven, some of which had not been responded to.

Respect

HE.17 Residential units were clean but some areas were in a poor decorative state and dormitories provided a poor living environment. There were formal opportunities for detainees to consult staff. Staff-detainee relationships were good but the care officer scheme was underdeveloped. There was insufficient use of translation and interpretation services. Race relations work was robust but other areas of diversity were underdeveloped. Faith provision was good. The reward scheme was not meaningful. Complaints were generally well managed but there were some delays. Governance arrangements and primary health care were good, but support for detainees with primary mental health and substance use problems was inadequate. Food was good. Overall, outcomes for detainees against this healthy establishment test were reasonably good.

HE.18 Most residential units were in a reasonable state of repair but some areas were in poor decorative condition. All the units had an institutional feel, and the dormitory accommodation was a particularly poor living environment. There were regular consultation meetings between staff and detainees but the minutes were not readily available.

HE.19 The relationships observed between detainees and staff were respectful. We observed detainees approaching staff for assistance under the care officer scheme, and staff responding positively. There was no requirement for care officers regularly to contact named detainees to ensure their well-being. Electronic wing records contained little information about day-to-day interactions.

HE.20 Detainees appeared to live harmoniously with each other, without significant conflicts between different groups. Diversity structures were well developed and nationality monitoring took place. Few racist complaints were submitted; these were well investigated and detainees received a comprehensive response. Just under half of residential staff had received the new diversity training. There was an under-recording of detainees with disabilities. There was reasonable care planning for

¹ We were advised post-inspection that refugee and Migrant Justice had closed.

individuals so identified. Practical support for gay and bisexual detainees was underdeveloped. Helping Hands peer support workers provided a range of assistance.

- HE.21** Nearly a quarter of respondents to our survey did not understand spoken English, and a third written English. Centre and UKBA staff made little use of telephone interpretation for these detainees.
- HE.22** Detainees were positive about faith provision. They had good access to well maintained places of worship and a wide range of ministers. Good pastoral and practical care was provided. The faith team attended relevant centre meetings. A range of diversity celebrations took place.
- HE.23** The rewards scheme was out of date and needed revising.
- HE.24** Complaint forms were readily available in English but not in many other languages. There were some delays in responding to complaints but replies were generally polite and demonstrated an appropriate level of investigation. There was little analysis of complaint trends and no evidence of quality control.
- HE.25** There was a draft offender health care strategy for Kent prisons, including immigration removal centres (IRCs), but there was insufficient understanding about the specific role of the centre and needs of detainees. There were good relationships between the PCT commissioners and service provider, and appropriate governance reporting mechanisms were in place. There was a regularly updated health needs analysis, which was reflected in the services provided.
- HE.26** The health centre was too small and required investment to comply with minimum standards of infection control. Primary health care services and support for life-long conditions were good but there was no systematic health promotion. Primary mental health services were poorly coordinated and underdeveloped. Pharmacy services were good. Waiting lists were comparable to those in the community. There was no on-site dentistry service but one was due to start soon after the inspection. Secondary mental health services were good but day care was underdeveloped.
- HE.27** There was a draft substance misuse strategy. We were told that funding for the integrated drug treatment system was available. There was no clinical management of substance dependence, other than for symptomatic relief during detoxification. There had been 11 minor drugs finds in the previous three months and supply reduction action was included in the drugs strategy.
- HE.28** The food we tasted was of a good standard and portion sizes were adequate. All meals were served in the new dining hall. Catering staff consulted with detainees and had introduced some changes in response to suggestions made.

Activities

- HE.29** There was insufficient coordination of activities. The range of paid work was adequate and the quality of education was good, although not all the places available were being used. There were not enough educational opportunities in the evening or at the weekend. Only around a quarter of respondents to our survey said that there

were sufficient activities to fill their time. The library was cramped but welcoming and a good stock of materials was held. Opening hours were poor and inconsistent. PE provision was good. Free movement around the centre was restricted to around 11 hours and the evening lock-up time was too early. Overall, outcomes for detainees against this healthy establishment test were reasonably good.

- HE.30** The centre provided a good volume of work, catering for around a third of the population. The range and quality of the work was varied. Many of the roles were mundane, while a small number provided a greater level of interest and the opportunity to develop new skills.
- HE.31** The centre had recently introduced revised procedures for appointing detainees to work, although the coordination of activities was still inadequate. Applicants were inappropriately subject to vetting by UKBA.
- HE.32** Education management was generally effective. The education building was bright and well decorated but its layout was confusing. Induction to education was thorough but take-up and attendance were low, with only around a half of the available places occupied. Evening classes were well attended but underdeveloped. No education was provided at weekends.
- HE.33** The quality of education was good and the range satisfactory but there was not enough provision for detainees wanting to follow higher-level studies. This was particularly concerning for the third of detainees held for protracted periods. Staff had good levels of expertise.
- HE.34** The library was cramped but welcoming. Library stock was good and regularly refreshed. Opening hours were poor and it was closed too often. Library staff did not have access to the internet to support detainees' information requests.
- HE.35** PE facilities were excellent, with a range of activities, some of which were targeted at older detainees. Opening hours were good, with sessions taking place in the morning, afternoon and evening, seven days a week. Staff were well qualified and enthusiastic. Staff regularly organised popular competitions.
- HE.36** Free movement was too restricted, at just under 11 hours a day. The lock-up time of 8.30pm each evening was inappropriately early.

Preparation for release

- HE.37** There was no strategic oversight of welfare provision. There were some good support services provided by partner organisations and staff, but these were not coordinated and relied almost exclusively on self-referral. Social visits did not need to be booked but, despite some improvements, the environment was still institutionalised and the arrangements for searching visitors disrespectful. Access to telephones and mail was good but the absence of internet and email access was a major omission. Detainees were often not given sufficient notice of moves. Support for detainees being removed, transferred or released needed urgent attention. Overall, outcomes for detainees against this healthy establishment test were not sufficiently good.

- HE.38 There was no dedicated welfare team. Residential unit staff dealt with day-to-day welfare enquiries and kept a log of enquiries. They were receptive and helpful to detainees but not trained in welfare provision. A good welfare service was provided by the Dover Detention Visitors Group (DDVG), which visited the centre at least three times a week. A range of other external organisations provided welfare services at the centre, but there was no overall coordination of the provision. Detainees had to self-refer to all of these organisations.
- HE.39 Social visits took place every afternoon and two evenings a week. The visitors centre was comfortable and provided a range of information, but facilities were limited.
- HE.40 Arrangements for the searching of visitors were disrespectful. There were sometimes delays in visitors gaining access to the visits hall. The visits hall had fixed furniture units and had an institutional atmosphere. Visitors did not book visits but the process for notifying detainees of a visit was not consistent. Visits staff were not informed of detainees who might pose a risk to visitors.
- HE.41 Vending machines provided basic refreshments but this was not adequate for visitors, who sometimes travelled long distances to the establishment. There was a small unsupervised play area for children. Family visits had recently been introduced. The DDVG provided financial assistance for families wishing to visit detainees.
- HE.42 Mobile telephones were permitted in the centre and could be rented. There was a limited number of pay telephones, which were not heavily used. Detainees had free access to fax machines and could send one free letter a week. There was no internet or email access, which was a significant issue for detainees separated from their families and friends.
- HE.43 Few detainees were given more than a few hours' notice – some less than an hour – of planned transfers both into and out of the centre. Detainees were given at least 72 hours' notice of removal. Those due to be removed were not routinely offered assistance with resettlement or welfare issues. For some detainees, health care coordination and medication supply was inadequate. Notice of transfer was inadequate.
- HE.44 Allegations of assault during removal or transfer were referred to UKBA and investigated but the detainees' removal was not deferred until this was complete.

Main recommendations

- HE.45 Detainees should not be moved during the night unless this is required for urgent operational reasons.
- HE.46 All information supplied to detainees should be in a language they easily understand.
- HE.47 The induction process should be reviewed and redeveloped to include a one-to-one interview for all new arrivals and a comprehensive induction programme, including visits from staff from different departments in the centre.
- HE.48 UKBA should urgently improve the quality of information provided on-site to detainees, the timeliness and quality of reviews, and the response to rule 35 letters.

- HE.49 Telephone interpreting services and/or professional interpreters should be used for confidential matters, or when sensitive information is being discussed, to ensure that detainees who do not speak English understand important/essential information.
- HE.50 The take up of education should be facilitated by better co-ordination with work and by providing more classes at evenings and weekends.
- HE.51 A dedicated team of trained staff should be set up to provide for detainees' welfare needs.
- HE.52 The centre should provide internet access and detainees should be able to send emails.

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 Many detainees underwent long and circuitous journeys to the establishment, often from relatively nearby locations. There was evidence of excessive moves around the estate for some detainees. There were a large number of night-time transfers, including routine moves. Reception staff were adept at identifying vulnerabilities, even when they were not made clear by escorting staff.
- 1.2 Group 4 Securicor (G4S) was the main escort contractor. The vans we inspected were clean. Escort records and those kept by reception staff showed that many detainees did not receive refreshments on their journeys to the establishment. Approximately 650 detainees were received or discharged each month.
- 1.3 Relationships between escort and reception staff were friendly. Copies of movement orders (IS91Ms) were generally sent to the establishment the day before moves were due to take place but the time of arrival was often left blank. Escorting staff would call reception en route to advise them of arrival times. One result of this was that detainees leaving the centre were given little notice of their transfer (see paragraph 9.26 and recommendation 9.45).
- 1.4 Reception staff did not always receive information about risk of self-harm or harm to others, as the risk analysis form was not always updated or attached to the IS91M. They greeted detainees in a polite and friendly manner and were adept at identifying vulnerabilities when such information had not been passed on by escorting staff. During the inspection, one detainee arrived who was undergoing methadone detoxification and another who had threatened to self-harm the day before; information relating to these matters was not handed over by escorting staff but was ascertained by reception staff from interviews with the detainees and thorough checks of other documents that arrived with them. The detainee undergoing detoxification was transferred immediately to another centre, as Dover was unable to facilitate his treatment. Reception staff told us that this happened regularly.
- 1.5 Some detainees underwent long and circuitous journeys to Dover, often from relatively nearby establishments. One recent escort left HMP High Down in Surrey at 8.20am and arrived at Dover nine hours later, at 5:25pm, after visiting several other centres on the way. In our survey, 22% of detainees, against a comparator of 11%, said they had been held in six or more centres since being detained. One detainee had been moved between three different centres in five days. A significant number of detainees – 505 between January and May 2010 – had been transferred either to or from Dover between 9pm and 7am, including routine moves to other immigration removal centres (IRC) (see main recommendation HE.45). An immigration liaison officer, who was a prison officer, based at Dover, was responsible for communication and coordination between Dover and the Detainee Escorting and Population Management Unit (DEPMU).

Recommendations

- 1.6 Detainees should be given refreshments during their journeys to the establishment.
- 1.7 Risk analysis forms should always be completed for detainee transfers.
- 1.8 Escort staff should provide reception staff with all necessary information about the detainees in their care so that they can make a comprehensive assessment of detainees' health and welfare.
- 1.9 Transfer journeys between centres should, whenever possible, be direct, without unnecessary stops.
- 1.10 Detainees should not be subject to multiple moves between immigration removal centres (IRCs).

Housekeeping point

- 1.11 Movement orders should include an estimated arrival time.

Reception

- 1.12 The centre was open 24 hours a day, and staff in reception were polite and friendly. The holding area was inadequately supervised. Much of the available information was in English and there were no private interview rooms. There was no food available in reception.
- 1.13 Reception was open 24 hours a day. The reception area was adequate in size but poorly designed for receiving and discharging detainees simultaneously, as was sometimes required. The large holding area contained a television and appropriate furniture but was inadequately supervised by staff, who dealt with detainees in a separate area. There was free access to hot and cold drinks but the only food available for new arrivals was instant cups of soup. There were no interview rooms available and we saw staff carrying out confidential interviews and room sharing risk assessments in the entrance area, with other people passing through at the same time. Staff were polite and friendly with detainees and made efforts to put them at their ease.
- 1.14 Once immediate needs had been identified, detainees were issued with identity cards and either a mobile telephone, SIM card or telephone card (see section on preparation for release). The shower was inadequately screened and rarely used. The daily reception diary was well completed and showed that most detainees moved to the induction unit within two hours, unless they arrived during the afternoon patrol state, when new arrivals could not be received on the units.
- 1.15 There was limited translated information available (see section on diversity), and language difficulties were often addressed with the help of other detainees. A telephone interpreting service was available but staff told us that they did not use it (see main recommendation HE.49).

Recommendations

- 1.16 The reception area should be redesigned to include private interview rooms and a to provide better movement flow of detainees being received and discharged simultaneously.
- 1.17 There should be better supervision of the detainee holding room.
- 1.18 New arrivals should be offered hot and cold food.
- 1.19 Initial interviews and the room sharing risk assessment should be carried out in private.
- 1.20 The detainee shower should be relocated to a more suitable area and adequately screened.
- 1.21 Discharging health services staff should be made aware of all impending departures and conduct individual risk assessments to determine whether medication should be allowed in possession, and escorting staff should be instructed accordingly.

First night and induction

- 1.22 Most detainees moved to the induction unit quickly, unless they arrived during the tea-time period. The first night accommodation was poor, with most new arrivals being located in the dormitories. The induction process was limited and uncoordinated, with little information given either in writing or verbally.
- 1.23 New arrivals were taken from reception to the Sandwich first night and induction unit. The accommodation was in a poor state of decoration (see section on residential units). There was a combination of dormitory and single and double cells available. Most new arrivals were located in the dormitory-style rooms but staff said that they would try to locate detainees with others from a similar background.
- 1.24 There was no formal induction programme. Staff saw all new arrivals together and provided them with limited information about the centre and what would happen next. The induction booklet was available in 20 different languages but was supplied to detainees only on request. During the inspection, one Vietnamese detainee was clearly in need of information in his own language but was not offered anything by way of verbal or written translation (see main recommendation HE.46). Detainees were not offered a one-to-one interview with staff but they were encouraged to approach staff with any problems. We came across one newly arrived detainee who was distressed, and staff spoke to him using another detainee to interpret, which was inappropriate for the disclosure of confidential information (see main recommendation HE.49).
- 1.25 Detainees who arrived during the night were given limited information about the centre before being allocated to their rooms. Their induction took place the next day.
- 1.26 Detainees were informed of when the gym and education induction took place. The chaplain visited daily and UK Border Agency (UKBA) staff saw all new detainees within 24 hours. No other staff from any other departments visited new detainees during induction. Two peer supporters (Helping Hands) located on the unit did not routinely see all new arrivals. In our

survey, 36% of detainees, against a comparator of 47%, said that they had felt safe on their first night at the establishment.

- 1.27 Detainees arriving before 8.30pm were offered a shower and all were issued with bedding, toiletries, towels and a menu sheet. Only one meal option (vegetarian) was made available to those who arrived before the evening meal was served. All first night detainees were identified in the handover log and night staff carried out hourly checks of them.

Recommendation

- 1.28 The detainee peer supporters should meet all new arrivals to offer support.

Housekeeping point

- 1.29 New arrivals should be offered more than one menu choice for their evening meal on the day of arrival.

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.

2.1 Most residential units were in a reasonable state of repair and well lit, but some areas were in poor decorative condition. The dormitories offered a poor living environment. Regular meetings attended by staff and detainees were held on the units. All units had an austere and institutional feel. There were no ground floor rooms on Sandwich unit for detainees with mobility issues. Detainees had no access to hot water after 8.30pm. They did not have privacy keys to their rooms.

Accommodation and facilities

- 2.2 Residential units were generally in a reasonable state of repair and well lit, but some areas were in need of attention. Detainees were held in dormitories on Sandwich, Hastings and Romney units. Each dormitory held six beds and a toilet with a lockable door. These provided an inadequate living experience, especially given that detainees were locked behind their doors from 8.30pm. Detainees had no access to hot water or the communal association or games rooms after 8.30pm. All units had an austere and institutional feel, despite attempts on Rye and Hastings units to place artwork on the walls.
- 2.3 Residential staff were aware of some detainees in their care with disabilities (see section on diversity). There were regular unit detainee consultation meetings. Minutes demonstrated good attendance and a range of issues was discussed. While there were many signs displayed in the centre, few were in languages other than English. Internationally recognised symbols were not displayed. Detainees did not have keys to their rooms.
- 2.4 It was intended that detainees spent no more than a week on Sandwich unit before moving on. At the time of the inspection some detainees had been deliberately held on the unit for several months as they were employed as peer support workers or unit cleaners. The unit consisted of seven six-bed dormitories, nine single rooms and one double room. The overall décor on Sandwich was shabby and in places dirty. One of the eight shower units on the ground floor was out of order. The paint and plaster in all eight shower units were peeling. The three shower units on the first floor were out of order. Many of the toilets in the dormitory rooms were dirty.
- 2.5 Rye was the largest unit, accommodating up to 100 detainees. All were held in double rooms, spread over three floors. Overall, the unit was in a good state of repair, clean and well lit. The eight showers on the unit were clean and in good repair. The small and cramped rooms contained bunk beds and screened toilets. There was graffiti in some rooms.
- 2.6 Detainees on Rye unit were locked behind their doors from approximately 4.45pm until 5.15pm every day for the roll check to take place; this additional time behind doors was unique to this unit. Detainee unit consultation meeting minutes were displayed. Large sections of these appeared to have been cut and pasted from previous months' minutes.

- 2.7 Romney unit comprised seven dormitories, one double room and nine single rooms. The unit was well lit, clean and in a good state of repair. The eight shower units were clean and well ventilated. One of the pay telephones on the ground floor was out of order. The communal toilets on the ground floor were inadequately screened. Staff and detainees could easily see who was using the toilets merely by walking past.
- 2.8 Detainees on Deal unit were accommodated in small single rooms. The showers on the first floor were clean but one of them was out of order. The showers on the ground floor were in poor condition, with peeling paint on the window bars and green mould, and the privacy curtains made contact with the floor, causing them to remain soaking wet.
- 2.9 Hastings unit accommodated 52 detainees in seven dormitories, one double room and nine single rooms. The unit was generally clean and in a good state of repair but the cupboard underneath the hot water point on the first floor was filthy. The showers appeared to be new and were in a good state of repair.

Clothing and possessions

- 2.10 Detainees were able to wear their own clothes and receive clothing brought in by visitors. Those in need of clothing were provided with Prison Service-issue clothing. The Dover Detainees Visitor Group provided clothing to detainees who made contact with them.
- 2.11 All detainees had a small lockable safe box in their rooms. Instructions on how to change the PIN number for the safe were available only in English, so some non-English-speaking detainees were not confident that the safes were secure (see main recommendation HE.46). In our survey, only 37% of detainees, against the 52% comparator, said that they could get access to their property held by staff when they needed to.
- 2.12 Access to laundry facilities was good. There were two laundries in the centre: one for those resident on Rye unit and a larger one for all other detainees. A rota system ensured that access was equitable. Irons and ironing boards were available on all the units.

Hygiene

- 2.13 Detainees were encouraged to keep their rooms clean and had access to cleaning products. They had good access to showers. All units had paid cleaning orderlies, who worked seven days a week and had written job descriptions and compacts. Freshly laundered bedding was provided each week. The centre stocked spare mattresses for those that were worn out or broken.

Recommendations

- 2.14 Sleeping accommodation should provide much more privacy and better facilities.
- 2.15 Detainees should have access to hot water until midnight.
- 2.16 Important notices should be displayed in a variety of languages.
- 2.17 Detainees should be given keys to their rooms.
- 2.18 The toilets in the dormitories on Sandwich should be deep cleaned.

- 2.19 Detainees on Rye unit should be locked behind their doors for the minimum amount of time, and no longer than detainees on other units.
- 2.20 The communal toilets on the ground floor of Romney unit should be adequately screened.
- 2.21 Repairs and redecoration should be undertaken on all relevant residential units.
- 2.22 The showers on Sandwich and Deal units should be refurbished and offer adequate levels of privacy.

Housekeeping points

- 2.23 Graffiti should be removed from detainees' rooms on Rye unit.
- 2.24 All the pay telephones on the ground floor of Romney unit should be repaired.
- 2.25 The minutes of the Rye detainee consultation meetings should accurately reflect what has been discussed.
- 2.26 The cupboard under the hot water point on the first floor of Hastings unit should be cleaned.

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 Our survey results were negative about the quality of staff–detainee relations but this was not borne out by our observations or by interviews with detainees. The use of first or preferred names was routine. The care officer scheme worked well but did not meet the needs of all detainees, and there was little recording of the interactions that took place. Staff did not always knock on room doors before entering.
- 2.28 Our detainee survey results were more negative than the comparator about the quality of relationships between staff and detainees. This was not borne out by our observations or conversations with detainees, which indicated generally positive relationships. Formal interviews with detainees indicated that two-thirds were generally positive about the approach of staff towards them, although they also said that staff were less respectful to detainees who could not speak English. In most cases we observed, staff referred to detainees by their title and surname, or in some cases their first name. Some detainees complained that staff entered their rooms without knocking.
- 2.29 We observed detainees approaching staff for assistance under the care officer scheme, and staff responding positively by demonstrating interest in the issues raised and providing appropriate solutions where needed. The issues being dealt with ranged from property and finance to obtaining solicitors. There was no formal mechanism for care officers regularly to approach detainees to discuss their well-being, which meant that the onus was almost entirely

on the detainee to ask for assistance (see paragraph 9.2). We therefore had concerns that detainees who did not speak English or who were unassertive might not access the scheme effectively. The interactions taking place were not routinely recorded on the P-NOMIS electronic recording system. We reviewed a number of these records and found few references to contact with detainees, other than for disciplinary or security matters.

Recommendations

- 2.30 Staff should routinely knock on doors before entering a detainee's room.**
- 2.31 Detainees should have a named care officer, who should have a conversation with them at least monthly, keeping a record of each welfare request, the action taken and by whom. The record should clearly indicate when the request has been completed satisfactorily.**

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 The Detention Duty Advice Scheme and Bail for Immigration Detainees workshops provided valuable services to detainees. The library contained a range of up-to-date legal text books, but access for detainees was restricted. Detainees had good access to relevant legal forms. Lists of legal representatives were displayed around the centre. The lack of internet access impeded detainees' contact with their legal representatives and prevented them from researching and preparing their asylum, deportation or bail hearings. There was insufficient information available on how detainees could complain about legal representatives.
- 3.2 The Detention Duty Advice Scheme, run on behalf of the Legal Services Commission by Refugee and Migrant Justice (RMJ), provided an invaluable service to detainees. RMJ attended the centre twice a week and advised nine clients for half an hour at each visit. At the time of the inspection, detainees waited less than a week to see an RMJ case worker, although on other occasions the surgery was oversubscribed. Referrals to the surgery were made by staff on the induction unit. Awareness of the surgeries among staff was good, but there were no notices promoting them. Bail for Immigration Detainees (BID) attended the centre monthly to conduct a bail application workshop but, again, there were few notices in the centre promoting this service.
- 3.3 The consultation rooms in the visits hall contained no telephones, making it difficult to access interpreters. This impeded non-English-speaking detainees' access to legal advice and representation. There were no electrical sockets in consultation rooms, making it difficult for legal representatives to use laptop computers. Legal representatives complained that gate staff were inconsistent in whether or not they allowed mobile telephones and laptop computers to be taken into the centre; some staff allowed them in, while others refused. Legal visits were booked in two and a half hour sessions, in the morning and afternoon during the week, and in the afternoons at weekends.
- 3.4 In our survey, significantly fewer detainees (18%) than the comparator (25%) said that they could access books about legal rights. The library contained a range of up-to-date legal text books, including the 'Bail for Immigration Detainees' Notebook, which was available in a number of different languages. Detainees were unable to browse through these books, as they were located behind the library assistant's desk. There were no notices alerting detainees to the existence of the materials available. Not all country of origin reports were up to date (see recommendation 9.43).
- 3.5 Detainees had good access to relevant legal forms. Staff were willing to help detainees fax documents from residential units. A nine-page list of legal representatives was posted around the centre but some of the copies of the list were out of date.

- 3.6 In our survey, significantly fewer respondents (35%) than the comparator (44%) said that it was easy to communicate with their legal representative. Detainees were able to retain mobile telephones without cameras; however, they were denied access to the internet and email (see main recommendation HE.52). This limited their access to country of origin reports, legal information and contact with their solicitors, and prevented them from researching and preparing their asylum, deportation or bail hearings. Legal representatives were unable to email client care letters or statements to detainees.
- 3.7 There was insufficient information available on how detainees could complain about legal representatives. A copy of an Office of the Immigration Services Commissioner (OISC) booklet was available in the library but it was dated 2003. There was no information about the Legal Complaints Service (LCS) in the centre. The LCS's forms, guidance and helpline telephone number were not displayed in the centre. The library assistant was unable to advise detainees on the distinction between the OISC and the LCS. When asked how to complain about a legal representative, the library assistant directed us to a UKBA complaints form.

Recommendations

- 3.8 Notices should be displayed around the centre, in a variety of languages, promoting the Detention Duty Advice Scheme and the monthly Bail for Immigration Detainees workshop.
- 3.9 Electrical sockets and telephones with two handsets should be fitted in the consultation rooms in the visits hall.

Housekeeping points

- 3.10 Gate staff should allow legal representatives to bring laptop computers and mobile telephones without integral cameras or recording equipment into the centre.
- 3.11 Detainees should be able freely to browse through legal and other information relevant to preparing their case.
- 3.12 The list of legal representatives displayed around the centre should be regularly updated and only contain firms that are willing to represent detainees held at the establishment.
- 3.13 Forms, guidance and documents relating to the Office of the Immigration Services Commissioner and the Legal Complaints Service (LCS) should be available in the library. The LCS's helpline telephone number should be displayed.

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 Immigration casework was the main cause of insecurity and uncertainty for detainees. Many detainees were held for long periods, despite little prospect of imminent removal. Induction interviews conducted by local UK Border Agency (UKBA) staff were poor. There was

insufficient use of interpretation when communicating important information to detainees. Detainees were not advised of their legal rights or important events in relation to their cases. Monthly reviews of detention were often served late and contained little updated information. UKBA and health care records of the number of Rule 35 applications did not concur. Responses to Rule 35 applications were often late and perfunctory.

- 3.15 Uncertainty because of immigration casework was the main concern highlighted in our in-depth safety interviews with detainees (see Appendix III and section on bullying). Poor prospects for imminent removal or release caused considerable distress. In many cases, the main barrier to removal was obtaining travel documents. While UKBA could systematically monitor how long a detainee had been held at the establishment, it was unable to monitor accumulated periods of detention. The local manager provided us with a list of what she understood to be the longest periods of accumulated detention. One detainee had been held for over four years, two detainees for over three years and four detainees for over two years. Due to the non-systematic methodology in collating these data, the true figures may have been higher.
- 3.16 At the time of the inspection, five Zimbabweans were being detained, despite the suspension of enforced removals to Zimbabwe. One had been detained for over three years. The case owner had deemed this detainee fit to be released under contact management arrangements in January 2010; however, a UKBA director had overruled the case owner, suggesting that the case be referred to him again three months later. In April 2010, the case owner had again been overruled by the director.
- 3.17 A Sri Lankan national with indefinite leave to remain and with a partner in the UK had been in detention for over two years. The detainee had complied with the re-documentation process and, in March 2010, an emergency travel document had been agreed with the Sri Lankan High Commission; however, nearly three months later, he remained in detention.
- 3.18 Twelve Somalis were being held at the centre, despite the extreme difficulties in returning detainees to this state. One had left Somalia at the age of seven and been granted indefinite leave to remain in the UK. At the time of the inspection, he was 25 and had been in detention for almost a year. He had agreed to return to Somalia, and the case owner noted, in October 2009: *'The subject appears willing to cooperate and speaks fairly good English'* and, in March 2010: *'the subject was compliant.'* Despite the detainee's strength of ties to the UK, his compliance, length of detention and the poor prospects of imminent removal, he remained in detention.
- 3.19 The onsite UKBA team consisted of a contract monitor, one administrator and four contact management officers. Their Service Level Agreement was to induct every detainee within 48 hours of arrival; however, most were seen within 24 hours. The team did not make any substantive casework decisions but served relevant notices (for example, monthly reviews of detention (IS151Fs), bail summaries, deportation notices and removal directions) issued by the case owners who managed individual cases. This team was supplemented by two immigration officers from the Dover Local Enforcement Team, who attended from Monday to Friday and were able to conduct more substantive interviews.
- 3.20 We observed UKBA induction interviews with newly arrived detainees. The quality of information provided to detainees was poor. Inductees were not systematically advised of their rights to apply for bail, legal aid or legal representation, or of appeal rights. Inductees were not given a bail application form or guidance. The induction interviews were perfunctory and too short. We observed seven detainees being inducted in half an hour. UKBA staff did not advise detainees of important events relating to their immigration case (see main recommendation HE.47). In our survey, significantly fewer detainees (61%) than the comparator (70%) said that

they had been told the reasons why they were being detained, in a language they could understand. In one case, UKBA intended to arrange a re-documentation interview with the Iraqi High Commission and remove the detainee on a charter flight within the next few weeks. In his induction interview, the detainee was advised that an Iraqi general would come and speak to him a few days later. Neither the purpose of the meeting (to re-document the detainee) nor UKBA's intention to remove him within a few weeks was mentioned, and his options were not explained sufficiently clearly. After the interview, the contact management officer explained to us that he did not want to upset the detainee by talking about removal. Had the detainee been provided with this information, he would have been able to review his options and been more likely to comply with UKBA. Induction interviews were completed without interpreters; an interpreter was not used in any of the seven interviews we observed, even though it was clear that most of them needed one (see main recommendation HE.49).

- 3.21 IS151Fs were often served late. During the first day of the inspection, 44 reviews were overdue. This figure was not unrepresentative; in 2010 to date there had been 47 late reviews, on average, at any time. We came across one case where a local UKBA staff member had read a review, noted an error and returned it to the case owner for correction. Despite this example of diligence, most reviews merely repeated information from previous months.
- 3.22 Rule 35 applications – issued by health services staff where there is evidence that a detainee has been tortured or is physically or mentally unfit to be detained – were sent to local UKBA staff and forwarded to the relevant case owner for consideration. Health care records indicated that 22 such applications had been made in 2010; however, UKBA records suggested that only seven applications had been received. Of these, two had been responded to within the required 48 hours, one outside the 48-hour period and four had not been responded to at all. Responses were often brief and ill considered.

Recommendations

- 3.23 UKBA should systematically record and monitor periods of accumulated detention.
- 3.24 Newly arrived detainees should be advised of their right to apply for bail, legal aid, legal representation and their appeal rights and should be assisted in doing so.
- 3.25 Monthly reviews of detention should be timely and demonstrate a balanced consideration of all factors relevant to the case.
- 3.26 The reasons for the discrepancies between UKBA and health care records of Rule 35 applications should be investigated and the findings acted on.
- 3.27 Rule 35 applications should be responded to on time and in detail.

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 Detainees we spoke to said that it was a safe centre but expressed concerns that staff did not always challenge inappropriate behaviour adequately. The levels of violence at the centre had decreased. Bullying investigations were reasonable but there was no active challenging of detainees placed on anti-bullying measures and supervision was inconsistent. There were few incidents of self-harm, and they were all investigated, with good analysis of data pertaining to vulnerable detainees. The small number of assessment, care in detention and teamwork (ACDT) booklets we reviewed were of good quality. Detainees said that they felt well cared for, but too few staff had received ACDT refresher training.

Bullying

- 4.2 The centre's anti-bullying policy outlined the process for reporting bullying incidents and staff's responsibility for maintaining a safe environment. The policy had been reviewed and updated and informed by a detainee safety survey. Safety was an agenda item at the detainee consultation meetings but no significant issues had been raised. The centre's safety survey had had only 36 respondents, but highlighted areas around the centre where detainees felt least safe: the dining area, shop and health centre. Staff were encouraged to be vigilant, but we observed that supervision of the shop and dining hall queues was inconsistent. Generally, the centre's survey did not identify any significant safety concerns for detainees.
- 4.3 In our survey, 63% of detainees said that they felt unsafe at the centre at the moment, against the 43% comparator; by contrast, during the inspection they told us that it was a safe centre. Although staff told us that there had been a concerted drive to challenge and report threatening and abusive behaviour, detainees expressed concerns that staff did not always challenge inappropriate behaviour adequately. From the 20 in-depth safety interviews we conducted, detainees rated insecurity and anxiety about their immigration cases as the more common reason for feeling unsafe, followed by the aggressive body language of staff, as well as access to legal advice.
- 4.4 The levels of reported violence at the centre had decreased, with seven assaults in the year to date compared with 24 in 2009 and 49 in 2008. A quarter of staff had received violence reduction training and this training was being prioritised for the remainder of the year.
- 4.5 A full-time safer detention coordinator oversaw safer detention arrangements at the centre. Implementation of the anti-bullying policy was monitored at the monthly violence reduction meeting. The safer detention coordinator had a good overview of incidents that had occurred and presented comprehensive information at the meeting. There was also a weekly meeting in which there was discussion of unexplained injuries and any investigations that had been conducted since the previous strategic meeting. There was good analysis of relevant data, including security information reports (SIRs), observation books and incident reports; all were analysed by location, nationality and age but no specific trends had emerged.
- 4.6 It was unclear when detainees were informed about the behaviour expected of them and the sanctions for bullying, as the safer detention officer was not part of the induction process. The

anti-bullying measures had three stages, which started with monitoring and culminated in removal from association (Rule 40) and probable transfer to another centre. Twelve anti-bullying logs had been opened in the previous six months; while the investigations had been reasonable, the booklets did not demonstrate any active challenging of detainees placed on these measures. Victims were also monitored but this was purely observational and there was little evidence of meaningful engagement with them.

Suicide and self-harm

- 4.7 Suicide and self-harm arrangements were managed by the full-time safer detention coordinator, overseen by the head of admissions and monitored at the monthly safer detention meeting. The suicide and self-harm policy document outlined the procedures for managing and supporting vulnerable detainees.
- 4.8 The safer detention meeting was held monthly; the membership was multidisciplinary and it was well attended. Incidents of self-harm were discussed and there was good analysis of the comprehensive data presented by the coordinator. All incidents of self-harm were investigated and the quality of the investigations was reasonable. The results of these were discussed at the meeting and any learning points disseminated to staff. There had been no deaths at the centre but the safer detention coordinator presented reports from the Prisons and Probation Ombudsman (PPO) deaths in detention and custody reports to highlight possible learning points.
- 4.9 There were few incidents of self-harm: 15 in the year to date, compared with 70 (by 33 detainees) in 2009, involving some prolific self-harming detainees. The safer detention meeting showed that the main reason for detainees self-harming or being placed on assessment, care in detention and teamwork (ACDT) documents was their detention.
- 4.10 The number of detainees arriving at the establishment on open ACDT documents had increased. This accounted for half of all open ACDT documents in 2007 and 2008 being transferred in, and 32 of the 98 ACDT documents opened in 2009, although this was monitored at the safer detention meeting, this was still happening far too often. There had been 28 ACDT documents opened in the year to date, and there was only one open during the inspection. The small number of ACDT documents we reviewed were of good quality; the assessments were comprehensive and care maps were relevant to the detainees' concerns. Interactions were good and demonstrated a good level of support offered by staff. There was a thorough quality assurance process, which had highlighted that some ACDT reviews for the same detainee had been chaired by different case managers. Staff had been notified of this, and there was no evidence of this in the documents we reviewed.
- 4.11 ACDT reviews were mainly multidisciplinary. Interpreting services were not always used when it might have been beneficial to detainees (see main recommendation HE.49). One ACDT document we reviewed recorded that a detainee had been used to interpret during a review. Detainees placed on ACDT documents were encouraged to participate in regime activities, contact family and friends, and access the Samaritans. Family and friends were not actively invited to case reviews.
- 4.12 There were two constant supervision cells: one located in the health centre and one in the separation unit. Detainees were only placed in the constant supervision cell in the separation unit when they were deemed to be disruptive. Four detainees had been placed there, for short periods, in the previous 12 months, two of whom had been on open ACDT documents at the time. The paperwork we reviewed indicated that one of the detainees had been placed in the separation unit to manage his behaviour rather than prevent self-harming, and that the other

had been placed there because of heating problems in the health centre constant supervision cell. There was a buddy suite located on Deal unit; this was a double room where vulnerable detainees could spend time with another detainee of their choice or on their own, if assessed as appropriate. The buddy suite could be used by all detainees but there was no log of when it was used.

- 4.13 The coordinator maintained a list of detainees who were at high risk of harming themselves if removal was imminent or if other significant events occurred concerning their detention. This could be accessed by all staff, including UK Border Agency (UKBA) staff, and the coordinator and UKBA staff liaised about putting in safeguards for the issuing of documents.
- 4.14 Detainees we spoke to said that they felt well cared for, but too few staff had received ACDT refresher training, at only 9%. All staff, including night staff, carried anti-ligature knives. Night staff were aware of the action that should be taken in an emergency or if a detainee required medical attention, and were able to access training relevant to their work.
- 4.15 Samaritans support was well integrated, and a representative attended the safer detention meetings. Representatives from the Samaritans saw all detainees on ACDT documents one evening a week and were available to any detainee who wished to meet. There was a befriending scheme provided by the Dover Detention Visitors Group (DDVG); this was not exclusively for vulnerable detainees, and any detainee could request a visit from the organisation. The Helping Hands peer support workers did not see their role as supporting at-risk detainees but had been asked by staff to do so, even though they had not received appropriate training or support for this.
- 4.16 Food refusal was taken seriously; if a detainee did not access a meal for a day, it was monitored initially by a senior officer and could result in a care and support plan being opened.

Recommendations

- 4.17 Areas where detainees feel least safe should be properly and consistently supervised.
- 4.18 Detainees should be informed of the centre's anti-bullying policy, the expected levels of behaviour and possible anti-bullying measures.
- 4.19 Anti-bullying logs should include objectives set to challenge detainees' behaviour.
- 4.20 Victims of bullying should have an individual plan to offer them appropriate support.
- 4.21 The number of detainees being transferred in on open assessment, care in detention and teamwork (ACDT) should be reduced.
- 4.22 Where appropriate, family and friends should be engaged in case reviews.
- 4.23 All staff should receive regular ACDT refresher training.
- 4.24 Helping Hands peer support workers should only be asked to support at-risk detainees if they are willing and have appropriate Samaritan support and training to do so.

Housekeeping point

- 4.25 A log should be kept of the use of the buddy suite.

Good practice

- 4.26 *The safer detention coordinator presented reports from the Prisons and Probation Ombudsman deaths in detention and custody to highlight possible learning points.*
- 4.27 *Samaritans attended the centre one evening a week and visited detainees placed on ACDT documents and any other detainees who wished to see them.*

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.

- 4.28 There was no formal agreed policy to manage children either residing at or visiting the establishment. Although the number of detainees whose age was disputed was small, some had long waits for social services assessments. Detainees who were deemed to be children or subject to age dispute procedures were held in the separation unit.
- 4.29 Eleven detainees had claimed to be under 18 in 2009, and one in 2010 to date. For most, it took only a few days for assessments to be completed. If it was decided that they were adults, they were either released or, more often, returned to normal detention. However, some had waited a long time for an assessment, particularly at weekends, as it was difficult for centre staff to obtain assistance from social services out of working hours. In the most recent case, the detainee had waited 11 days for assessments to be completed. At the time of the inspection, UKBA managers were in the process of drawing up a Service Level Agreement with social services for the assessment of detainees whose age was in dispute. A draft policy on the management of such detainees had been produced but had not been formally agreed by all involved parties.
- 4.30 Detainees whose age was in dispute were held in the separation unit, where changes had been made to provide a less austere area for activities. This was still an inappropriate location for young people, as adult detainees who were disruptive were also held in the unit.
- 4.31 There was no policy to address the safety of children who visited the establishment, and visits staff were not informed of any detainees on visits who might pose a risk to children.

Recommendations

- 4.32 UKBA should actively pursue the earliest possible social services assessment of detainees whose age is in dispute.
- 4.33 A policy for detainees whose age is in dispute should be agreed with all involved parties. The policy should include risk assessment and review paperwork, and describe a case management process with clear timings for reviews.
- 4.34 Detainees whose age is in dispute should not be held in the separation unit.

- 4.35 A policy should be developed to address the safety of children who visit Dover IRC.

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.

4.36 The centre had a single equality and diversity policy, which covered race and culture, disability, sexual orientation and age. Diversity structures were well developed, particularly in relation to race, but there was limited practical support for gay and bisexual detainees. Detainees appeared to live harmoniously with each other, without significant conflicts between different groups. Even though nearly a quarter of detainees did not understand spoken English, there was poor use of telephone interpreting services. There was an under-recording of detainees with disabilities.

4.37 The centre had a single equality and diversity policy, which covered race and culture, disability, sexual orientation and age. The policy was available to detainees and visitors but only in English (see main recommendation HE.46). Two part-time diversity officers each had sufficient time and resources to undertake and develop diversity work across the centre. They understood their role in the context of an immigration removal centre and the challenges that this presented, and had received a range of training relevant to the post. They were supported by an administrative officer and 11 Helping Hands peer support workers, most of whom had been trained. The peer support workers consulted detainees and presented their feedback at the diversity and race equality team (DREAT) meeting, assisted detainees in completing forms and promoted the work of the diversity team.

4.38 The DREAT strategically managed the implementation of the diversity policy. The meeting was held bi-monthly and chaired by the centre manager. Membership was multidisciplinary and attendance was good and included external community representatives and detainees. At the meeting, the team monitored the top 15 nationalities. It had identified that Chinese detainees were under-represented in some regime activities and a meeting had been held with this group to identify any barriers that might have existed.

4.39 At the time of the inspection, the centre had just completed training for use of the National Offender Management Service Equality Assessment Tool (NEAT) in order to carry out equality impact assessments of all locally implemented policies. It had completed the initial screening exercise, which had identified specific policies and areas that needed to be prioritised, including catering, induction and education.

4.40 Diversity structures were well developed, particularly in relation to race, but there was limited practical support for gay and bisexual detainees. Although staff were supposed to ask each new arrival to complete a questionnaire about sexuality, this did not happen, and detainees were not given advice during their induction about whom they should approach if they wished to discuss any diversity issues.

4.41 Just under half of residential staff had received the new diversity training. Staff we spoke to understood their role in promoting equality of treatment and challenging inappropriate behaviour but we found examples of cases where staff had identified possible incidents of

homophobic language being used by detainees but had not dealt with them using the formal mechanisms, or challenged the individuals concerned.

- 4.42 Detainees appeared to live harmoniously with each other, without significant conflicts between different groups. At the time of the inspection, the centre held detainees of over 60 nationalities. Detainee consultation meetings were held regularly and diversity was an agenda item at all the meetings, although few such issues were raised by detainees.
- 4.43 The small number of racist complaints submitted, 12 in the previous six months, mainly concerned allegations against staff, and none had been upheld. The complaints we reviewed had been well investigated and detainees had received a comprehensive response and been offered the opportunity to comment on the process and outcome. A sample of completed complaints was externally scrutinised by the DDVG and the Independent Monitoring Board but there was little content to their feedback. Complaint forms were available in a limited range of languages (see section on complaints).
- 4.44 The DREAT planned events in which detainees could participate. It had links with external groups that came into the establishment and worked with detainees to increase their awareness of different nationalities and cultures through music, dance and art. The team was well publicised across the centre but most of the information pertaining to diversity issues was published only in English (see main recommendation HE.46). Nearly a quarter of detainees responding to our survey did not understand spoken English, and a third written English. There was no register kept of detainees who could not speak or read English. There was poor use of telephone interpreting services by both the centre and UKBA staff (see main recommendation HE.49). This was a particularly vulnerable group, and in our survey significantly more non-English speakers said that they felt unsafe, compared with their English-speaking counterparts, and fewer had made a complaint or said that they could turn to staff for support. Centre staff tended to use the Helping Hands peer support workers to provide interpretation, even in confidential situations.
- 4.45 There was an under-recording of detainees with disabilities, so some such individuals would not have had a care plan or been monitored. In our survey, 18% of respondents said that they had a disability but only 2% had been identified by the centre. There was reasonable care planning for those known to the DREAT and staff. Not all of those known to the centre who required assistance during an emergency had a plan outlining this. In our survey, significantly more detainees with a disability than their able-bodied counterparts said that they felt unsafe and that they had been victimised by staff and other detainees. The induction unit did not have ground floor accommodation, and at the time of the inspection one detainee who found it difficult to climb stairs was waiting to be moved to a unit with ground floor accommodation.
- 4.46 Due to the layout of the centre, it had been agreed with UKBA that it would not take any detainees with severe mobility issues. The visitors centre and hall was accessible to visitors with disabilities. There were only two detainees over the age of 55 and both had been seen by the diversity officer to ensure that their needs were assessed and met. The gym provided sessions for detainees over 35 and there were regime activities that were accessible to older detainees.

Recommendations

- 4.47 Detainees should be informed of how they can access support regarding any diversity issue.
- 4.48 All staff should receive diversity training in the next 12 months.

- 4.49 The diversity and race equality team (DREAT) should ensure that staff are clear about their responsibilities in challenging homophobic behaviour and feel confident in doing so.
- 4.50 The DREAT should keep a record of detainees who cannot speak or read English and this should be accessible to residential staff.
- 4.51 Detainees with disabilities should be identified at the earliest stage and disability should be included in regime monitoring.
- 4.52 All detainees with disabilities should have their needs assessed, and care plans and personal emergency evacuation plans should be drawn up where appropriate. Staff should be aware of these.
- 4.53 Detainees with mobility problems should be able to access their rooms easily.

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.

- 4.54 The religious affairs team met all detainees within 24 hours of arrival, outlining the support that it could offer, regardless of faith. The team was well integrated into the establishment, attended key committee meetings, offered good pastoral care and supported detainees during bereavements or times of crisis. The places of worship were well equipped and peaceful environments. The team promoted a range of celebrations, which were open to all detainees and well publicised in the residential units.
- 4.55 Despite negative survey results about the chaplaincy, overall detainee feedback was good during the inspection. The small religious affairs team included a Head of Faith and Diversity, who was the Muslim chaplain, a part-time Christian chaplain and a full-time assistant Muslim chaplain. They were supported by a group of chaplains to meet the needs of the main faiths at the centre. The religious affairs team was aware of the different ethnic and faith groups, and in addition to corporate worship, it offered different groups, for example Nigerian and Eritrean detainees, the opportunity to conduct their own services in their chosen style.
- 4.56 In our groups, Chinese detainees told us that they did not attend services, as the Buddhist minister did not speak Mandarin. The religious affairs manager was aware that few Chinese detainees accessed the services or groups and had planned a meeting with Chinese detainees, who represented the largest nationality group at the centre, to discuss their faith needs.
- 4.57 The team was well integrated into the establishment, attending key committee meetings. It visited all areas of the centre, including the separation unit, and was able to attend to the faith needs of those detainees who were unable to attend services. A member of the team visited all detainees placed on ACDT documents, and attended ACDT reviews on request.
- 4.58 The religious affairs team met all detainees within 24 hours of arrival, outlining the support that it could offer, regardless of faith. Members of the team reported relatively good co-existence

among the different faiths. The team provided good pastoral care, supported detainees during bereavements or times of crisis and made telephone calls on behalf of detainees in exceptional circumstances. The chaplains were attuned to detainees' anxieties and visited them when removal was imminent. Although the team did not provide welfare support or advice, it had links with the Salvation Army, which could assist detainees in making contact with family or friends in the country to which they were being removed, but this was not sufficiently well publicised.

- 4.59 The places of worship were well equipped and peaceful environments. Access to the chapel, multi-faith room and mosque fitted in with the core day, and they were open between 8.30am and 8.20pm. There was a range of musical equipment that detainees could use during times of worship and when events took place. Detainees had good access to religious artefacts and books in a range of languages. They could attend Bible or Koran classes, watch films or spend quiet time in the faith areas during the day and evenings. There were also prayer rooms on the residential units.
- 4.60 Bi-monthly interfaith meetings were held with detainees, who led discussions on a range of issues from a religious perspective; approximately 35 detainees attended these meetings. The religious affairs team promoted a range of celebrations, which were open to all detainees and well publicised in the residential units. There was close consultation with the catering department to ensure that these events were well catered for.

Housekeeping point

- 4.61 Any assistance available to detainees who are being removed, released or transferred should be publicised.

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 Commissioning arrangements did not specify the particular needs of detainees. The healthcare centre was too small. Primary care services and support for life-long conditions were good but there was no systematic health promotion. Clinical governance arrangements were appropriate. Detainees complained about accessing the dentist and doctor but waiting times were not excessive. Secondary care provision was good but detainees had been handcuffed when attending hospital appointments. Elements of primary mental health care were in place but were poorly coordinated and underdeveloped. Secondary mental health care provision was satisfactory. There was no inpatient service. Day care services were underdeveloped.

General

- 5.2 Primary health services at the centre were provided by the Prison Service and commissioned by Eastern and Coastal Kent Primary Care NHS Trust (the PCT). Secondary mental health services were provided by Oxleas NHS Foundation Trust. There were good working relationships and regular partnership board meetings between the commissioners and providers. A draft countywide offender health management strategy had been produced by the PCT which indicated the commissioning intentions for the Kent prisons. The strategy acknowledged the centre as being distinct from a prison, although the detail was yet to be articulated in a service specification reflecting the specific needs of the population as distinct from those of prisoners. Health services developments were based on the findings of regularly updated health needs analyses.
- 5.3 The health centre was managed by a senior member of prison staff and a clinical nurse manager. It comprised an administration area, dispensary, GP consultation room, treatment rooms and limited storage facilities, housed in a dated building. The treatment rooms were in a poor state of decoration. There were no facilities for dentistry, although a new dental suite and waiting area was being commissioned at the time of the inspection. The health centre was too small to meet the requirements for primary and secondary care clinics and storage of associated equipment. Consultation and treatment areas afforded privacy and dignity to detainees. Detainees could ask for a second opinion about their treatment; a protocol indicated the procedure for obtaining one. Interpreting services were available to detainees accessing health services.
- 5.4 The health care environment had recently been de-cluttered and there was a schedule of regular cleaning. A registered nurse led on the control of infection. An infection control audit had been undertaken by the PCT and an action plan produced which indicated that some minor refurbishments were required to enable compliance with standards – for example, the installation of paddle taps.
- 5.5 Nurses demonstrated insight into detainees' cultural understanding of illness and showed a patient and professional approach to them. The clinical nurse manager was responsible for the care of older adults and was appropriately skilled for this role.

- 5.6 Detainees were given a health information pack during induction. The information contained pictorial components and the same information was displayed on notice boards in each of the residential units. Health information was available in languages other than English, but only on request, and we were told that it was currently being printed in a further six main languages.
- 5.7 During their health assessment, detainees were asked if they had been subjected to torture and those responding affirmatively were placed on Rule 35 and, following a protocol, the appropriate agency was informed. Detainees with torture-related health problems were treated symptomatically. Training in the recognition of victims of torture was not available to staff and we were told that attempts to organise suitable training had been unsuccessful. At the time of the inspection, the UK Border Agency (UKBA) was considering the use of an e-learning package for use across the immigration and detention estate.
- 5.8 The movement of detainees for health purposes was not unduly restricted because of security issues; on average, only two external appointments a month were cancelled because of a shortage of escorts. We were told that detainees were handcuffed while attending external health care appointments.
- 5.9 The PCT end-of-life pathway had been adopted by the centre and had been used once in the previous two years.

Recommendations

- 5.10 The health centre should be expanded, so that it is able to house the full range of required primary and secondary health services and associated equipment.
- 5.11 Health services staff should be trained to recognise and treat signs of trauma and torture.
- 5.12 Restraints should not be used during visits to outside medical or dental facilities unless in exceptional circumstances after a risk assessment.

Housekeeping point

- 5.13 Detainees should be able freely to access health information.

Clinical governance

- 5.14 There was a joint PCT/prison clinical governance policy. There were regular minuted meetings with appropriate agenda items, and annual governance reports. Records of staff registration, staff performance and development records (SPDR), training and clinical supervision were comprehensive. New staff members underwent a two-week supernumerary programme of induction.
- 5.15 There were 12 registered nurses, offering a 24-hour service throughout the year, and, at the time of the inspection, the skill mix in the workforce was being adjusted to meet demand, with an increasing number of mental health nurses. The time from appointment to start date for new staff members was routinely three months and occasionally six months. Agency nurses were used infrequently. Staff members had access to PCT training courses and other courses, and conferences related to primary care, life-long conditions and care of older adults.

- 5.16 There was a medical devices policy and medical equipment had associated checks and logs. The resuscitation equipment contained a laryngoscope and a variety of endotracheal tubes, which staff said had never been used; staff members had not been trained to use them and told us that they wished to withdraw these items. External advice was to retain the equipment. Detainees had access to occupational therapy and mobility equipment after suitable assessment by the PCT occupational therapy team.
- 5.17 The SystmOne computer system had recently been introduced and staff were working through teething problems. Records contained clinical assessments and care plans for life-long conditions and mental health problems which were based on National Institute for Health and Clinical Excellence (NICE) guidelines. Live written clinical records were stored in accordance with required standards. Archived clinical records had recently been repatriated to the health centre after storage elsewhere on site. While this meant that the records were now accessible, they occupied a room that could have been used for clinical purposes.
- 5.18 Our survey and detainee groups showed dissatisfaction about access to the doctor, optician and dentist. However, waiting lists for these and other professionals were comparable with those in the community. Blank complaint forms and post boxes were available in all residential units. There had been five written health care complaints in the six months up to March 2010, only three of which were about direct care issues. The health centre manager and clinical nurse manager attended the monthly detainee peer supporters meeting. Concerns about health care and other matters were discussed at this meeting.
- 5.19 PCT policy and procedure for the prevention of communicable diseases and guidance for the management of outbreaks were available in the health centre. There were contingency plans for an influenza pandemic and an information-sharing protocol.

Recommendation

- 5.20 **The contents of the resuscitation equipment bags should be reviewed and staff trained in the use of the kit in accordance with national regulatory standards.**

Housekeeping point

- 5.21 Archived clinical records should be stored in an accessible place but not intrude on clinical rooms.

Primary care

- 5.22 Detainees arriving at the centre received a health screen that focused on immediate health concerns and substance use detoxification needs. Written consent was sought to contact the detainee's GP and others as necessary. At the time of the inspection, a room in reception was being refurbished and linked to SystmOne, to enable health services staff to administer the reception health screen in the reception centre.
- 5.23 We were told that self-completion questionnaires for use by detainees had been used but had proved unworkable at reception because of the profusion of languages and dialects that were spoken by detainees. We were told that the reception screen questionnaire was being printed in six main languages and available in 21 languages, and that detainees would be given copies of this to read as the nurse completed the English version. Identification of the correct language to use would be identified by the detainee pointing to his language on a wall chart, which we observed displayed in the reception area. After screening, the nurse arranged for

each detainee to see a doctor within 24 hours, or more urgently, at which time a more comprehensive health assessment occurred. Out-of-hours cover was provided by a Kent GP group, and most nurses said that the service was responsive but used infrequently.

- 5.24 Some health promotion materials were on display but in only a limited range of languages (see main recommendation HE.46). There was no evidence of participation in National Health Service education campaigns, other than a PCT campaign on hypertension-related diseases in some residential units. Chlamydia screening was offered to all 18–24-year-olds, although uptake was low. Uptake was better for hepatitis B screening and HIV screening. During induction, detainees were told how to acquire barrier protection and lubricant, which were available free on request from the triage nurses.
- 5.25 Primary care services could be accessed through a written appointment request system or through triage. Triage was available for two hours each morning and afternoon in the health centre and detainees had freedom of movement to attend; registered nurses visited the residential units outside these times if required. Registered nurses undertook triage and used triage algorithms as appropriate. When necessary, they used SystmOne to book time slots at other clinics for further assessment and treatment. There was a range of specialist nurse-led clinics for life-long conditions such as asthma and diabetes, and nurses had received appropriate training for these roles.

Pharmacy

- 5.26 Pharmacy services were provided on a satellite basis by HMP Rochester, and the pharmacist and pharmacy technician visited the prison monthly. Prescription items were supplied in a timely manner, with daily deliveries and return of waste medicines for destruction. Medicines storage was generally well organised, with separate storage for stock and named patient medications, and internal and external medicines. Detainees could theoretically ask to see a pharmacist, but in practice this did not happen, as there were no pharmacist-led clinics and the pharmacist was not often on site.
- 5.27 There was an up-to-date British National Formulary in the treatment room and occasional training was offered by the pharmacist. Heat-sensitive products were stored in a refrigerator in the pharmacy room; the temperatures were usually recorded daily, and were mostly in the accepted range. A second refrigerator was also present for medical samples, but the temperature records for this one showed that it had frequently been out of range. Emergency medicines were kept in a locked cupboard inside another locked cupboard in the pharmacy room, which could have delayed obtaining them in case of emergency.
- 5.28 Out-of-hours stock medicines could be obtained from the pharmacy room. An audit trail was kept of who had possession of the keys to the pharmacy room. However, we were unable to find a written out-of-hours policy. Nursing staff told us that they supplied two to three days' medication from the prescription. An audit trail was kept of stock medications supplied, and nursing staff ordered stock weekly. The pharmacist and pharmacy technician also carried out spot checks during their visits to the centre.
- 5.29 Medication was administered by nursing staff. We observed a few morning administrations. There were no officers present, and in one case a detainee became angry and aggressive with the member of nursing staff, who had to radio for an officer. This meant that the rest of the medicine collections were disrupted until an officer attended. Nursing staff told us that officers were not usually present during administration times. Night-time administrations were carried out by a member of the nursing staff. Medication was supplied as daily, weekly or monthly in

possession, as well as supervised administrations. Most patients (the pharmacist believed it was around 70%) were on in-possession medications following risk assessment.

- 5.30 We looked at a selection of prescriptions, and these appeared to be correctly written, but there was no diagnosis. The pharmacist said that she would be unable to access the diagnosis from the computer records in HMP Rochester, and could only see it if she was at the establishment.
- 5.31 A limited list of medication was available to supply on special sick, such as paracetamol and aspirin. These supplies were recorded on SystemOne. The medicines that could be supplied were detailed in a formulary available in one of the treatment rooms. The centre had a large number of patient group directions (PGDs) in place, which enabled nursing staff to supply a wide range of medications. A copy of the PGDs was available in the treatment room. Antibiotics were also available to be supplied via this method, but these did not appear to have been signed off by a microbiologist.
- 5.32 A medicines and therapeutics committee met quarterly and was chaired by the lead pharmacist from HMP Rochester. There was usually representation from the PCT, but the pharmacist was concerned that prescribers from the centre did not usually attend the meetings, despite being invited several times; this made it difficult to approve policies.
- 5.33 There was a written policy for in-possession medication, which had recently been reviewed. There were no formal policies for special sick medicines or out-of-hours medication but details of medications that could be supplied were detailed in a separate formulary and this had been reviewed recently.

Recommendations

- 5.34 **The pharmacist should be supported to develop pharmacy-led clinics and medicine use reviews for the detainee population.**
- 5.35 **Secondary dispensing of medications by nurses should stop.**
- 5.36 **Security arrangements and the presence of officers at the pharmacy hatch during medication collection times should be reviewed, in order to minimise potential bullying and diversion of supplies.**
- 5.37 **Prescription charts should record the diagnosis.**
- 5.38 **Patient group directions for antimicrobials should be reviewed, and a local microbiologist should be involved in drawing up the new ones.**

Housekeeping points

- 5.39 Maximum and minimum temperatures should be recorded daily for the drug refrigerators in the treatment rooms and pharmacy to ensure that heat-sensitive items are stored within the 2–8°C range. Corrective action should be taken where necessary and should be monitored by pharmacy staff.
- 5.40 Emergency medicines should be located in a safe place and easily accessible in case of an emergency.
- 5.41 An out-of-hours policy should be implemented and signed by all relevant staff.

Dentistry

- 5.42 At the time of the inspection, there was no on-site dentistry service. A new dental suite and waiting area was being installed and a dentist and support staff had been recruited who would be providing two sessions a week. A primary care nurse provided instruction to detainees on tooth cleaning and oral hygiene. Detainees requiring dental treatment were listed to attend a local dentistry practice and urgent appointments could also be made there.

Recommendation

- 5.43 Detainees should receive oral health promotion, dental checks and treatment at least to a standard and range equal to that in the NHS.

Inpatient care

- 5.44 The health centre did not offer inpatient care.

Secondary care

- 5.45 Detainees who required secondary care were referred and appointments obtained. Ten pre-arranged escort slots per week were available to the health centre for this purpose. The administrator followed up missed or cancelled appointments. Detainees in receipt of specialist external care and treatment were subject to medical hold until the episode was completed, although we were told that this was a rare occurrence.

Mental health

- 5.46 Primary health care provided limited access to a 'talk' service for detainees with emotional issues. The service was run by a mental health nurse with a counselling qualification. The newly appointed drugs strategy manager had started a similar, parallel service. The drugs strategy manager also had counselling qualifications. These practitioners coordinated their activities, but demand for their services was greater than supply. The talk services were frequently accessed by detainees who were experiencing symptoms of post-traumatic stress disorder (PTSD). Neither the counsellors nor other staff we spoke to had been offered the specialist training and clinical supervision required for safe and effective work with such individuals.
- 5.47 There was no formal programme of day care for detainees who were less able to cope on the residential units, though detainees had access to relaxation classes. Some staff suggested that there was a need for anger management and brief solution-focused groups; there was also an unquantified need for sex offender therapy.
- 5.48 Uniformed officers on reception and the residential units were not offered training in mental health awareness. We were told that there was a component of mental health appreciation in assessment, care in detention and teamwork (ACDT) training, at a variety of levels.
- 5.49 Oxleas Foundation NHS Trust had been commissioned to provide four sessions of mental health in-reach at the establishment. In the previous six months, 48 detainees had been assessed, of whom 14 had received continuing care; two of these had had a serious mental illness. A psychiatrist visited the establishment for two sessions a week. Detainees requiring

tertiary service appointments were seen promptly and those requiring assessment outside the establishment were transferred out within 28 days.

Recommendations

- 5.50 Primary care counselling services should be commissioned by the primary care trust.
- 5.51 Staff members offering care and support to detainees with post-traumatic stress disorder should be appropriately trained and have access to clinical supervision.
- 5.52 The health centre should provide day care for those less able to cope with life on the residential units.

Substance use

Expected outcomes:

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

- 5.53 There was a draft substance misuse strategy. Detainees were offered symptomatic relief for substance dependence but there was no ongoing clinical management or psycho-social support. There was no programme of treatment for detainees with alcohol problems.
- 5.54 At the time of the inspection, the establishment did not offer clinical management of substance dependence, other than symptomatic relief for detoxification. Detainees did not receive a comprehensive assessment of substance-related needs following reception and there was no assessment of dual diagnosis needs. Before the inspection, a new head of regimes had been given responsibility for the substance use strategy, and a drugs strategy manager had been appointed to develop the work. A draft substance misuse strategy was available and a survey of detainees was under way. We were told that integrated drug treatment system (IDTS) funding had been made available for 2010/11.
- 5.55 There were drugs supply reduction practices and monitoring. The head of regimes had produced an analysis of the strengths and weaknesses of the establishment's substance use practice, and mandatory drug testing was on the agenda for discussion. All detainees at reception were offered a voluntary drug test (VDT). In the previous three months, only 13% had accepted a VDT and only one had proved positive – this was for a legally prescribed drug. There was an average of less than one drug-related security incident per week; most such incidents were drugs finds in the post. There was an active drugs dog and we were told that there would be a passive drugs dog soon after the inspection. There had been 11 minor drugs finds in the previous three months.
- 5.56 There was no dedicated programme of psycho-social support at the establishment, although the drugs strategy manager had introduced a one-to-one drugs counselling service and had placed publicity materials about the service in the residential units. Detainees were made aware of blood-borne virus clinics and sexual health clinics during the initial health care assessment.
- 5.57 There was no programme of treatment for detainees with alcohol problems, although they were able to access Alcoholics Anonymous meetings, and the drugs strategy manager had

recently introduced teaching on alcohol awareness. Detainees could access a nurse-led smoking cessation clinic in the health centre.

Recommendations

- 5.58 Following initial clinical assessment and subject to confirmation, existing prescribing regimes for substance-dependent detainees should be continued or an equivalent provided.
- 5.59 Specialist staff should complete a comprehensive assessment of substance-related needs on the day after arrival to determine a suitable stabilisation or detoxification prescribing programme for the detainee.
- 5.60 Detainees should receive effective support during and after clinical intervention, including for dual diagnosis. Clinical treatment should be integrated with psycho-social interventions.
- 5.61 There should be a range of effective alcohol avoidance strategies.

Section 6: Activities

Expected outcomes:

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

6.1 The centre provided a reasonable range of recreational activity, but there were no computers for detainees' personal use. There was a good amount of paid work, catering for over a third of the population. The quality of education was good and the range satisfactory, but the take-up was low. The library stock was good, but unplanned closures of the library were too frequent. PE provision was good, with some excellent facilities and access seven days a week. Overall, there was too little for detainees to do in the evenings and at weekends, or to retain their interest if their stay was prolonged. The planning of work, education and other activities was not coordinated and it was difficult to combine work and study. Detainees did not have sufficient free movement around the centre.

Work

- 6.2 The centre provided a good amount of paid work. The 113 detainees in jobs represented over a third of the population. The range of work was expanding. Around half of the roles involved mundane and repetitive work such as cleaning. Some jobs, such as working in the kitchens, provided a greater level of interest. A minority of roles, including those in the bicycle repair workshop and in the newly established recycling facility, provided useful opportunities to learn and acquire new skills.
- 6.3 Hours of work varied between six and 30 a week; the average overall was 21 hours. Rates of pay were set depending on the level of responsibility. The centre had recently introduced revised, more effective procedures for appointing detainees to work, reducing the time taken to process applications to around a week. Vacancies were advertised on wings and in the dining area. The application process was straightforward, although job descriptions and application forms were available only in English (see main recommendation HE.46). A recently established allocations panel considered each application carefully, usefully supplementing the previous, more rigid computer-based system. Application forms stated that detainees had to have been at the centre for four weeks before their applications would be considered. However, this rule was under review. Recruitment procedures allowed the UK Border Agency (UKBA) to veto individual applications for reasons such as non-cooperation with the agency, which inappropriately mixed the centre's aim to occupy detainees purposefully with UKBA's removal objectives.

Education and skills

- 6.4 Education was provided under contract with Manchester College, which had held the contract for around 15 months. Education management was generally effective, and had helped to maintain consistency during a period of uncertainty leading up to and following the award of the contract to the college.
- 6.5 The education building was bright and well decorated. It had a good number of classrooms but its layout was confusing and the location of rooms poorly signed. From the outside, the recently erected security fencing made it appear prison-like and unwelcoming. The centre was considering plans to make it less forbidding.

- 6.6 Induction to education was thorough. When new arrivals to the centre did not attend an education induction, the coordinator visited them to ensure that they were aware of what was offered. Despite this, the take-up of education and attendance at classes were low. Across the four morning classes and six afternoon classes, provision operated at around half its potential capacity. The two classes held each evening were well attended.
- 6.7 The range of education classes was satisfactory overall. On weekdays, there were classes in art, music, information technology (IT) and English for speakers of other languages (ESOL) at different levels. The music classes provided opportunities for detainees to develop individual and ensemble playing skills but the music room was cramped and unsuitable. In IT classes, learning was structured around widely recognised external accreditation, but the amount of study needed to complete a unit was substantial, and there was no internal accreditation recognising achievement of smaller units of study. Detainees had no access to computers for private study. There were open learning workshop sessions, aimed at detainees completing literacy and numeracy courses started elsewhere, and to allow self-study on higher level courses. A newly established relaxation course ran on Monday and Friday evenings. However, there was not enough provision for detainees wanting to follow higher-level studies. This was of particular concern for the large number of detainees held for protracted periods. There was not enough education in the evenings, and none at weekends. This lack of provision, coupled with the timing of education classes and working hours, made it difficult for detainees to combine work with education (see main recommendation HE.50).
- 6.8 ESOL provision met the needs of detainees needing to learn English. Classroom practice focused effectively on developing detainees' speaking skills. On completion of a workbook, they received motivating internal accreditation. Although external accreditation was offered to some learners, it did not include assessment of their speaking skills.
- 6.9 The quality of education was generally good, catering well for detainees with differing levels of skills and aptitude. Initial assessment was routine and, although simple, was generally sufficient to establish detainees' starting points.
- 6.10 Staff qualifications and expertise were good. They were particularly skilled at managing learning in the context of the centre, which allowed detainees to attend and leave a session at any time. Classes were welcoming and inclusive. Cover arrangements for staff absence were generally thorough. However, no cover was provided for annual leave and sickness absence for the woodwork class, and at the time of inspection the class had been closed for two months.
- 6.11 Education staff carefully recorded individual detainees' attendance at sessions, including the length of time that they remained. However, the analysis of these data was not yet sufficiently developed to indicate clearly how effective provision was in reaching individuals and groups.
- 6.12 The centre provided a reasonable range of recreational activity. Residential units were each equipped with an appropriate range of recreational equipment. There were few activities for detainees at weekends, apart from PE. In our survey, only around a quarter of detainees said that there were sufficient activities to fill their time (see main recommendation HE.50).
- 6.13 Free movement around the centre was restricted to just under 11 hours a day. Detainees were locked up in their rooms overnight for 11 and a quarter hours and on their units during roll checks. The lock-up time of 8.30pm each evening was inappropriately early.

Library

- 6.14 The library, provided under contract with Kent County Council, was cramped but welcoming. It held books in English and 31 foreign languages, and, with more than 4,000 titles, the book stock was large and was regularly refreshed. There was a range of CDs, talking books, newspapers and periodicals in English and other languages. Arrangements for detainees to request books held in other Kent libraries were simple and well used.
- 6.15 The library was popular with detainees. Around 40 visited each morning and up to 35 in the afternoons. However, it had insufficient seating and study space for readers. It did not offer detainees audio or video playback, or any IT or internet-based facilities. Library staff did not have access to the internet to support detainees' information requests (see main recommendation HE.52).
- 6.16 Library opening hours were poor; it was open only on weekdays, for two hours in the morning and two and a quarter hours in the afternoon, but was too often closed during scheduled hours. The library service did not provide adequate cover for sickness absence or leave. Over the previous few months, it had been closed frequently owing to staff absence and building work.
- 6.17 The computer-based management system was too limited and did not identify, by language, books in stock or borrowed. Library staff were unable to monitor the extent to which stock and borrowing reflected the make-up of the detainee population and make any necessary adjustments.

Physical education

- 6.18 PE provision was good. Sessions took place in the mornings, afternoons and evenings, seven days a week. Three-quarters of detainees responding to our survey said that it was easy to access.
- 6.19 Staff were well qualified, enthusiastic and adopted a flexible approach to their roles. Facilities were impressive. An excellent newly built gym had capacity for up to 75 detainees at any one time. A sizeable Astroturf pitch was used extensively for team games. A reasonably sized sports hall was used well for varied activity such as racquet sports and volleyball.
- 6.20 Take-up of PE was high. Around 80 detainees attended each morning and up to 50 in the afternoon. In the evenings, attendance was restricted to around 25–30, reflecting the more limited availability of staff to supervise. The range of activity was broad, with some carefully targeted at older detainees. Staff regularly organised popular team and individual competitions. On occasions, outside groups came into the centre to compete against detainee teams.
- 6.21 Attention to the health and safety of detainees was good. Effective arrangements ensured that PE staff knew of any medical concerns about detainees' fitness to participate in PE. A thorough induction to PE was provided to new arrivals three times a week by trained detainees under the supervision of PE staff. Incident recording and reporting was detailed, and formed the basis for appropriate risk assessment where incidents were common. Training in emergency first-aid for detainees working as orderlies was routine, and officers had recently received training in the use of a defibrillator. Arrangements for the provision of clean gym kit, towels and showers after PE were appropriate.

- 6.22 Promotion of PE was through notice boards and visits to the wings, supplemented effectively by the highly visible location of the AstroTurf pitch. The centre regularly collected the views of detainees about PE through surveys and the detainee consultative committee. However, although staff monitored and reported on attendance at PE, collation and analysis of attendance records was not sufficiently detailed to establish clearly how inclusive PE was of individuals or groups.

Recommendations

- 6.23 The requirement for detainees to be at the centre for four weeks before applying for work should be removed.
- 6.24 Consideration of detainees' cooperation with UKBA should not be part of the process for allocating paid work roles.
- 6.25 The centre should improve the education building internally and externally to make it more welcoming and accessible to detainees.
- 6.26 Music classes should be relocated to a room with sufficient space for classes and music equipment.
- 6.27 The structure of information technology courses should enable detainees to work toward short internally or externally accredited units of study.
- 6.28 Detainees should have the use of computers for personal work and study.
- 6.29 Accreditation offered to detainees following the English for speakers of other languages (ESOL) course should include assessment of speaking skills.
- 6.30 Effective analysis of detainees' participation in education should be used accurately to identify patterns of participation by individuals and groups.
- 6.31 The centre should increase detainees' freedom of movement around the centre to at least 12 hours a day, reduce the length of time that detainees are locked in their rooms each day and establish a later evening lock-up time.
- 6.32 Library facilities should provide sufficient seating and study space, with improved facilities including audio playback.
- 6.33 Library opening hours should be extended to evenings and weekends, with adequate arrangements to cover any absence of library staff.
- 6.34 Library management systems should enable accurate monitoring of stock and patterns of borrowing.
- 6.35 Collation and analysis records of attendance should be sufficiently thorough and detailed to establish clearly how inclusive PE is of individuals or groups.

Housekeeping point

- 6.36 The centre should establish suitable arrangements to ensure that woodwork classes are not closed owing to staff absence.

Section 7: Rules and management of the centre

Expected outcomes:

Detainees feel secure in a predictable and ordered environment.

Rules of the centre

- 7.1 Rules were explained on induction. The application of rules was consistent across the centre and did not appear to be over-restrictive. Physical security was disproportionate. Dynamic security was good and there was a steady flow of intelligence received from around the centre. The rewards scheme was not effective, with all detainees being on the enhanced level. Breaches of the rules could result in a warning and lead to temporary removal from activities. The separation unit had recently been refurbished and provided an appropriate environment for short periods of separation. Recording procedures on the unit were sound. Use of force was low and reports were mostly well completed. There had been no investigation in cases where extendable batons had been drawn, and de-escalation techniques were inadequate. There were relatively few complaints, and most involved property. There was no regular analysis or management quality checks of complaint data, and replies from the UK Border Agency were often late.
- 7.2 The rules of the centre were available in a wide range of languages on the induction unit, and new arrivals had to sign to say that they understood them. There was a wall chart in a range of languages, with an English subtext, to assist detainees in demonstrating their preferred language to the centre staff. We observed no further information about the centre rules anywhere else in the centre.
- 7.3 There was no obvious differential in the application of rules across the centre.

Security

- 7.4 Perimeter security was good, with the outer perimeter consisting of both fencing and buildings, further enhanced by a deep moat surrounding the centre. Physical security was disproportionate for an immigration removal centre (IRC). There was an unnecessary amount of razor wire on walls, low buildings and fences within the free movement zone. We were told that some of this had been erected as an initial response to two attempted escapes pending more permanent arrangements. The perimeter fence work had been completed but at the time of the inspection the ('temporary') razor wire had not been removed. The inner free-flow area allowed easy access for detainees within the site during the core day.
- 7.5 The escapes of two detainees involving vehicles had resulted in the number of staff escorting any vehicle within the centre being increased to three, and also in the procurement of a 'body search' dog, which was used to search every vehicle. This response to what was in fact a systemic failure in the gate searching process further added to the disproportionately high levels of security at the centre.
- 7.6 Staffing for the security department was adequate. The monthly security meeting was well attended and standing agenda items were appropriate. Dynamic security was generally good, in spite of the challenges presented by language barriers. There was a steady flow of security

information and, following a recent security committee objective to encourage the use of security information reports (SIRs), there had been a notable increase in the number submitted. There was good analysis of reports and evidence of timely action being taken in response to information received.

- 7.7 Drugs featured regularly in the top three themes for SIRs, with visits and mail being identified as the primary routes for trafficking. Despite this, there was only an active drug search dog and no passive drug dog at the centre (see section on substance use). There were no detainees subject to visiting restrictions at the time of the inspection. Records of previous restrictions showed an appropriate response to trafficking activity and also that any such restrictions were applied to the visitor in question and did not result in a blanket imposition of closed visits on all of the detainee's visits.
- 7.8 Strip-searching was not routinely carried out across the centre and had to be approved by a senior manager. There were records of each occasion when a strip-search had been authorised, although some were incomplete and many did not give an appropriate amount of information about why a strip-search had been authorised. These records were not reviewed. There had been 47 strip-searches in the previous year and 22 in 2010 to date.

Rewards scheme

- 7.9 There was a rewards policy in operation but it was out of date – for example, it did not reflect current grade structures of staff.
- 7.10 All detainees arriving at the establishment were placed on the enhanced level of a two-tier scheme. At the time of the inspection, all of the detainees at the centre were on the enhanced level. Enhanced detainees were given a £5 allowance each week, plus any wages they earned if in paid work.
- 7.11 Any reduction to the standard level required a review board to sit at intervals of no longer than seven days. Appeals against any sanction could be made through the complaints procedure, and detainees received a written response.
- 7.12 We were told that the UK Border Agency (UKBA) was compiling a new rewards scheme to be operated in all IRCs.

Discipline

- 7.13 Failure to comply with the behaviour compact could lead initially to a verbal warning, which remained valid for three months and did not result in the removal of any privileges. Breaches of the compact resulted in two written warnings; further breaches resulted in a disciplinary review board, which could reduce the reward level to standard, impose a loss of access to the gym or education or recommend a period of removal from association to the separation unit. There had been four exclusions from the gym and 13 from education in the first five months of 2010. The number and types of warning issued that showed detainees took notice and abided by the rules; there had been 92 verbal warnings, 36 first written warnings and only four second written warnings issued in 2010 to date.

The use of force and single separation

- 7.14 Use of force had reduced over recent years, from 80 in 2008, to 53 in 2009 and 12 in 2010 to date. Recording was generally good, with only minor issues evident (for example, staff not

printing names next to signatures). There had been two planned uses of force since the beginning of 2010, and both had been video-recorded. One involved a detainee who had damaged his cell but subsequently was compliant; the video recording showed him walking from his cell on the separation unit to one of the special cells (see below), followed by staff in full control and restraint (C and R) personal protection equipment (PPE). The other planned use of force involved a detainee who had refused to transfer but became compliant; again, the video recording showed that he had been managed throughout by staff in full C and R equipment, including an officer following him around with a shield.

- 7.15 Extendable batons were carried by all officer grades and there had been two incidents of batons being drawn, one of which had resulted in the delivery of a baton strike to a detainee to prevent serious self-harm. At the time of the inspection, there had been no investigation into either of the incidents and there was little mention of them in the use of force committee minutes.
- 7.16 The use of force committee met bi-monthly. It had a large membership and attendance was normally below half of those on the membership list. Use of force paperwork was not routinely reviewed or quality checked at the meeting. The long period between meetings could have led to issues not being detected or addressed for long periods.
- 7.17 The separation unit had recently been refurbished; the cells were all clean and well equipped. There were two special cells, a first night observation cell (which was used infrequently for detainees who required further assessment or refused to locate onto the residential units on arrival), a constant observation gated cell and eight ordinary removal from association (RFA) cells.
- 7.18 There was an appropriately sized exercise yard, with a bench. There was a caged area from which staff could observe exercise. Staff told us that they did not use the cage and that they normally interacted with detainees on the yard as a part of the process of reintegration back to the units.
- 7.19 In our survey, 22% of detainees said that they had spent a night in separation, against a comparator of 16%. The use of Rule 40 (removal from association; RFA) had decreased significantly since 2008, from 422 to 342. Recording procedures were good, with regular qualitative comments being entered onto unit history sheets. The hand-written log also gave a good account of the reasons why detainees had been located on the unit. Staff we spoke to on the unit understood why current occupants had been located there and when questioned about previous residents were able to comment on the circumstances and behaviour of those detainees. The arrangements to authorise separation were robust and required duty manager approval, and we were told that this was not always given, with other options such as mediation and relocation to another residential unit being considered.
- 7.20 Separation was used regularly as a response to disruptive or non-compliant behaviour. All relevant personnel were informed whenever a detainee was located on the unit. In all cases, a safety algorithm was completed, and those we saw were all of a high standard.
- 7.21 In a sample of 100 cases of RFA, around a third of detainees had been held for more than 24 hours, with an average stay of 2.5 days during the six months before the inspection. Approximately 35% of the sample had subsequently been transferred out to another centre.
- 7.22 Special cells were not overused; there had been 16 uses of the special cells in 2008 (for an average time of three hours), 11 in 2009 (average two hours) and three so far in 2010 (average one and a half hours). One of the uses in 2010 which had been video-recorded

showed a compliant detainee being freely walked to the special cell, continuing to be compliant, subjected to a strip-search and then inappropriately being left in the special cell.

Complaints

- 7.23 We observed staff on the residential units attempting to solve disputes in the first instance, with the complaints procedure often being used only after this avenue had been exhausted. Detainees in our groups and in discussion around the centre reported having confidence that staff would attempt to help them with their grievances.
- 7.24 The way that complaints were dealt with was complicated and could lead to delays. Complaints were sent from the centre to UKBA, which then sent back any complaints that were pertinent to the centre; these were then allocated to an appropriate staff member. There was no collation of complaint data and therefore no interrogation of statistics to identify repeat issues and hotspots, beyond individual managers taking notice of forms that they received. There was no monthly quality checking process by a senior manager at the centre.
- 7.25 In our survey, only 8% of detainees felt that complaints were sorted out promptly, against 34% in 2007. UKBA was not meeting the 20-day deadline for responding to complaints; a survey of 100 complaints revealed that only around 70% had been answered within this time. By contrast, 97% of complaints sent back to the establishment to respond to were answered within three days. The responses we saw were helpful, polite and demonstrated that efforts had been made and investigations carried out into the complaints raised. When complaints were sent to other IRCs or to prisons, there was no audit trail maintained at the centre to ensure that a response was received by the detainee.
- 7.26 There were relatively few complaints, and over 50% of them concerned detainees' property not arriving from other centres or from prisons. In our survey, 33%, against the comparator of 24%, said that they had had problems with loss of transferred property on arrival at the centre.
- 7.27 Complaint forms and Independent Monitoring Board applications were freely available on all units, although not always in an appropriate range of languages. It was possible, on request, to obtain complaint forms in most languages from residential unit staff. Each residential unit had a secure post box for complaints, and these were emptied daily.

Recommendations

- 7.28 The level of physical security should be proportionate for an IRC.
- 7.29 Strip-search records should be completed to an acceptable standard, to include a qualitative record of why this had been authorised, and regularly reviewed by the use of force committee.
- 7.30 Personal protection equipment should only be worn where and for as long as necessary to assist in de-escalation.
- 7.31 Any use of extendable batons should be investigated at the earliest opportunity.
- 7.32 Staff should not routinely carry extendable batons.
- 7.33 The use of force committee should review individual use of force incidents and comment on them in the minutes.

- 7.34 The special cell should only be used when needed, and not for detainees who are compliant.
- 7.35 Complaints should be monitored and reported in such a way that local management, including UKBA managers, can track response performance and analyse any emerging trends and areas of repeat complaints.
- 7.36 A senior manager should make a 10% quality check of complaints to ensure that responses are appropriate and respectful.
- 7.37 UKBA should review the complaints system, to ensure that complaints are responded to within three days, or 10 days in exceptional circumstances.
- 7.38 When complaints are sent to other IRCs or to prisons, an audit trail should be maintained at the centre, to ensure that the detainee receives a response.
- 7.39 All detainees' property should accompany them when they are moved to the centre.
- 7.40 Information on how to make a complaint should be readily available, in a variety of languages appropriate to the population, on residential units.

Housekeeping points

- 7.41 Centre rules should be displayed on residential units and around the centre.
- 7.42 All entries on use of force paperwork should be signed and include a printed name, the date and, if possible, the epaulette number.
- 7.43 The frequency of use of force meetings should be increased.
- 7.44 Attendance at the use of force committee meeting should be improved.

Section 8: 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.

Catering

- 8.1 Detainees in our survey were dissatisfied with the food, but the sample we tasted was of a reasonable quality and quantity. Detainees were able to dine in association in a new dining hall, where all meals were served. The kitchen was clean and well managed and the catering manager attended the detainee consultation meetings. Detainees had good access to the shop on a daily basis, although levels of satisfaction with the range of goods were lower than in comparator establishments. Detainees were able to order goods from catalogues.
- 8.2 In our survey, 17% of detainees, against a comparator of 24%, said that the food was good or very good. A number of detainees complained about the quality and variety of food. The food we sampled was hot, well presented and portion sizes were adequate.
- 8.3 There were five choices for the main meal and detainees could also choose rice, vegetables or potatoes to accompany the meal. Fresh fruit was offered daily as a choice alongside desserts. Salad choices had been introduced following consultation with detainees, and baguettes and cold options were offered. All diets were catered for and the menu operated on a three-week rolling cycle. The menus were available in English and included symbols to indicate halal, vegetarian and vegan meals. A file with pictures of the meals was kept on each unit.
- 8.4 All meals were served in the dining hall, at appropriate times. The hall was large and bright and offered a pleasant environment for dining. The food was transported to the dining area in heated trolleys and temperatures were checked regularly to ensure that the food was served at the appropriate temperature. The dining hall was supervised by centre staff. We noted that the queue was not always supervised adequately at every meal time (see section on bullying).
- 8.5 The kitchen was clean and well managed and had recently been reorganised to comply with health and safety regulations and to provide a more streamlined process for preparing and cooking food. Up to 45 detainees could work in the kitchen, although formal qualifications were not offered owing to the short length of stay of many detainees. All undertook basic food hygiene training, and civilian staff were also appropriately trained.
- 8.6 Regular food surveys were carried out and some suggestions had been acted on, including introducing salads, sandwiches and baguettes. Food comments books were available in the dining hall and were checked regularly and responded to by catering staff. The catering manager attended detainee consultation meetings, where catering was a standing agenda item.

Shop

- 8.7 The shop had been taken over by DHL at the time of the previous inspection, and detainees complained that prices had risen since then. The centre was bound by a contract serving public sector prisons and the range of goods was restricted to 300 items. An up-to-date list of products and processes was available but not all goods were in stock and there were often

delays in getting new supplies. Fruit stocks ran out on the Wednesday of the inspection and new stock was not due to be delivered until the following Monday. In our survey, 15% of detainees, against a comparator of 29%, said that the shop sold a wide enough range of goods.

- 8.8 Detainees had good access to the shop on a daily basis. They deposited money in their accounts and were able to use this credit to obtain goods from the shop. They were able to obtain their account balance at the shop but the design of the account sheets and the layout of the serving area meant that when they signed for their goods they could also see the balances of other detainees. There were often long queues in the shop, and shop staff were polite and helpful. The queue was not always supervised by centre staff (see section on bullying).
- 8.9 A wide range of goods could be handed in on visits or sent in. A catalogue system was available through Argos and other approved suppliers and was well used by detainees.

Recommendation

- 8.10 Out-of-stock goods should be quickly replenished in the centre shop.

Housekeeping point

- 8.11 Detainees should not be given access to other detainees' account balances.

Section 9: 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.

Welfare

- 9.1 There was no dedicated welfare team and the recording of welfare casework on residential units was poor. A number of independent organisations provided welfare services but their work was not coordinated. Visits were available every day and two evenings a week. There was a good visitors centre, with adequate information. The searching of detainees was proportionate but searching of visitors was undertaken in a public area. The visits room was pleasantly decorated but the fixed furniture created an institutional atmosphere. Visits staff were polite and respectful. There was good provision of telephones and detainees had access to a range of tariffs. There was no controlled internet or email access. Detainees were given adequate notice of removal. Country of origin information reports were not routinely updated. No assessments were made of the needs of detainees being removed or released. They were not referred to sources of appropriate support and there were no arrangements to ensure that they had recovered all of their property.
- 9.2 The centre did not have a dedicated welfare team (see main recommendation HE.51). Detainees' welfare needs were responded to by residential staff who were not specifically trained in the provision of welfare services. A log was kept on each residential unit of welfare enquiries that were dealt with, and the number was highest on the induction unit (Sandwich), which had recorded 80 in the current year. Other units had dealt with and recorded around 30 to 40 enquiries in the year to date. Residential staff were helpful in dealing with requests for practical help from detainees but were not required proactively to ensure that detainees' needs were met, or trained to deal with complex matters.
- 9.3 Apart from the log of enquiries, there was inconsistent recording of welfare work. On Rye unit, a file was kept recording each piece of work, so that information was available to staff following up a matter initiated by a colleague. On other units, some staff made an entry about a welfare request in the detainee's electronic file but in most cases that we examined this had not been done and the only information about the matter was a brief note on the welfare log (see recommendation 2.31).
- 9.4 A number of independent organisations worked with detainees. The most active was the Dover Detainee Visitor Group (DDVG) and there was information about their services in the visitors centre and on residential units. This group provided advice to detainees about obtaining legal help, assistance with making applications, assistance for visitors (see below) and practical help for detainees being released or deported. Staff from the organisation had developed a formal relationship with centre staff, meeting the deputy manager regularly and attending the diversity and race equality team meeting. Monthly workshops were provided in the education department by Bail Information for Detainees and the International Organisation for Migration. Accommodation for bail was provided by the National Asylum Support Service. Kent Refugee Help was a small charity, members of which met detainees in the visits hall. They did not have a formal relationship with the centre and as a result experienced some difficulties in providing an adequate advice and support service. The services of the independent organisations were

not coordinated by the centre, and detainees either applied to attend their workshops or contacted them directly, rather than being referred by staff as part of a strategic approach to welfare.

- 9.5 A counsellor had been appointed one month before the inspection; she was not able to see all new detainees, and her assessment concentrated mainly on emotional needs and substance misuse. She made referrals to health and substance misuse services, as well as providing counselling for a limited number of detainees (see section on health services.)

Visits

- 9.6 Visits were available every afternoon for two hours and 40 minutes on a weekday and two hours and five minutes at weekends. Evening visits for 90 minutes were available on Monday and Wednesday. Any visitor wishing to stay for both sessions was required to leave the centre for two hours and re-enter for the evening session.
- 9.7 Information for visitors was available on the centre website, which detailed times, identification required and how to get to the establishment. There was also information about searching procedures in seven languages in the visitors centre. Visitors did not need to pre-book a visit, which was appreciated by the visitors we spoke to.
- 9.8 The visitors centre was located outside the establishment and was spacious. It contained comfortable furniture and modern, clean toilets. There were lockers in which property could be left securely. Around the visitors centre there were informative notices, some in languages other than English, and there was a comments book, which contained both positive and negative entries by visitors. The comments had been responded to by a manager, indicating that they had been noted and action taken, but there was no formal consideration of the comments at a management forum.
- 9.9 Refreshments facilities in the visitors centre were limited to drinks machines and a water fountain, which were not sufficient for those who had travelled long distances to the centre. In the visits room, there were vending machines which provided drinks and confectionery, but visitors were not permitted to bring in food during visits.
- 9.10 Visitors booked in at the visitors centre and could hand in property for detainees there. On entering the centre they were given a rub-down search in the open area between the gate and the visits room. Visitors' hands were marked with an ultraviolet-sensitive pen and male visitors were photographed; visitors told us that this had caused delays in entering the centre because each photograph was printed. Throughout the visits process, we observed visitors being treated respectfully, and detainees in our groups said that their visitors were treated well by staff.
- 9.11 Arrangements for contacting detainees to inform them of a visit were not consistent. During a Monday evening visit, we met a visitor waiting in the visits room with her child, and staff told us that they could not contact the detainee to inform him of their arrival. They had contacted his residential unit but said that they could not access his telephone number. The next day, we were told by another member of staff that telephone numbers were stored on the electronic case files.
- 9.12 The policy of bringing papers and writing materials into visits was not applied consistently. Visitors centre staff told us that papers could be taken in but not left, which was not the experience of some visitors groups we spoke to.

- 9.13 In the visits room, visitors and detainees were allowed appropriate physical contact. Detainees were searched appropriately before and after visits. They were required to wear a fluorescent sash. The room had recently been decorated and there were pictures on the walls, but the fixed furniture created an institutional atmosphere. There were three closed visits booths, which were rarely used. These were small and unsuitable for social visits. There were no closed visits at the time of the inspection.
- 9.14 A range of notices in the visits room publicised the anti-bullying strategy and the diversity policy. A supply of forms and a post box were provided to enable visitors to report any concerns about bullying or mistreatment of detainees, or to contact the Independent Monitoring Board. There was a small unsupervised play area for children in the visits room and detainees were permitted to use the facility with their children.
- 9.15 The centre held some detainees who had served prison sentences for offences against children or women. There was no procedure for informing visits staff of detainees who might present a risk in visits, or of how to manage the situation in a way that provided adequate public protection while respecting the rights of all detainees to visits (see recommendation 4.35).
- 9.16 The DDVG provided a comprehensive visiting service for detainees which was well publicised around the centre. Their volunteers and staff attended for visits at least three times a week, and during the previous year had visited 737 detainees. They provided assistance with travel costs for visitors and social contact for detainees who did not receive social visits. Some volunteer visitors had experienced difficulties in meeting detainees who did not speak English well because the centre did not allow a detainee interpreter to be present.
- 9.17 Family visits had been introduced recently, which allowed detainees to have extended time with their partners and children.

Telephones and mail

- 9.18 Provision of telephones was well organised. Detainees were provided with mobile telephones or SIM cards for their own handsets in reception (see section on reception). They were required to pay for the rental and use of mobile telephones, although some assistance was available from the DDVG.
- 9.19 Credit for mobile telephones could be purchased from the centre shop and a wide range of networks was available, including those providing low-cost international calls.
- 9.20 There were telephones on each residential unit with adequate privacy hoods. They were accessible during unlock periods because they were located outside the gated residential areas, but detainees did not have access to them after 8.30pm (see recommendation 6.31).
- 9.21 The centre did not provide email or internet access for detainees, depriving them of a form of communication which would benefit their contact with family and friends and support networks (see main recommendation HE.52). An application had been made by the centre for funding and permission to provide an information technology suite, which had been fully costed and prepared.
- 9.22 Detainees were allowed to send one free letter a week and an unlimited number of letters at their own expense. There was free access to fax machines on each residential unit during unlock times, and staff were helpful to detainees in sending and receiving faxed correspondence.

Removal and release

- 9.23 In the previous six months, 339 detainees (approximately 40% of moves) had been removed, 30% transferred and a similar proportion released. Most detainees (70%) had been at the centre for less than four months but 28 had been there for longer than 10 months, with the longest being two years and nine months.
- 9.24 Detainees were given at least 72 hours' notice of removal by the UK Border Agency (UKBA). They were advised to fax a copy of the removal notice to their legal representative, and how to challenge the decision. There were country of origin reports available in the library but many were out of date and these were not routinely provided.
- 9.25 Some detainees we spoke to had had only 30 minutes' notice of transfer to other removal centres. Transfer notices were received at the centre less than 24 hours before the planned transfer and residential units were not informed immediately. In some examples we saw, notices had been received late in the evening and residential units informed the following morning, but not at the earliest opportunity.
- 9.26 Transfer notices did not always include adequate explanations of the reason for transfer; among those we examined, some were limited to 'operational reasons' or 'transfer to an appropriate centre'. No information was provided to detainees about the centres to which they were being transferred. Those we spoke to did not know where the centre they were going to was located, what conditions would be like or the arrangements for visiting.
- 9.27 There were no arrangements for ensuring that the needs of detainees being removed, released or transferred were taken care of. Those due to be removed were not routinely offered assistance with resettlement or welfare issues. For some detainees, health care coordination and medication supply was inadequate. Health services staff did not see all those being removed or released (see section on health services). Detainees could apply for assistance from independent groups, especially the DDVG, with clothing, travel expenses and ongoing support, but the centre did not take steps to ensure that detainees were put in touch with appropriate sources of help. The centre had a store of clothing which could be given to detainees requiring it, but those being removed or released did not know about this facility. One detainee who was being removed told us that he still had property in the community that he would not be able to recover, and another that he had no means of getting from his arrival point in his country of origin to his final destination (see section on complaints). Detainees being bailed were provided with rail warrants but not the means to get to their ultimate destination or other help to live in the community.
- 9.28 Detainees being discharged were not able to keep medication in possession and some were discharged with no financial resources. Individual risk assessments were not carried out by health services staff, so detainees due for transfer to another centre were required to pack their medication in sealed bags with their other property.
- 9.29 Allegations of assault during attempted removals were investigated by UKBA but the complainant's removal was not deferred until the outcome of the complaint was finalised. During the inspection, a complaint of a serious assault, which allegedly had resulted in loss of consciousness and significant injuries, was investigated by UKBA, but the complainant was removed the day after being interviewed. If the complaint were to have been upheld, there could have been grounds for criminal proceedings but the detainee, as the main witness, would not have been easily available. UKBA manager was not aware of any protocol outlining

the responsibilities of the professionals involved in such cases, but the matter had been dealt with through the centre's complaints procedure, which had referred the matter to UKBA.

Recommendations

- 9.30 In coordination with voluntary sector organisations, an assessment should be made of the welfare needs of all detainees in custody, before release, transfer or removal and they should be provided with appropriate support to meet these.
- 9.31 An assessment of detainees' welfare needs should be made on their arrival and they should be referred to the appropriate service.
- 9.32 The provision of weekend visits should be reviewed, with a view to extending them.
- 9.33 Arrangements should be made to allow visitors who wish to attend both visits sessions to remain in the centre between the two.
- 9.34 There should be adequate food and drink available for purchase during visits.
- 9.35 Searching of visitors should take place in a private area.
- 9.36 Security procedures for visitors should be reviewed so that entry to the centre is not delayed.
- 9.37 Visitors should be allowed to take papers and writing materials into visits, subject to an individual security assessment, and this policy should be applied consistently and publicised in visitor information.
- 9.38 Detainees should not be required to wear identifying clothing, except on the basis of an identified individual risk.
- 9.39 The visits room should be furnished with moveable tables and soft chairs.
- 9.40 Closed visits booths should be of an adequate size and provide an appropriate environment for social visits.
- 9.41 The play area in the visits room should be supervised, to allow adult visitors and detainees the option of having some private time together.
- 9.42 Visitors should be allowed to meet two detainees at the same time, subject to security assessment.
- 9.43 Up-to-date country of origin information should be provided to detainees issued with notice of removal.
- 9.44 Detainees should be given at least 24 hours' notice of transfer to another centre.
- 9.45 The reasons for transfer to another place of detention should be explained to detainees, and they should be provided with information about the centre to which they are being transferred in good time, so that they can inform friends and family.
- 9.46 Detainees discharged from detention should be given financial resources or adequate food and drink for their onward journey.

- 9.47 When an allegation of assault has been made by a detainee, his removal should be delayed until a decision regarding prosecution has been made.

Housekeeping points

- 9.48 Issues raised in the visitors' comments book should be considered by a management group and the action taken communicated back through the book.
- 9.49 Visits staff should be able to access the telephone numbers of detainees to inform them of visitors' arrival.
- 9.50 Detainees being removed or released should be informed about the store of clothing available to them.

Section 10: 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 recommendation

To G4S

-
- 10.1 Detainees should not be moved during the night unless this is required for urgent operational reasons. (HE.45)

Main recommendation

To UKBA and the centre manager

-
- 10.2 Telephone interpreting services and/or professional interpreters should be used for confidential matters, or when sensitive information is being discussed, and to ensure that detainees who do not speak English understand important/essential information. (HE.49)

Main recommendations

To the centre manager

-
- 10.3 All information supplied to detainees should be in a language they easily understand. (HE.46)
- 10.4 The induction process should be reviewed and redeveloped to include a one-to-one interview for all new arrivals and a comprehensive induction programme, including visits from staff from different departments in the centre. (HE.47)
- 10.5 UKBA should urgently improve the quality of information provided on-site to detainees, the timeliness and quality of reviews, and the response to rule 35 letters. (HE.48)
- 10.6 The take up of education should be facilitated by better co-ordination with work and by providing more classes at evenings and weekends. (HE.50)
- 10.7 A dedicated team of trained staff should be set up to provide for detainees' welfare needs. (HE.51)
- 10.8 The centre should provide internet access and detainees should be able to send emails. (HE.52)

Recommendations

To G4S

-
- 10.9 Detainees should be given refreshments during their journeys to the establishment. (1.6, see paragraph 1.2)
- 10.10 Escort staff should provide reception staff with all necessary information about the detainees in their care so that they can make a comprehensive assessment of detainees' health and welfare. (1.8, see paragraph 1.4)

- 10.11 Transfer journeys between centres should, whenever possible, be direct, without unnecessary stops. (1.9, see paragraph 1.5)

Recommendations

To the chief executive, UKBA

- 10.12 Risk analysis forms should always be completed for detainee transfers. (1.7, see paragraph 1.4)
- 10.13 Detainees should not be subject to multiple moves between immigration removal centres (IRCs). (1.10, see paragraph 1.5)
- 10.14 UKBA should systematically record and monitor periods of accumulated detention. (3.23, see paragraph 3.15)
- 10.15 Newly arrived detainees should be advised of their right to apply for bail, legal aid, legal representation and their appeal rights and should be assisted in doing so. (3.24, see paragraph 3.20)
- 10.16 The number of detainees being transferred in on open assessment, care in detention and teamwork (ACDT) should be reduced. (4.21, see paragraph 4.10)
- 10.17 UKBA should actively pursue the earliest possible social services assessment of detainees whose age is in dispute. (4.32, see paragraph 4.29)
- 10.18 UKBA should review the complaints system, to ensure that complaints are responded to within three days, or 10 days in exceptional circumstances. (7.37, see paragraph 7.25)
- 10.19 All detainees' property should accompany them when they are moved to the centre. (7.39, see paragraph 7.26)
- 10.20 The reasons for transfer to another place of detention should be explained to detainees, and they should be provided with information about the centre to which they are being transferred in good time, so that they can inform friends and family. (9.45, see paragraph 9.26)
- 10.21 When an allegation of assault has been made by a detainee, his removal should be delayed until a decision regarding prosecution has been made. (9.47, see paragraph 9.29)

Recommendations

To the centre manager

Arrival in detention

- 10.22 The reception area should be redesigned to include private interview rooms and a better movement flow of detainees being received and discharged simultaneously. (1.16, see paragraph 1.13)
- 10.23 There should be better supervision of the detainee holding room. (1.17, see paragraph 1.13)
- 10.24 New arrivals should be offered hot and cold food. (1.18, see paragraph 1.13)
- 10.25 Initial interviews and the room sharing risk assessment should be carried out in private. (1.19, see paragraph 1.13)

- 10.26 The detainee shower should be relocated to a more suitable area and adequately screened. (1.20, see paragraph 1.14)
- 10.27 Discharging health services staff should be made aware of all impending departures and conduct individual risk assessments to determine whether medication should be allowed in possession, and escorting staff should be instructed accordingly. (1.21, see paragraph 1.15)
- 10.28 The detainee peer supporters should meet all new arrivals to offer support. (1.28, see paragraph 1.26)

Environment and relationships

- 10.29 The sleeping accommodation should provide much more privacy and better facilities. (2.14, see paragraph 2.2)
- 10.30 Detainees should have access to hot water until midnight. (2.15, see paragraph 2.2)
- 10.31 Important notices should be displayed in a variety of languages. (2.16, see paragraph 2.3)
- 10.32 Detainees should be given keys to their rooms. (2.17, see paragraph 2.3)
- 10.33 The toilets in the dormitories on Sandwich should be deep cleaned. (2.18, see paragraph 2.4)
- 10.34 Detainees on Rye unit should be locked behind their doors for the minimum amount of time, and no longer than detainees on other units. (2.19, see paragraph 2.6)
- 10.35 The communal toilets on the ground floor of Romney unit should be adequately screened. (2.20, see paragraph 2.7)
- 10.36 Repairs and redecoration should be undertaken on all relevant residential units. (2.21, see paragraphs 2.4 and 2.8)
- 10.37 The showers on Sandwich and Deal units should be refurbished and offer adequate levels of privacy. (2.22, see paragraphs 2.4 and 2.8)
- 10.38 Staff should routinely knock on doors before entering a detainee's room. (2.30, see paragraph 2.28)
- 10.39 Detainees should have a named care officer, who should have a conversation with them at least monthly, keeping a record of each welfare request, the action taken and by whom. The record should clearly indicate when the request has been completed satisfactorily. (2.31, see paragraph 2.29)

Casework

- 10.40 Notices should be displayed around the centre, in a variety of languages, promoting the Detention Duty Advice Scheme and the monthly Bail for Immigration Detainees workshop. (3.8, see paragraph 3.2)
- 10.41 Electrical sockets and telephones with two handsets should be fitted in the consultation rooms in the visits hall. (3.9, see paragraph 3.3)

- 10.42 Monthly reviews of detention should be timely and demonstrate a balanced consideration of all factors relevant to the case. (3.25, see paragraph 3.21)
- 10.43 The reasons for the discrepancies between UKBA and health care records of Rule 35 applications should be investigated and the findings acted on. (3.26, see paragraph 3.22)
- 10.44 Rule 35 applications should be responded to on time and in detail. (3.27, see paragraph 3.22)

Duty of care

- 10.45 Areas where detainees feel least safe should be properly and consistently supervised. (4.17, see paragraph 4.2)
- 10.46 Detainees should be informed of the centre's anti-bullying policy, the expected levels of behaviour and possible anti-bullying measures. (4.18, see paragraph 4.6)
- 10.47 Anti-bullying logs should include objectives set to challenge detainees' behaviour. (4.19, see paragraph 4.6)
- 10.48 Victims of bullying should have an individual plan to offer them appropriate support. (4.20, see paragraph 4.6)
- 10.49 Where appropriate, family and friends should be engaged in case reviews. (4.22, see paragraph 4.11)
- 10.50 All staff should receive regular ACDT refresher training. (4.23, see paragraph 4.14)
- 10.51 Helping Hands peer support workers should only be asked to support at-risk detainees if they are willing and have appropriate Samaritan support and training to do so. (4.24, see paragraph 4.15)
- 10.52 A policy for detainees whose age is in dispute should be agreed with all involved parties. The policy should include risk assessment and review paperwork, and describe a case management process with clear timings for reviews. (4.33, see paragraph 4.29)
- 10.53 Detainees whose age is in dispute should not be held in the separation unit. (4.34, see paragraph 4.30)
- 10.54 A policy should be developed to address the safety of children who visit Dover IRC. (4.35, see paragraph 4.31)
- 10.55 Detainees should be informed of how they can access support regarding any diversity issue. (4.47, see paragraph 4.40)
- 10.56 All staff should receive diversity training in the next 12 months. (4.48, see paragraph 4.41)
- 10.57 The diversity and race equality team (DREAT) should ensure that staff are clear about their responsibilities in challenging homophobic behaviour and feel confident in doing so. (4.49, see paragraph 4.41)
- 10.58 The DREAT should keep a record of detainees who cannot speak or read English and this should be accessible to residential staff. (4.50, see paragraph 4.44)

- 10.59 Detainees with disabilities should be identified at the earliest stage and disability should be included in regime monitoring. (4.51, see paragraph 4.45)
- 10.60 All detainees with disabilities should have their needs assessed, and care plans and personal emergency evacuation plans should be drawn up where appropriate. Staff should be aware of these. (4.52, see paragraph 4.45)
- 10.61 Detainees with mobility problems should be able to access their rooms easily. (4.53, see paragraph 4.45)

Health services

- 10.62 The health centre should be expanded, so that it is able to house the full range of required primary and secondary health services and associated equipment. (5.10, see paragraph 5.3)
- 10.63 Health services staff should be trained to recognise and treat signs of trauma and torture. (5.11, see paragraph 5.7)
- 10.64 Restraints should not be used during visits to outside medical or dental facilities unless in exceptional circumstances after a risk assessment. (5.12, see paragraph 5.8)
- 10.65 The contents of the resuscitation equipment bags should be reviewed and staff trained in the use of the kit in accordance with national regulatory standards. (5.20, see paragraph 5.16)
- 10.66 The pharmacist should be supported to develop pharmacy-led clinics and medicine use reviews for the detainee population. (5.34, see paragraph 5.26)
- 10.67 Secondary dispensing of medications by nurses should stop. (5.35, see paragraph 5.28)
- 10.68 Security arrangements and the presence of officers at the pharmacy hatch during medication collection times should be reviewed, in order to minimise potential bullying and diversion of supplies. (5.36, see paragraph 5.29)
- 10.69 Prescription charts should record the diagnosis. (5.37, see paragraph 5.30)
- 10.70 Patient group directions for antimicrobials should be reviewed, and a local microbiologist should be involved in drawing up the new ones. (5.38, see paragraph 5.31)
- 10.71 Detainees should receive oral health promotion, dental checks and treatment at least to a standard and range equal to that in the NHS. (5.43, see paragraph 5.42)
- 10.72 Primary care counselling services should be commissioned by the primary care trust. (5.50, see paragraph 5.46)
- 10.73 Staff members offering care and support to detainees with post-traumatic stress disorder should be appropriately trained and have access to clinical supervision. (5.51, see paragraph 5.46)
- 10.74 The health centre should provide day care for those less able to cope with life on the residential units. (5.52, see paragraph 5.47)

Substance use

- 10.75 Following initial clinical assessment and subject to confirmation, existing prescribing regimes for substance-dependent detainees should be continued or an equivalent provided. (5.58, see paragraph 5.54)
- 10.76 Specialist staff should complete a comprehensive assessment of substance-related needs on the day after arrival to determine a suitable stabilisation or detoxification prescribing programme for the detainee. (5.59, see paragraph 5.54)
- 10.77 Detainees should receive effective support during and after clinical intervention, including for dual diagnosis. Clinical treatment should be integrated with psycho-social interventions. (5.60, see paragraph 5.56)
- 10.78 There should be a range of effective alcohol avoidance strategies. (5.61, see paragraph 5.57)

Activities

- 10.79 The requirement for detainees to be at the centre for four weeks before applying for work should be removed. (6.23, see paragraph 6.3)
- 10.80 Consideration of detainees' cooperation with UKBA should not be part of the process for allocating paid work roles. (6.24, see paragraph 6.3)
- 10.81 The centre should improve the education building internally and externally to make it more welcoming and accessible to detainees. (6.25, see paragraph 6.5)
- 10.82 Music classes should be relocated to a room with sufficient space for classes and music equipment. (6.26, see paragraph 6.7)
- 10.83 The structure of information technology courses should enable detainees to work toward short internally or externally accredited units of study. (6.27, see paragraph 6.7)
- 10.84 Detainees should have the use of computers for personal work and study. (6.28, see paragraph 6.7)
- 10.85 Accreditation offered to detainees following the English for speakers of other languages (ESOL) course should include assessment of speaking skills. (6.29, see paragraph 6.8)
- 10.86 Effective analysis of detainees' participation in education should be used accurately to identify patterns of participation by individuals and groups. (6.30, see paragraph 6.11)
- 10.87 The centre should increase detainees' freedom of movement around the centre to at least 12 hours a day, reduce the length of time that detainees are locked in their rooms each day and establish a later evening lock-up time. (6.31, see paragraph 6.13)
- 10.88 Library facilities should provide sufficient seating and study space, with improved facilities including audio playback. (6.32, see paragraph 6.15)
- 10.89 Library opening hours should be extended to evenings and weekends, with adequate arrangements to cover any absence of library staff. (6.33, see paragraph 6.16)

- 10.90 Library management systems should enable accurate monitoring of stock and patterns of borrowing. (6.34, see paragraph 6.17)
- 10.91 Collation and analysis records of attendance should be sufficiently thorough and detailed to establish clearly how inclusive PE is of individuals or groups. (6.35, see paragraph 6.22)

Rules and management of the centre

- 10.92 The level of physical security should be proportionate for an IRC. (7.28, see paragraphs 7.4 and 7.5)
- 10.93 Strip-search records should be completed to an acceptable standard, to include a qualitative record of why this had been authorised, and regularly reviewed by the use of force committee. (7.29, see paragraph 7.8)
- 10.94 Personal protection equipment should only be worn where and for as long as necessary to assist in de-escalation. (7.30, see paragraph 7.14)
- 10.95 Any use of extendable batons should be investigated at the earliest opportunity. (7.31, see paragraph 7.15)
- 10.96 Staff should not routinely carry extendable batons. (7.32, see paragraph 7.15)
- 10.97 The use of force committee should review individual use of force incidents and comment on them in the minutes. (7.33, see paragraph 7.16)
- 10.98 The special cell should only be used when needed, and not for detainees who are compliant. (7.34, see paragraph 7.22)
- 10.99 Complaints should be monitored and reported in such a way that local management, including UKBA managers, can track response performance and analyse any emerging trends and areas of repeat complaints. (7.35, see paragraph 7.24)
- 10.100 A senior manager should make a 10% quality check of complaints to ensure that responses are appropriate and respectful. (7.36, see paragraph 7.24)
- 10.101 When complaints are sent to other IRCs or to prisons, an audit trail should be maintained at the centre, to ensure that the detainee receives a response. (7.38, see paragraph 7.25)
- 10.102 Information on how to make a complaint should be readily available, in a variety of languages appropriate to the population, on residential units. (7.40, see paragraph 7.27)

Services

- 10.103 Out-of-stock goods should be quickly replenished in the centre shop. (8.10, see paragraph 8.7)

Preparation for release

- 10.104 In coordination with voluntary sector organisations, an assessment should be made of the welfare needs of all detainees in custody, before release, transfer or removal and they should be provided with appropriate support to meet these. (9.30, see paragraph 9.4)

- 10.105 An assessment of detainees' welfare needs should be made on their arrival and they should be referred to the appropriate service. (9.31, see paragraph 9.5)
- 10.106 The provision of weekend visits should be reviewed, with a view to extending them. (9.32, see paragraph 9.6)
- 10.107 Arrangements should be made to allow visitors who wish to attend both visits sessions to remain in the centre between the two. (9.33, see paragraph 9.6)
- 10.108 There should be adequate food and drink available for purchase during visits. (9.34, see paragraph 9.9)
- 10.109 Searching of visitors should take place in a private area. (9.35, see paragraph 9.10)
- 10.110 Security procedures for visitors should be reviewed so that entry to the centre is not delayed. (9.36, see paragraph 9.10)
- 10.111 Visitors should be allowed to take papers and writing materials into visits, subject to an individual security assessment, and this policy should be applied consistently and publicised in visitor information. (9.38, see paragraph 9.12)
- 10.112 Detainees should not be required to wear identifying clothing, except on the basis of an identified individual risk. (9.39, see paragraph 9.13)
- 10.113 The visits room should be furnished with moveable tables and soft chairs. (9.39, see paragraph 9.13)
- 10.114 Closed visits booths should be of an adequate size and provide an appropriate environment for social visits. (9.40, see paragraph 9.13)
- 10.115 The play area in the visits room should be supervised, to allow adult visitors and detainees the option of having some private time together. (9.41, see paragraph 9.14)
- 10.116 Visitors should be allowed to meet two detainees at the same time, subject to security assessment. (9.42, see paragraph 9.16)
- 10.117 Up-to-date country of origin information should be provided to detainees issued with notice of removal. (9.43, see paragraph 9.24)
- 10.118 Detainees should be given at least 24 hours' notice of transfer to another centre. (9.44, see paragraph 9.25)
- 10.119 Detainees discharged from detention should be given financial resources or adequate food and drink for their onward journey. (9.46, see paragraph 9.27)

Housekeeping points

Arrival in detention

- 10.120 Movement orders should include an estimated arrival time. (1.11, see paragraph 1.3)

10.121 New arrivals should be offered more than one menu choice for their evening meal on the day of arrival. (1.29, see paragraph 10.27)

Environment and relationships

10.122 Graffiti should be removed from detainees' rooms on Rye unit. (2.23, see paragraph 2.5)

10.123 All the pay telephones on the ground floor of Romney unit should be repaired. (2.24, see paragraph 2.7)

10.124 The minutes of the Rye detainee consultation meetings should accurately reflect what has been discussed. (2.25, see paragraph 2.6)

10.125 The cupboard under the hot water point on the first floor of Hastings unit should be cleaned. (2.26, see paragraph 2.9)

Casework

10.126 Gate staff should allow legal representatives to bring laptop computers and mobile telephones without integral cameras or recording equipment into the centre. (3.10, see paragraph 3.3)

10.127 Detainees should be able freely to browse through legal and other information relevant to preparing their case. (3.11, see paragraph 3.4)

10.128 The list of legal representatives displayed around the centre should be regularly updated and only contain firms that are willing to represent detainees held at the establishment. (3.12, see paragraph 3.5)

10.129 Forms, guidance and documents relating to the Office of the Immigration Services Commissioner and the Legal Complaints Service (LCS) should be available in the library. The LCS's helpline telephone number should be displayed. (3.13, see paragraph 3.7)

Duty of care

10.130 A log should be kept of the use of the buddy suite. (4.25, see paragraph 4.12)

10.131 Any assistance available to detainees who are being removed, released or transferred should be publicised. (4.61, see paragraph 4.58)

Health services

10.132 Detainees should be able freely to access health information. (5.13, see paragraph 5.6)

10.133 Archived clinical records should be stored in an accessible place but not intrude on clinical rooms. (5.21, see paragraph 5.17)

10.134 Maximum and minimum temperatures should be recorded daily for the drug refrigerators in the treatment rooms and pharmacy to ensure that heat-sensitive items are stored within the 2–8°C range. Corrective action should be taken where necessary and should be monitored by pharmacy staff. (5.39, see paragraph 5.27)

- 10.135 Emergency medicines should be located in a safe place and easily accessible in case of an emergency. (5.40, see paragraph 5.27)
- 10.136 An out-of-hours policy should be implemented and signed by all relevant staff. (5.41, see paragraph 5.28)

Activities

- 10.137 The centre should establish suitable arrangements to ensure that woodwork classes are not closed owing to staff absence. (6.36, see paragraph 6.10)

Rules and management of the centre

- 10.138 Centre rules should be displayed on residential units and around the centre. (7.41, see paragraph 7.2)
- 10.139 All entries on use of force paperwork should be signed and include a printed name, the date and, if possible, the epaulette number. (7.42, see paragraph 7.14)
- 10.140 The frequency of use of force meetings should be increased. (7.43, see paragraph 7.16)
- 10.141 Attendance at the use of force committee meeting should be improved. (7.44, see paragraph 7.16)

Services

- 10.142 Detainees should not be given access to other detainees' account balances. (8.11, see paragraph 8.8)

Preparation for release

- 10.143 Issues raised in the visitors' comments book should be considered by a management group and the action taken communicated back through the book. (9.48, see paragraph 9.8)
- 10.144 Visits staff should be able to access the telephone numbers of detainees to inform them of visitors' arrival. (9.49, see paragraph 9.11)
- 10.145 Detainees being removed or released should be informed about the store of clothing available to them. (9.50, see paragraph 9.27)

Examples of good practice

Duty of care

- 10.146 The safer detention coordinator presented reports from the Prisons and Probation Ombudsman deaths in detention and custody to highlight possible learning points. (4.26, see paragraph 4.8)

10.147 Samaritans attended the centre one evening a week and visited detainees placed on ACDT documents and any other detainees who wished to see them. (4.27, see paragraph 4.15)

Appendix I: Inspection team

Anne Owers	Chief Inspector
Sean Sullivan	Team leader
Vinnett Pearcy	Inspector
Karen Dillon	Inspector
Paul Rowlands	Inspector
Andrew Rooke	Inspector
Colin Carroll	Inspector
Paul Tarbuck	Health care inspector
Alastair Pearson	Ofsted inspector
Michael Skidmore	Researcher
Laura Nettleingham	Researcher
Catherine Nichols	Researcher
Hayley Cripps	Researcher
Amy Summerfield	Researcher

Appendix II: Detainee population profile²

(i) Age	No. of men	No. of women	No. of children	%
Under 1 year				
1 to 6 years				
7 to 11 years				
12 to 16 years				
16 to 17 years				
18 years to 21 years	26			8.44
22 years to 29 years	113			36.68
30 years to 39 years	113			36.68
40 years to 49 years	46			14.9
50 years to 59 years	9			2.92
60 years to 69 years	1			0.32
70 or over				
Total	308			100

(ii) Nationality	No. of men	No. of women	No. of children	%
Afghanistan	5			1.62
Albania	8			2.59
Algeria	24			7.79
Angola				
Bangladesh	7			2.27
Belarus				
Cameroon	1			.32
China	31			10.06
Colombia	2			.65
Congo (Brazzaville)				
Congo Democratic Republic (Zaire)	7			2.27
Ecuador				
Estonia				
Georgia				
Ghana	7			2.27
India	15			4.87
Iran	10			3.23
Iraq	19			6.17
Ivory Coast	3			.97
Jamaica	16			5.19
Kenya	5			1.62
Kosovo				
Latvia				
Liberia				
Lithuania	1			.32
Malaysia	1			.32

² Please note: the following figures were supplied by the establishment and any errors are the establishment's own

Moldova				
Nigeria	22			7.14
Pakistan	6			1.95
Russia	1			.32
Sierra Leone	2			.64
Sri Lanka	6			1.95
Trinidad and Tobago	2			.64
Turkey	4			1.30
Ukraine	2			.64
Vietnam	8			2.60
Yugoslavia (FRY)				
Zambia	1			.32
Zimbabwe	6			1.95
Other (please state)	86			27.92
Total	308			100

(iv) Religion/belief	No. of men	No. of women	No. of children	%
Buddhist	19			6.2
Roman Catholic	22			7.2
Orthodox				
Other Christian religion	70			22.8
Hindu	8			2.6
Muslim	128			41.7
Sikh	11			3.6
Agnostic/atheist	5			1.6
Unknown	30			9.8
Other (please state what)	1 Rast 2 JW			.3 .6
Total	308			100

(v) Length of time in detention in this centre	No. of men	No. of women	No. of children	%
Less than 1 week	21			6.8
1 to 2 weeks	33			10.7
2 to 4 weeks	42			13.6
1 to 2 months	66			21.4
2 to 4 months	53			17.2
4 to 6 months	17			5.5
6 to 8 months	34			11.0
8 to 10 months	13			4.2
More than 10 months (please note the longest length of time)	29 (2yrs 9m)			9.4
Total	308			100

(vi) Detainees' last location before detention in this centre	No. of men	No. of women	No. of children	%
Community				
Another IRC				
A short-term holding facility (e.g. at a port or reporting centre)				
Police station				
Prison				
Total				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 Dover IRC. Individuals were randomly selected.

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 the detainees interviewed is detailed below, followed by the results from each section.

Demographic information

- The average length of time in detention was just over eight months and ranged from three days to 29 months.
- The length of time at Dover ranged from three days to 18 months. The average length of time spent at Dover was just over 4.5 months.
- For 15 detainees, this was their first time in detention.
- Ages ranged from 23 to 47 years, the average being 34 years of age.
- Of the 20 detainees who were interviewed, there were 16 different nationalities.
- All detainees spoke English but only six spoke English as a first language.
- Eight detainees identified their religion as Muslim, four as Christian, three as Catholic, two as Sikh and one as Hindu. Two detainees did not report having a religion.
- Three detainees stated that they had a disability.

Safety

All detainees were asked to identify areas of concern with regard to safety within Dover 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 descending order of 23 potential safety concerns covered in the interview schedule based on the 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
Uncertainty/insecurity because of immigration case	11	3.09	34
Aggressive body language of staff	7	2.57	18
Access to legal advice	4	3.25	13
Staff behaviour with detainees	6	2	12
Response of staff with regard to fights/bullying in the centre	6	2	12
Lack of trust in staff	5	2.4	12
Aggressive body language of detainees	5	2.4	12
Surveillance cameras	4	2.5	10
Overcrowding	4	2.5	10
Isolation (within the centre)	5	2	10
Layout of the centre	5	1.8	9
The way meals are served	6	1.5	9
Number of staff on duty during the day	3	2.67	8
Lack of confidence in staff	4	2	8
Lack of information in translation	2	4	8
Health care facilities	4	1.5	6
Lack of communication with family/friends	2	3	6
Response of staff to self-harm incidents in the centre	2	2	4
Gang culture	2	2	4
Existence of an illegal market	3	1	3
Availability of drugs	2	1.5	3
Lack of information about centre regime	1	1	1
Staff members giving favours in return for something	0	0	0

The top four seriousness scores were for:

1. Uncertainty/insecurity because of immigration case
2. Aggressive body language of staff
3. Access to legal advice
4. Staff behaviour with detainees; Response of staff with regard to fights/bullying in the centre; Lack of trust in staff; Aggressive body language of detainees

Overall rating

Interviewees were asked to give an overall rating for safety at Dover IRC, with 1 being very bad and 4 being very good. **The average rating was 2.7.**

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

1	2	3	4
3 (15%)	6 (30%)	5 (25%)	6 (30%)

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%)	4 (20%)	4 (20%)	3 (15%)

The average rating was 2.1

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

1 Always	2	3	4 Never
7 (35%)	7 (35%)	6 (30%)	0

The average rating was 2.

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

1 Always	2	3	4 Never
8 (40%)	4 (20%)	0	8 (40%)

The average rating was 2.4

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

1 Always	2	3	4 Never
5 (25%)	3 (15%)	5 (25%)	7 (35%)

The average rating was 2.7

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

1 Very helpful	2	3	4 Not at all helpful
6 (30%)	6 (30%)	4 (20%)	4 (20%)

The average rating was 2.3.

6. How often are staff appropriate in their behaviour?

1 Always	2	3	4 Never
8 (44%)	7 (39%)	3 (17%)	0

The average rating was 1.7

* 2 detainees did not answer this question

7. Do staff treat detainees fairly?

1 Completely	2	3	4 Not at all
7 (35%)	8 (40%)	3 (15%)	2 (10%)

The average rating was 2.

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

Yes	No	Depends who you approach
14 (82%)	2 (12%)	1 (6%)

9. How often do staff interact with you?

1 Always	2	3	4 Never
5 (25%)	3 (15%)	6 (30%)	6 (30%)

The average rating was 2.7

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

Nine (45%) stated that they did not. Of the 11 (55%) 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
7 (64%)	0	1 (14%)	1 (14%)

The average rating was 1.6

*2 detainees did not answer this question

11. Do staff challenge inappropriate behaviour?

1 Always	2	3	4 Never
8 (47%)	1 (6%)	6 (35%)	2 (12%)

The average rating was 2.1

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

1 Always	2	3	4 Never
4 (20%)	3 (15%)	4 (20%)	9 (45%)

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
4 (20%)	16 (80%)

- Your religion

Yes	No
2 (10%)	18 (80%)

There were no reports of discrimination in relation to age, disability or sexual orientation.

Overall rating

Interviewees were asked to give an overall rating for staff–detainee relationships at Dover IRC, with 1 being excellent and 4 being poor. The average rating was 2.4.

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

1	2	3	4
5 (25%)	8 (40%)	2 (10%)	5 (25%)

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 17–18 May 2010, the detainee population at Dover was 291. The questionnaire was offered to all detainees and a total of 232 questionnaires were handed out..

Selecting the sample

Questionnaires were offered to all adult detainees available at the time of the visit. A liaison officer, supplied to us by the IRC, organised several nationality groups based on language to be convened throughout the course of the day. This ensured that all detainees were approached by the Inspectorate.

Completion of the questionnaire was voluntary. If a detainee was not bilingual, or no one in the language group could speak English, an interpreter was used via a telephone to communicate the purpose and aims of the survey. There were no interviews conducted using language lines.

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 either individually or in language groups. This gave researchers an opportunity to explain the independence of the Inspectorate and the purpose of the questionnaire, as well as to answer questions.

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

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

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

Response rates

In total, 86 respondents completed and returned their questionnaires. This represented 30% of the detainee population. A total of 232 questionnaires were handed out. The response rate was 37%. In total, 146 questionnaires were not returned or returned blank. Forty-nine questionnaires (57%) were returned in English, 19 (22%) in Chinese, five (6%) in Arabic, three (3%) in Bengali and Vietnamese, two (2%) in Albanian, and one each in Hindu, Polish, Tamil, Turkish and Urdu.

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.

The following analyses have been conducted:

- The current survey responses in 2010 against comparator figures for all detainees surveyed in detention centres. This comparator is based on all responses from detainee surveys carried out in 10 detention centres since April 2006.
- The current survey responses in 2010 against the responses of detainees surveyed at Dover IRC in 2007.
- A comparison within the 2010 survey between the responses of detainees who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2010 survey between the responses of non-English-speaking detainees with English-speaking detainees.

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.

It should be noted that, in order for statistical comparisons to be made between the most recent survey data and those of the previous survey, both sets of data have been coded in the same way. This may result in percentages from previous surveys looking higher or lower. However, both percentages are true of the populations they were taken from, and the statistical significance is correct.

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 those shown in the comparison data as the comparator data have been weighted for comparison purposes.

Summary of detainee survey results

Section 1: About you

Q1	Are you male or female?	
	Male.....	86 (100%)
	Female	0
Q2	What is your age?	
	Under 18.....	4 (5%)
	18-21.....	4 (5%)
	22-29.....	34 (40%)
	30-39.....	27 (31%)
	40-49.....	15 (17%)
	50-59.....	2 (2%)
	60-69.....	0 (0%)
	70 or over.....	0 (0%)
Q3	What region are you from? (Please tick only one.)	
	Africa.....	30 (35%)
	North America	1 (1%)
	South America.....	3 (4%)
	Indian subcontinent (India, Pakistan, Bangladesh, Sri Lanka).....	7 (8%)
	China	21 (25%)
	Other Asia	2 (2%)
	Caribbean	4 (5%)
	Europe.....	10 (12%)
	Middle East.....	7 (8%)
Q5	Is English your first language?	
	Yes	19 (22%)
	No	67 (78%)
Q6	Do you understand spoken English?	
	Yes	62 (77%)
	No	19 (23%)
Q7	Do you understand written English?	
	Yes	55 (65%)
	No	30 (35%)
Q8	What would you classify, if any, as your religious group?	
	None	6 (8%)
	Church of England	10 (13%)
	Catholic	9 (12%)
	Protestant.....	1 (1%)
	Other Christian denomination	7 (9%)
	Buddhist.....	15 (19%)
	Hindu	2 (3%)
	Jewish	1 (1%)

Muslim.....	26 (33%)
Sikh	1 (1%)

Q9	Do you consider yourself to have a disability?	
	Yes	13 (18%)
	No	59 (82%)

Q10	Do you have any children under the age of 18?	
	Yes	33 (44%)
	No	42 (56%)

Section 2: Immigration detention

Q11	When being detained, were you told the reasons why in a language you could understand?	
	Yes	50 (61%)
	No	32 (39%)

Q12	Following detention, were you given written reasons why you were being detained in a language you could understand?	
	Yes	49 (61%)
	No	31 (39%)

Q13	Were you first detained in a police station?	
	Yes	48 (57%)
	No	36 (43%)

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.....	24 (30%)
	Three to five.....	39 (48%)
	Six or more.....	18 (22%)

Q15	How long have you been in detention here?	
	Less than 1 week.....	3 (4%)
	More than 1 week less than 1 month.....	8 (10%)
	More than 1 month less than 3 months	18 (22%)
	More than 3 months less than 6 months	19 (23%)
	More than 6 months less than 9 months	7 (8%)
	More than 9 months less than 12 months.....	8 (10%)
	More than 12 months.....	20 (24%)

Section 3: Transfers and escorts

Q16	Did you know where you were going when you left the last place where you were detained?	
	Yes	36 (44%)
	No	41 (51%)
	Do not remember	4 (5%)

Q17	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	
	Yes	23 (27%)
	No	53 (63%)
	Do not remember	8 (10%)
Q18	How long did you spend in the escort vehicle to get to this centre on your most recent journey?	
	<i>Less than one hour</i>	4 (5%)
	<i>One to two hours</i>	27 (32%)
	<i>Two to four hours</i>	35 (41%)
	<i>More than four hours</i>	18 (21%)
	Do not remember	1 (1%)
Q19	How did you feel you were treated by the escort staff?	
	<i>Very well</i>	10 (12%)
	<i>Well</i>	25 (29%)
	<i>Neither</i>	21 (24%)
	<i>Badly</i>	10 (12%)
	<i>Very badly</i>	18 (21%)
	Do not remember	2 (2%)

Section 4: Reception and first night

Q21	Were you seen by a member of healthcare staff in reception?	
	Yes	66 (78%)
	No	15 (18%)
	Do not remember	4 (5%)
Q22	When you were searched in reception, was this carried out in a sensitive way?	
	Yes	51 (61%)
	No	20 (24%)
	Do not remember/not applicable	13 (15%)
Q23	Overall, how well did you feel you were treated by staff in reception?	
	<i>Very well</i>	11 (13%)
	<i>Well</i>	25 (30%)
	<i>Neither</i>	23 (27%)
	<i>Badly</i>	8 (10%)
	<i>Very badly</i>	14 (17%)
	Do not remember	3 (4%)
Q24	On your day of arrival, did you receive any of the following? (Please tick all that apply to you.)	
	<i>Information about what was going to happen to you</i>	16 (21%)
	<i>Information about what support was available to people feeling depressed or suicidal</i>	15 (20%)
	<i>Information about how to make applications</i>	15 (20%)
	<i>Information about healthcare services at this centre</i>	26 (34%)
	<i>Information about the religious team</i>	15 (20%)
	<i>Information on how to make a bail application</i>	14 (18%)
	<i>Information about how people can visit you</i>	24 (32%)
	Did not receive anything	38 (50%)

Q25	Was any of this information given to you in a translated form?	
	<i>Do not need translated material</i>	19 (27%)
	Yes	4 (6%)
	No	47 (67%)
Q26	On your day of arrival were you given any of the following? (Please tick all that apply to you.)	
	<i>Something to eat</i>	43 (55%)
	<i>The opportunity to make a free telephone call</i>	22 (28%)
	<i>The opportunity to have a shower</i>	27 (35%)
	<i>The opportunity to change into clean clothing</i>	33 (42%)
	Did not receive anything	23 (29%)
Q27	Did you feel safe on your first night here?	
	Yes	30 (36%)
	No	43 (52%)
	Do not remember	10 (12%)
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	15 (21%)
	<i>Loss of property</i>	24 (33%)
	<i>Housing/accommodation</i>	12 (17%)
	<i>Contacting employers</i>	6 (8%)
	<i>Contacting family</i>	19 (26%)
	<i>Ensuring dependants were being looked after</i>	7 (10%)
	<i>Access to phone numbers</i>	15 (21%)
	<i>Access to legal advice</i>	21 (29%)
	<i>Access to your immigration case papers</i>	19 (26%)
	<i>Money/debt problems</i>	12 (17%)
	<i>Feeling depressed or suicidal</i>	18 (25%)
	<i>Drug problems</i>	2 (3%)
	<i>Alcohol problems</i>	3 (4%)
	<i>Health problems</i>	27 (38%)
	<i>Needing protection from other detainees</i>	8 (11%)
Q29	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	
	Not had any problems	15 (21%)
	Yes	12 (16%)
	No	46 (63%)

Section 5: Legal rights and immigration

Q31	Do you have a solicitor/legal representative?	
	Do not need one	4 (5%)
	Yes	57 (69%)
	No	22 (27%)

Q32	Do you get legal aid (free advice under the legal aid scheme)?	
	<i>Do not need legal advice</i>	6 (8%)
	Yes	31 (40%)
	No	41 (53%)
Q33	How easy or difficult is it to communicate with your solicitor or legal representative?	
	<i>Very easy</i>	9 (12%)
	<i>Easy</i>	9 (12%)
	<i>Neither</i>	13 (17%)
	<i>Difficult</i>	9 (12%)
	<i>Very difficult</i>	12 (15%)
	Not applicable	26 (33%)
Q34	Are you able to send a fax to your legal representative free of charge?	
	Yes	46 (57%)
	No	3 (4%)
	Do not know /not applicable	32 (40%)
Q35	Are you able to send letters to your legal representative free of charge?	
	Yes	20 (24%)
	No	23 (28%)
	Do not know/not applicable	39 (48%)
Q36	Have you had a visit from your solicitor/legal representative?	
	Do not have one	26 (32%)
	Yes	32 (40%)
	No	23 (28%)
Q37	Can you get hold of books about your legal rights?	
	Yes	14 (18%)
	No	50 (63%)
	Do not know/not applicable	15 (19%)
Q38	How easy or difficult is it for you to obtain bail information?	
	<i>Very easy</i>	7 (9%)
	<i>Easy</i>	13 (16%)
	<i>Neither</i>	13 (16%)
	<i>Difficult</i>	18 (22%)
	<i>Very difficult</i>	28 (35%)
	Not applicable	2 (2%)
Q39	Can you get access to official information reports on your country?	
	Yes	7 (9%)
	No	61 (75%)
	Do not know/not applicable	13 (16%)
Q40	How easy or difficult is it to see immigration staff when you want?	
	Do not know/have not tried	13 (16%)
	<i>Very easy</i>	4 (5%)
	<i>Easy</i>	6 (7%)
	<i>Neither</i>	12 (15%)

Difficult 21 (26%)
 Very difficult..... 26 (32%)

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 8 (10%)
 Yes 35 (43%)
 No 28 (35%)
 Don't know 10 (12%)

Q42 If yes, was the review written in a language you could understand?
Have not had a review..... 36 (54%)
 Yes 21 (31%)
 No 10 (15%)

Section 6: Respectful detention

Q44 Are you normally offered enough clean, suitable clothes for the week?
 Yes 39 (49%)
 No 40 (51%)

Q45 Are you normally able to have a shower every day?
 Yes 75 (94%)
 No 5 (6%)

Q46 Is it normally quiet enough for you to be able to relax or sleep in your room at night time?
 Yes 42 (52%)
 No 39 (48%)

Q47 Can you normally get access to your property held by staff at the centre if you need to?
 Yes 29 (37%)
 No 32 (41%)
 Do not know 18 (23%)

Q48 What is the food like here?
 Very good..... 4 (5%)
 Good..... 10 (12%)
 Neither..... 15 (18%)
 Bad..... 17 (21%)
 Very bad 36 (44%)

Q49 Does the shop sell a wide enough range of goods to meet your needs?
Have not bought anything yet 4 (5%)
 Yes 12 (15%)
 No 65 (80%)

Q50	Do you feel that your religious beliefs are respected?			
	Yes	41	(53%)	
	No	19	(24%)	
	Not applicable	18	(23%)	
Q51	Are you able to speak to a religious leader of your faith in private if you want to?			
	Yes	35	(44%)	
	No	17	(21%)	
	Do not know/not applicable	28	(35%)	
Q52	How easy or difficult is it for you to contact the Independent Monitoring Board?			
	Do not know who they are	28	(35%)	
	Very easy.....	7	(9%)	
	Easy.....	2	(3%)	
	Neither.....	7	(9%)	
	Difficult	10	(13%)	
	Very difficult.....	26	(33%)	
Q53	How easy or difficult is it to get a complaint form?			
	Very easy.....	17	(21%)	
	Easy.....	18	(23%)	
	Neither.....	6	(8%)	
	Difficult	4	(5%)	
	Very difficult.....	17	(21%)	
	Do not know	18	(23%)	
Q54	Have you made a complaint since you have been at this centre?			
	Yes	32	(40%)	
	No	34	(43%)	
	Do not know how to	14	(18%)	
Q55	If yes, please answer the following questions about complaints:			
		Yes	No	Not made a complaint
	Do you feel complaints are sorted out fairly?	5 (7%)	22 (29%)	48 (64%)
	Do you feel complaints are sorted out promptly?	2 (3%)	23 (32%)	48 (66%)

Section 7: Staff

In order to assess how well you are being treated by staff, we ask that you fill in the following information. This will not affect your immigration case. Your responses to these questions will remain both confidential and anonymous. This means that we do not ask you to put your name on this questionnaire and centre staff will not have access to them.

Q57	Do you have a member of staff at the centre that you can turn to for help if you have a problem?		
	Yes	34	(44%)
	No	43	(56%)
Q58	Do most staff at the centre treat you with respect?		
	Yes	40	(53%)
	No	36	(47%)

Q59	How often do staff normally speak to you?	
	<i>Never</i>	19 (24%)
	<i>Rarely</i>	24 (30%)
	<i>Some of the time</i>	18 (23%)
	<i>Most of the time</i>	9 (11%)
	<i>All of the time</i>	9 (11%)
Q60	Have any members of staff physically restrained you (C&R) in the last six months?	
	<i>Yes</i>	17 (23%)
	<i>No</i>	57 (77%)
Q61	Have you spent a night in the separation/isolation unit in the last six months?	
	<i>Yes</i>	17 (22%)
	<i>No</i>	61 (78%)

Section 8: Safety

In order to assess how safe this centre is, we ask that you fill in the following information. This will not affect your immigration case. Your responses to these questions will remain both confidential and anonymous. This means that we do not ask you to put your name on this questionnaire and centre staff will not have access to them.

Q63	Have you ever felt unsafe in this centre?	
	<i>Yes</i>	61 (76%)
	<i>No</i>	19 (24%)
Q64	Do you feel unsafe in this centre at the moment?	
	<i>Yes</i>	49 (63%)
	<i>No</i>	29 (37%)
Q65	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	
	<i>Yes</i>	33 (43%)
	<i>No</i>	44 (57%)
Q66	If you have felt victimised by a detainee/group of detainees, what did the incident(s) involve? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	19 (25%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	10 (13%)
	<i>Unwanted sexual attention</i>	9 (12%)
	<i>Your cultural or ethnic origin</i>	10 (13%)
	<i>Because of your nationality</i>	13 (17%)
	<i>Having your property taken</i>	13 (17%)
	<i>Because you were new here</i>	7 (9%)
	<i>Drugs</i>	5 (6%)
	<i>Because of your sexuality</i>	4 (5%)
	<i>Because you have a disability</i>	4 (5%)
	<i>Because of your religion/religious beliefs</i>	9 (12%)
Q67	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	
	<i>Yes</i>	30 (40%)
	<i>No</i>	45 (60%)

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 to you.)

<i>Insulting remarks (about you or your family or friends)</i>	17 (23%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	6 (8%)
<i>Unwanted sexual attention</i>	7 (9%)
<i>Your cultural or ethnic origin</i>	9 (12%)
<i>Because of your nationality</i>	13 (17%)
<i>Because you were new here</i>	5 (7%)
<i>Drugs</i>	2 (3%)
<i>Because of your sexuality</i>	3 (4%)
<i>Because you have a disability</i>	5 (7%)
<i>Because of your religion/religious beliefs</i>	6 (8%)

Q69 If you have been victimised by detainees or staff, did you report it?

Yes	17 (24%)
No	20 (29%)
Not been victimised	33 (47%)

Q70 Have you ever felt threatened or intimidated by another detainee/group of detainees in here?

Yes	26 (36%)
No	47 (64%)

Q71 Have you ever felt threatened or intimidated by a member of staff in here?

Yes	25 (33%)
No	50 (67%)

Section 9: Healthcare

Q73 Is health information available in your own language?

Yes	20 (25%)
No	40 (50%)
Do not know	20 (25%)

Q74 Do you know whether counselling is available at this centre?

Yes	9 (12%)
No	65 (88%)

Q75 Are you able to see a doctor of your own gender?

Yes	27 (35%)
No	26 (33%)
Do not know	25 (32%)

Q76 Is a qualified interpreter available if you need one during healthcare assessments?

Do not need an interpreter/do not know	35 (45%)
Yes	6 (8%)
No	36 (47%)

Q77 Are you currently taking medication?

Yes	33 (42%)
No	45 (58%)

Q78 **If you are taking medication, are you allowed to keep possession of your medication in your own room?**
Not taking medication 45 (57%)
 Yes 31 (39%)
 No 3 (4%)

Q79 **What do you think of the overall quality of the healthcare here?**
Have not been to healthcare 5 (6%)
Very good..... 3 (4%)
Good..... 10 (13%)
Neither..... 14 (18%)
Bad..... 9 (11%)
Very bad 39 (49%)

Section 10: Activities

Q81 **Do you have unrestricted access to the centre facilities for at least 12 hours each day?**
 Yes 22 (30%)
 No 51 (70%)

Q82 **Are you doing any education here?**
 Yes 32 (41%)
 No 47 (59%)

Q83 **Is the education helpful?**
Not doing any education 47 (59%)
 Yes 22 (28%)
 No 10 (13%)

Q84 **Can you work here if you want to?**
Do not want to work..... 7 (9%)
 Yes 39 (49%)
 No 33 (42%)

Q85 **Is there enough to do here to fill your time?**
 Yes 18 (24%)
 No 58 (76%)

Q86 **How easy or difficult is it to go to the library?**
Do not know/do not want to go 6 (7%)
Very easy..... 26 (32%)
Easy..... 26 (32%)
Neither..... 10 (12%)
Difficult 1 (1%)
Very difficult..... 12 (15%)

Q87	How easy or difficult is it to go to the gym?	
	<i>Do not know/do not want to go</i>	3 (4%)
	<i>Very easy</i>	41 (51%)
	<i>Easy</i>	16 (20%)
	<i>Neither</i>	8 (10%)
	<i>Difficult</i>	5 (6%)
	<i>Very difficult</i>	8 (10%)

Section 11: 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>	12 (16%)
	<i>Very easy</i>	15 (19%)
	<i>Easy</i>	20 (26%)
	<i>Neither</i>	5 (6%)
	<i>Difficult</i>	12 (16%)
	<i>Very difficult</i>	13 (17%)

Q90	How easy or difficult is it to make outgoing calls?	
	<i>Do not know/have not tried</i>	10 (13%)
	<i>Very easy</i>	15 (20%)
	<i>Easy</i>	19 (25%)
	<i>Neither</i>	6 (8%)
	<i>Difficult</i>	16 (21%)
	<i>Very difficult</i>	9 (12%)

Q91	Have you had any problems with sending or receiving mail?	
	<i>Yes</i>	24 (32%)
	<i>No</i>	35 (46%)
	<i>Do not know</i>	17 (22%)

Q92	Have you had a visit since you have been here from your family or friends?	
	<i>Yes</i>	38 (49%)
	<i>No</i>	40 (51%)

Q93	Have you had a visit since you have been here from volunteer visitors?	
	<i>Do not know who they are</i>	15 (20%)
	<i>Yes</i>	22 (29%)
	<i>No</i>	38 (51%)

Q94	How do you feel you are treated by visits staff?	
	<i>Not had any visits</i>	23 (32%)
	<i>Very well</i>	15 (21%)
	<i>Well</i>	14 (19%)
	<i>Neither</i>	9 (12%)
	<i>Badly</i>	2 (3%)
	<i>Very Badly</i>	10 (14%)



Detainee survey responses: Dover IRC 2010

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

Key to tables

		Dover IRC 2010	IRC comparator
	Significantly better than the comparator		
	Significantly worse than the comparator		
	A significant difference in detainees' background details		
	No significant difference		
SECTION 1: General information			
Number of completed questionnaires returned		86	1018
1	Are you male?	100%	86%
2	Are you aged under 21 years?	9%	13%
5	Is English your first language?	22%	27%
6	Do you understand spoken English?	77%	75%
7	Do you understand written English?	65%	69%
8	Are you Muslim?	33%	38%
9	Do you consider yourself to have a disability?	18%	20%
10	Do you have any children under the age of 18?	44%	42%
SECTION 2: Immigration detention			
11	When being detained, were you told the reasons why in a language you could understand?	61%	70%
12	Following detention, were you given written reasons why you were being detained in a language you could understand?	61%	62%
13	Were you first detained in a police station?	57%	61%
14	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	22%	11%
15	Have you been here for more than one month?	87%	66%
SECTION 3: Transfers and escorts			
16	Did you know where you were going when you left the last place where you were detained?	45%	43%
17	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	28%	31%
18	Did you spend more than four hours in the escort van to get to this centre?	21%	31%
19	Were you treated well/very well by the escort staff?	41%	51%

Key to tables

	Significantly better than the comparator	Dover IRC 2010	IRC comparator
	Significantly worse than the comparator		
	A significant difference in detainees' background details		
	No significant difference		
SECTION 4: Reception and first night			
21	Were you seen by a member of health care staff in reception?	78%	87%
22	When you were searched in reception was this carried out in a sensitive way?	61%	65%
23	Were you treated well/very well by staff in reception?	43%	57%
24a	Did you receive information about what was going to happen to you on your day of arrival?	21%	31%
24b	Did you receive information about what support was available to people feeling depressed or suicidal on your day of arrival?	20%	21%
24c	Did you receive information about how to make applications on your day of arrival?	20%	23%
24d	Did you receive information about health services at the centre on your day of arrival?	34%	42%
24e	Did you receive information about the religious team on your day of arrival?	20%	33%
24f	Did you receive information on how to make a bail application on your day of arrival?	18%	23%
24g	Did you receive information about how people can visit you on your day of arrival?	32%	39%
For those who required information in a translated form:			
25	Was any of this information provided in a translated form?	8%	28%
26a	Did you receive something to eat on your day of arrival?	55%	74%
26b	Did you get the opportunity to make a free telephone call on your day of arrival?	28%	62%
26c	Did you get the opportunity to have a shower on your day of arrival?	35%	59%
26d	Did you get the opportunity to change into clean clothing on your day of arrival?	42%	50%
27	Did you feel safe on your first night here?	36%	47%
28a	Did you have any problems when you first arrived?	79%	74%
28b	Did you have any problems with loss of transferred property when you first arrived?	33%	24%
28c	Did you have any housing problems when you first arrived?	17%	13%
28d	Did you have any problems contacting employers when you first arrived?	8%	8%
28e	Did you have any problems contacting family when you first arrived?	26%	21%
28f	Did you have any problems ensuring dependants were being looked after when you first arrived?	10%	10%
28g	Did you have any problems accessing your phone numbers when you first arrived?	21%	15%

Key to tables

		Dover IRC 2010	IRC comparator
	Significantly better than the comparator		
	Significantly worse than the comparator		
	A significant difference in detainees' background details		
	No significant difference		
28h	Did you have any problems accessing legal advice when you first arrived?	29%	20%
28i	Did you have any problems getting access to your immigration case papers when you first arrived?	26%	21%
28j	Did you have any money/debt worries when you first arrived?	17%	14%
28k	Did you have any problems with feeling depressed or suicidal when you first arrived?	25%	28%
28l	Did you have any drug problems when you first arrived?	3%	5%
28m	Did you have any alcohol problems when you first arrived?	4%	2%
28n	Did you have any health problems when you first arrived?	37%	29%
28o	Did you have any problems with needing protection from other detainees when you first arrived?	11%	9%
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?	21%	30%
SECTION 5: Legal rights and immigration			
31	Do you have a solicitor or legal representative?	69%	63%
For those who have a solicitor or legal representative:			
33	Is it easy/very easy to communicate with your solicitor or legal representative?	35%	44%
34	Are you able to send a fax to your legal representative free of charge?	94%	94%
35	Are you able to send letters to your legal representative free of charge?	47%	79%
36	Have you had a visit from your solicitor/legal representative?	58%	54%
32	Do you get legal aid (free advice under the legal aid scheme)?	40%	43%
37	Can you get access to books about your legal rights?	18%	25%
38	Is it easy/very easy for you to obtain bail information?	25%	26%
39	Can you get access to official information reports on your country?	9%	16%
40	Is it easy/very easy to see immigration staff when you want?	12%	20%
41	Have you had a review of your detention every month?	43%	42%
For those who have had a written review:			
42	Was the review written in a language you could understand?	68%	64%

Key to tables

	Significantly better than the comparator	Dover IRC 2010	IRC comparator
	Significantly worse than the comparator		
	A significant difference in detainees' background details		
	No significant difference		
SECTION 6: Respectful detention			
44	Are you normally offered enough clean, suitable clothes for the week?	49%	47%
45	Are you normally able to have a shower every day?	94%	93%
46	Is it normally quiet enough for you to be able to sleep in your room at night?	52%	50%
47	Can you normally get access to your property held by staff at the centre, if you need to?	37%	52%
48	Is the food good/very good?	17%	24%
49	Does the shop sell a wide enough range of goods to meet your needs?	15%	29%
50	Do you feel that your religious beliefs are respected?	53%	68%
51	Are you able to speak to a religious leader of your own faith if you want to?	44%	56%
52	Is it easy/very easy to contact the Independent Monitoring Board?	11%	16%
53	Is it easy/very easy to get a complaint form?	44%	48%
54	Have you made a complaint since you have been at this Centre?	40%	34%
For those who have made a complaint:			
55a	Do you feel complaints are sorted out fairly?	19%	21%
55b	Do you feel complaints are sorted out promptly?	8%	17%
SECTION 7: Staff			
57	Do you have a member of staff you can turn to for help if you have a problem?	44%	53%
58	Do most staff treat you with respect?	53%	65%
59	Do staff speak to you most of the time/all of the time?	23%	25%
60	Have any members of staff physically restrained you in the last six months?	23%	14%
61	Have you spent a night in the segregation unit in the last six months?	22%	16%
SECTION 8: Safety			
63	Have you ever felt unsafe in this centre?	76%	49%
64	Do you feel unsafe in this centre at the moment?	63%	43%
65	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	43%	32%

Key to tables

		Dover IRC 2010	IRC comparator
	Significantly better than the comparator		
	Significantly worse than the comparator		
	A significant difference in detainees' background details		
	No significant difference		
66a	Have you had insulting remarks made about you, your family or friends since you have been here? (By detainees)	25%	12%
66b	Have you been hit, kicked or assaulted since you have been here? (By detainees)	13%	8%
66c	Have you experienced unwanted sexual attention here from another detainee?	12%	3%
66d	Have you been victimised because of your cultural or ethnic origin since you have been here? (By detainees)	13%	7%
66e	Have you been victimised because of your nationality since you have been here? (By detainees)	17%	7%
66f	Have you ever had your property taken since you have been here? (By detainees)	17%	6%
66g	Have you ever been victimised because you were new here? (By detainees)	9%	6%
66h	Have you been victimised because of drugs since you have been here? (By detainees)	7%	2%
66i	Have you been victimised here because of your sexuality? (By detainees)	5%	1%
66j	Have you ever been victimised here because you have a disability? (By detainees)	5%	2%
66k	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	12%	4%
67	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	40%	25%
68a	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	23%	9%
68b	Have you been hit, kicked or assaulted since you have been here? (By staff)	8%	3%
68c	Have you experienced unwanted sexual attention here from staff?	9%	2%
68d	Have you been victimised because of your cultural or ethnic origin since you have been here? (By staff)	12%	6%
68e	Have you been victimised because of your nationality since you have been here? (By staff)	17%	7%
68f	Have you ever been victimised because you were new here? (By staff)	7%	5%
68g	Have you been victimised because of drugs since you have been here? (By staff)	3%	1%
68h	Have you been victimised here because of your sexuality? (By staff)	4%	1%
68i	Have you ever been victimised here because you have a disability? (By staff)	7%	1%
68j	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	8%	3%
For those who have been victimised by detainees or staff:			
69	Did you report it?	46%	40%
70	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	36%	21%

Key to tables

	Significantly better than the comparator	Dover IRC 2010	IRC comparator
	Significantly worse than the comparator		
	A significant difference in detainees' background details		
	No significant difference		
71	Have you ever felt threatened or intimidated by a member of staff in here?	34%	21%
SECTION 9: Health care			
73	Is health information available in your own language?	25%	34%
74	Do you know whether counselling is available at this centre?	12%	25%
75	Are you able to see a doctor of your own gender?	35%	39%
76	Is a qualified interpreter available if you need one during health care assessments?	8%	15%
77	Are you currently taking medication?	42%	46%
For those who are currently taking medication:			
78	Are you allowed to keep possession of your medication in your own room?	91%	53%
For those who have been to health care:			
79	Do you think the overall quality of health care in this Centre good/very good?	17%	34%
SECTION 10: Activities			
81	Do you have unrestricted access to the centre facilities for at least 12 hours each day?	30%	47%
82	Are you doing any education here?	40%	26%
For those doing education here:			
83	Is the education helpful?	69%	85%
84	Can you work here if you want to?	49%	50%
85	Is there enough to do here to fill your time?	24%	35%
86	Is it easy/very easy to go to the library?	64%	73%
87	Is it easy/very easy to go to the gym?	70%	66%

Key to tables

	Significantly better than the comparator	Dover IRC 2010	IRC comparator
	Significantly worse than the comparator		
	A significant difference in detainees' background details		
	No significant difference		
SECTION 11: Keeping in touch with family and friends			
89	Is it easy/very easy to receive incoming calls?	45%	52%
90	Is it easy/very easy to make outgoing calls?	45%	48%
91	Have you had any problems with sending or receiving mail?	32%	29%
92	Have you had a visit since you have been in here from your family or friends?	49%	49%
93	Have you had a visit since you have been here from volunteer visitors?	29%	21%
For those who have had visits:			
94	Do you feel you are treated well/very well by visits staff?	58%	65%



Detainee survey responses: Dover IRC 2010

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

Key to tables

		Dover IRC 2010	Dover IRC 2007
	Significantly better than the comparator		
	Significantly worse than the comparator		
	A significant difference in detainees' background details		
	No significant difference		
SECTION 1: General information			
Number of completed questionnaires returned		86	190
1	Are you male?	100%	100%
2	Are you aged under 21 years?	9%	10%
5	Is English your first language?	22%	33%
6	Do you understand spoken English?	77%	77%
7	Do you understand written English?	65%	71%
8	Are you Muslim?	33%	
9	Do you consider yourself to have a disability?	18%	
10	Do you have any children under the age of 18?	44%	43%
SECTION 2: Immigration detention			
11	When being detained, were you told the reasons why in a language you could understand?	61%	
12	Following detention, were you given written reasons why you were being detained in a language you could understand?	61%	
13	Were you first detained in a police station?	57%	
14	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	22%	
15	Have you been here for more than one month?	87%	70%
SECTION 3: Transfers and escorts			
16	Did you know where you were going when you left the last place where you were detained?	45%	52%
17	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	28%	
18	Did you spend more than four hours in the escort van to get to this centre?	21%	19%
19	Were you treated well/very well by the escort staff?	41%	66%

Key to tables

	Significantly better than the comparator	Dover IRC 2010	Dover IRC 2007
	Significantly worse than the comparator		
	A significant difference in detainees' background details		
	No significant difference		
SECTION 4: Reception and first night			
21	Were you seen by a member of health care staff in reception?	78%	88%
22	When you were searched in reception was this carried out in a sensitive way?	61%	74%
23	Were you treated well/very well by staff in reception?	43%	73%
24a	Did you receive information about what was going to happen to you on your day of arrival?	21%	26%
24b	Did you receive information about what support was available to people feeling depressed or suicidal on your day of arrival?	20%	37%
24c	Did you receive information about how to make applications on your day of arrival?	20%	46%
24d	Did you receive information about health services at the centre on your day of arrival?	34%	
24e	Did you receive information about the religious team on your day of arrival?	20%	
24f	Did you receive information on how to make a bail application on your day of arrival?	18%	
24g	Did you receive information about how people can visit you on your day of arrival?	32%	48%
For those who required information in a translated form:			
25	Was any of this information provided in a translated form?	8%	
26a	Did you receive something to eat on your day of arrival?	55%	70%
26b	Did you get the opportunity to make a free telephone call on your day of arrival?	28%	58%
26c	Did you get the opportunity to have a shower on your day of arrival?	35%	
26d	Did you get the opportunity to change into clean clothing on your day of arrival?	42%	
27	Did you feel safe on your first night here?	36%	64%
28a	Did you have any problems when you first arrived?	79%	76%
28b	Did you have any problems with loss of transferred property when you first arrived?	33%	21%
28c	Did you have any housing problems when you first arrived?	17%	16%
28d	Did you have any problems contacting employers when you first arrived?	8%	2%
28e	Did you have any problems contacting family when you first arrived?	26%	15%
28f	Did you have any problems ensuring dependants were being looked after when you first arrived?	10%	6%
28g	Did you have any problems accessing your phone numbers when you first arrived?	21%	

Key to tables

		Dover IRC 2010	Dover IRC 2007
	Significantly better than the comparator		
	Significantly worse than the comparator		
	A significant difference in detainees' background details		
	No significant difference		
28h	Did you have any problems accessing legal advice when you first arrived?	29%	
28i	Did you have any problems getting access to your immigration case papers when you first arrived?	26%	
28j	Did you have any money/debt worries when you first arrived?	17%	18%
28k	Did you have any problems with feeling depressed or suicidal when you first arrived?	25%	34%
28l	Did you have any drug problems when you first arrived?	3%	8%
28m	Did you have any alcohol problems when you first arrived?	4%	2%
28n	Did you have any health problems when you first arrived?	37%	32%
28o	Did you have any problems with needing protection from other detainees when you first arrived?	11%	4%
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?	21%	42%
SECTION 5: Legal rights and immigration			
31	Do you have a solicitor or legal representative?	69%	72%
For those who have a solicitor or legal representative:			
33	Is it easy/very easy to communicate with your solicitor or legal representative?	35%	
34	Are you able to send a fax to your legal representative free of charge?	94%	95%
35	Are you able to send letters to your legal representative free of charge?	47%	81%
36	Have you had a visit from your solicitor/legal representative?	58%	47%
32	Do you get legal aid (free advice under the legal aid scheme)?	39%	
37	Can you get access to books about your legal rights?	18%	
38	Is it easy/very easy for you to obtain bail information?	25%	
39	Can you get access to official information reports on your country?	9%	16%
40	Is it easy/very easy to see immigration staff when you want?	12%	32%
41	Have you had a review of your detention every month?	43%	
For those who have had a written review:			
42	Was the review written in a language you could understand?	68%	

Key to tables

	Significantly better than the comparator	Dover IRC 2010	Dover IRC 2007
	Significantly worse than the comparator		
	A significant difference in detainees' background details		
	No significant difference		
SECTION 6: Respectful detention			
44	Are you normally offered enough clean, suitable clothes for the week?	49%	74%
45	Are you normally able to have a shower every day?	94%	
46	Is it normally quiet enough for you to be able to sleep in your room at night?	52%	66%
47	Can you normally get access to your property held by staff at the centre, if you need to?	37%	55%
48	Is the food good/very good?	17%	23%
49	Does the shop sell a wide enough range of goods to meet your needs?	15%	37%
50	Do you feel that your religious beliefs are respected?	53%	83%
51	Are you able to speak to a religious leader of your own faith if you want to?	44%	79%
52	Is it easy/very easy to contact the Independent Monitoring Board?	11%	19%
53	Is it easy/very easy to get a complaint form?	44%	65%
54	Have you made a complaint since you have been at this Centre?	40%	
For those who have made a complaint:			
55a	Do you feel complaints are sorted out fairly?	19%	44%
55b	Do you feel complaints are sorted out promptly?	8%	34%
SECTION 7: Staff			
57	Do you have a member of staff you can turn to for help if you have a problem?	44%	68%
58	Do most staff treat you with respect?	53%	86%
59	Do staff speak to you most of the time/all of the time?	23%	
60	Have any members of staff physically restrained you in the last six months?	23%	14%
61	Have you spent a night in the segregation unit in the last six months?	22%	14%
SECTION 8: Safety			
63	Have you ever felt unsafe in this centre?	76%	30%
64	Do you feel unsafe in this centre at the moment?	63%	
65	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	43%	24%

Key to tables

		Dover IRC 2010	Dover IRC 2007
	Significantly better than the comparator		
	Significantly worse than the comparator		
	A significant difference in detainees' background details		
	No significant difference		
66a	Have you had insulting remarks made about you, your family or friends since you have been here? (By detainees)	25%	4%
66b	Have you been hit, kicked or assaulted since you have been here? (By detainees)	13%	1%
66c	Have you experienced unwanted sexual attention here from another detainee?	12%	1%
66d	Have you been victimised because of your cultural or ethnic origin since you have been here? (By detainees)	13%	1%
66e	Have you been victimised because of your nationality since you have been here? (By detainees)	17%	2%
66f	Have you ever had your property taken since you have been here? (By detainees)	17%	12%
66g	Have you ever been victimised because you were new here? (By detainees)	9%	2%
66h	Have you been victimised because of drugs since you have been here? (By detainees)	7%	1%
66i	Have you been victimised here because of your sexuality? (By detainees)	5%	
66j	Have you ever been victimised here because you have a disability? (By detainees)	5%	
66k	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	12%	
67	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	40%	15%
68a	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	23%	4%
68b	Have you been hit, kicked or assaulted since you have been here? (By staff)	8%	3%
68c	Have you experienced unwanted sexual attention here from staff?	9%	1%
68d	Have you been victimised because of your cultural or ethnic origin since you have been here? (By staff)	12%	5%
68e	Have you been victimised because of your nationality since you have been here? (By staff)	17%	5%
68f	Have you ever been victimised because you were new here? (By staff)	7%	1%
68g	Have you been victimised because of drugs since you have been here? (By staff)	3%	1%
68h	Have you been victimised here because of your sexuality? (By staff)	4%	
68i	Have you ever been victimised here because you have a disability? (By staff)	7%	
68j	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	8%	
For those who have been victimised by detainees or staff:			
69	Did you report it?	46%	51%
70	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	36%	

Key to tables

	Significantly better than the comparator	Dover IRC 2010	Dover IRC 2007
	Significantly worse than the comparator		
	A significant difference in detainees' background details		
	No significant difference		
71	Have you ever felt threatened or intimidated by a member of staff in here?	34%	
SECTION 9: Health care			
73	Is health information available in your own language?	25%	14%
74	Do you know whether counselling is available at this centre?	12%	
75	Are you able to see a doctor of your own gender?	35%	
76	Is a qualified interpreter available if you need one during health care assessments?	8%	7%
77	Are you currently taking medication?	42%	
For those who are currently taking medication:			
78	Are you allowed to keep possession of your medication in your own room?	91%	
For those who have been to health care:			
79	Do you think the overall quality of health care in this Centre good/very good?	17%	40%
SECTION 10: Activities			
81	Do you have unrestricted access to the centre facilities for at least 12 hours each day?	30%	
82	Are you doing any education here?	40%	37%
For those doing education here:			
83	Is the education helpful?	69%	91%
84	Can you work here if you want to?	49%	
85	Is there enough to do here to fill your time?	24%	53%
86	Is it easy/very easy to go to the library?	64%	
87	Is it easy/very easy to go to the gym?	70%	

Key to tables

	Significantly better than the comparator	Dover IRC 2010	Dover IRC 2007
	Significantly worse than the comparator		
	A significant difference in detainees' background details		
	No significant difference		
SECTION 11: Keeping in touch with family and friends			
89	Is it easy/very easy to receive incoming calls?	45%	69%
90	Is it easy/very easy to make outgoing calls?	45%	68%
91	Have you had any problems with sending or receiving mail?	32%	
92	Have you had a visit since you have been in here from your family or friends?	49%	34%
93	Have you had a visit since you have been here from volunteer visitors?	29%	21%
For those who have had visits:			
94	Do you feel you are treated well/very well by visits staff?	58%	



Key questions non-English speakers: Dover IRC 2010

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

		Non-English speakers	English speakers
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	A significant difference in detainees' background details		
	No significant difference		
Number of completed questionnaires returned		19	62
11	When being detained, were you told the reasons why in a language you could understand?	24%	72%
12	Following detention, were you given written reasons why you were being detained in a language you could understand?	29%	72%
14	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	32%	18%
15	Have you been here for more than one month?	87%	86%
16	Did you know where you were going when you left the last place where you were detained?	16%	51%
17	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	16%	31%
19	Were you treated well/very well by the escort staff?	11%	52%
23	Were you treated well/very well by staff in reception?	12%	55%
24a	Did you receive information about what was going to happen to you on your day of arrival?	12%	23%
24b	Did you receive information about what support was available to people feeling depressed or suicidal on your day of arrival?	12%	23%
24c	Did you receive information about how to make applications on your day of arrival?	12%	23%
24d	Did you receive information about health services at the centre on your day of arrival?	12%	43%
24e	Did you receive information about the religious team on your day of arrival?	5%	25%
24f	Did you receive information on how to make a bail application on your day of arrival?	12%	22%
24g	Did you receive information about how people can visit you on your day of arrival?	12%	39%
27	Did you feel safe on your first night here?	16%	43%
28a	Did you have any problems when you first arrived?	94%	74%
31	Do you have a solicitor or legal representative?	44%	79%
40	Is it easy/very easy to see immigration staff when you want?	0%	17%

Key to tables

		Non-English speakers	English speakers
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	A significant difference in detainees' background details		
	No significant difference		
41	Have you had a review of your detention every month?	32%	47%
44	Are you normally offered enough clean, suitable clothes for the week?	13%	57%
45	Are you normally able to have a shower every day?	82%	97%
53	Is it easy/very easy to get a complaint form?	18%	54%
54	Have you made a complaint since you have been at this centre?	24%	45%
57	Do you have a member of staff you can turn to for help if you have a problem?	26%	49%
58	Do most staff treat you with respect?	37%	54%
59	Do staff speak to you most of the time/all of the time?	6%	29%
63	Have you ever felt unsafe in this centre?	86%	72%
64	Do you feel unsafe in this centre at the moment?	94%	53%
65	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	57%	38%
67	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	46%	40%
70	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	50%	32%
71	Have you ever felt threatened or intimidated by a member of staff in here?	50%	32%
73	Is health information available in your own language?	6%	30%
76	Is a qualified interpreter available if you need one during health care assessments?	0%	10%
82	Are you doing any education here?	13%	48%
84	Can you work here if you want to?	33%	53%
85	Is there enough to do here to fill your time?	21%	23%
86	Is it easy/very easy to go to the library?	26%	75%
87	Is it easy/very easy to go to the gym?	19%	83%
89	Is it easy/very easy to receive incoming calls?	21%	49%
90	Is it easy/very easy to make outgoing calls?	36%	47%
91	Have you had any problems with sending or receiving mail?	50%	29%
92	Have you had a visit since you have been in here from your family or friends?	36%	51%



Key questions disability analysis: Dover IRC 2010

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 percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	A significant difference in detainees' background details		
	No significant difference		
Number of completed questionnaires returned		13	59
5	Is English your first language?	16%	29%
6	Do you understand spoken English?	55%	89%
13	Were you first detained in a police station?	93%	44%
14	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	42%	19%
15	Have you been here for more than one month?	93%	85%
19	Were you treated well/very well by the escort staff?	23%	51%
21	Were you seen by a member of health care staff in reception?	55%	86%
22	When you were searched in reception was this carried out in a sensitive way?	39%	70%
23	Were you treated well/very well by staff in reception?	23%	54%
24b	Did you receive information about what support was available to people feeling depressed or suicidal on your day of arrival?	32%	19%
24d	Did you receive information about health care services at the centre on your day of arrival?	32%	40%
27	Did you feel safe on your first night here?	34%	38%
28a	Did you have any problems when you first arrived?	93%	74%
28k	Did you have any problems with feeling depressed or suicidal when you first arrived?	59%	20%
28n	Did you have any health problems when you first arrived?	50%	35%
28o	Did you have any problems with needing protection from other detainees when you first arrived?	17%	8%
31	Do you have a solicitor or legal representative?	46%	73%
40	Is it easy/very easy to see immigration staff when you want?	32%	10%
41	Have you had a review of your detention every month?	32%	49%
44	Are you normally offered enough clean, suitable clothes for the week?	32%	54%

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	A significant difference in detainees' background details		
	No significant difference		
45	Are you normally able to have a shower every day?	77%	96%
53	Is it easy/very easy to get a complaint form?	16%	54%
54	Have you made a complaint since you have been at this centre?	68%	41%
57	Do you have a member of staff you can turn to for help if you have a problem?	23%	52%
58	Do most staff treat you with respect?	23%	61%
60	Have any members of staff physically restrained you in the last six months?	50%	19%
61	Have you spent a night in the segregation unit in the last six months?	39%	20%
63	Have you ever felt unsafe in this centre?	77%	75%
64	Do you feel unsafe in this centre at the moment?	77%	56%
65	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	84%	33%
67	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	68%	33%
70	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	84%	25%
71	Have you ever felt threatened or intimidated by a member of staff in here?	46%	31%
74	Do you know whether counselling is available at this centre?	0%	18%
76	Is a qualified interpreter available if you need one during healthcare assessments?	0%	8%
77	Are you currently taking medication?	39%	38%
81	Do you have unrestricted access to the centre facilities for at least 12 hours each day?	39%	31%
82	Are you doing any education here?	42%	38%
85	Is there enough to do here to fill your time?	16%	21%
86	Is it easy/very easy to go to the library?	61%	67%
87	Is it easy/very easy to go to the gym?	39%	80%
89	Is it easy/very easy to receive incoming calls?	34%	45%
90	Is it easy/very easy to make outgoing calls?	34%	46%
91	Have you had any problems with sending or receiving mail?	55%	29%
92	Have you had a visit since you have been in here from your family or friends?	39%	50%