

Report on an unannounced full follow-up
inspection of

Harmondsworth

Immigration Removal

Centre

14 - 25 November 2011

by HM Chief Inspector of Prisons

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Introduction

Over recent years we have recorded steady progress at Harmondsworth immigration removal centre. At our last inspection in early 2010 this improvement had continued, although at the time the imminent opening of new accommodation raised the prospect of significant challenges, not least because it meant that the centre was to double in size. At this full follow-up inspection, we found that some improvements had been sustained during a time of considerable change and transition, but that much still needed to be done.

Harmondsworth remained a reasonably safe institution. Although quite significant numbers of detainees in our survey reported that they felt unsafe, our in-depth interviews revealed few concerns about personal safety, and more about poor health care, insufficient staff and insecurity as a result of immigration cases. Staff dealt with incidents reasonably well, although systems and structures to deal with violence and bullying were still in need of further development. Arrangements to support those at risk of self-harm were generally good.

About 10% of the population had been held in detention for over a year and the frustration and anxiety that flowed from this experience was palpable. The ability of individuals to communicate with legal advisors or other support mechanisms, or indeed see onsite UK Border Agency staff, was often limited, although some aspects of the detained fast track procedure had improved. Rule 35 reports and subsequent responses to detainees who may have been the victims of torture or who were unfit to detain were often insufficient or formulaic, and gave limited assurance that the needs of individuals had been fully considered.

We observed reasonable engagement between staff and detainees and about two-thirds of detainees described staff as respectful. Formal consultation was sporadic and fragmented and there was underuse of interpretation. Much of the new accommodation had been built to prison specifications, which was out of keeping with how a detainee population should be managed. On the older units, toilets and showers were in very poor condition. The promotion of and respect for diversity had improved and there was little evidence of tension between different groups.

A major area for ongoing concern was health care, which remained a source of considerable complaint from detainees. Mental health needs were underidentified and the inpatients department was described by staff themselves as a 'forgotten world'. The poor service we witnessed the last time we visited was still evident in many respects, but we also saw renewed efforts from managers and improvements were beginning to be seen.

Provision of activity had failed to keep pace with the growth of the centre. The majority of detainees had too little to do and only a minority were able to access paid employment. Most roles on offer were allocated fairly but were usually mundane. A small amount of education was on offer but many sessions were cancelled or unsupervised. Reorganised activities provision was likely to improve access over the longer term but the changes had yet to become fully established.

The preparation of detainees for release was reasonably good. There was evidence of some good welfare and pre-removal/release work by staff, but much was unstructured. The centre had plans to rectify this by creating a much needed welfare department. A pre-release assessment was undertaken shortly before detainees were removed or released and outside agencies provided some support. Access to telephone and internet communications and the provision of visits were mostly satisfactory. The process of removal we observed was carried

out reasonably well, but the unacceptable practice of taking reserves to charter flight removals persisted.

Harmondsworth is now a bigger and more complex institution following a period of rapid change and expansion. Standards have been maintained in many areas despite the upheaval, and this is a considerable achievement that deserves recognition. However, the prison-like design of the new units is regrettable and such an environment will always be unsuitable for people held under immigration powers. Other areas gave us cause for significant concern, including health care, activities and the management of detainees who might be unfit for detention. Improvements in these areas need to be sustained and accelerated.

Nick Hardwick
HM Chief Inspector of Prisons

February 2012

Fact page

Task of the establishment

The detention, care and welfare of people subject to immigration control.
Harmondsworth immigration removal centre accommodates adult male detainees who the UK Border Agency have deemed to have no legal right to remain in the UK, but have refused to leave voluntarily.

Location

Harmondsworth, West Drayton, Middlesex

Name of contractor

The GEO Group

Number held

595

Certified normal accommodation

615

Operational capacity

615

Date of last full inspection

11 – 15 January 2010

Brief history

Harmondsworth IRC opened as a purpose-built facility in September 2001 with an operational capacity of 501, under an eight-year contract awarded to Kalyx (formally UKDS). In 2006, following a second major disturbance, two of the original four residential units were out of commission pending a substantial rebuild, reducing operational capacity to 259. The GEO group became the operating contractor in June 2009. In August 2010, five new residential houseblocks, built to category B prison specifications, were officially opened, increasing operational capacity to 615.

Short description of residential units

Cedar house and Dove house are the two remaining residential units from the original building, housing 143 and 100 residents respectively. Bedrooms on these units have no integral sanitation and bathing and toilet facilities are located in the corridors on each level. Residents are never locked inside their rooms on these units. Ash, Beech, Gorse and Fir houses are new units opened in August 2010. Bedrooms on these units and the layout are similar to many modern category B prison establishments. These units have integral sanitation. Showers are located on landings. Detainees are confined to their rooms between 10pm and 7am. These units hold approximately 90 residents each. Elm house is a six-room unit certified to hold residents removed from association and temporarily confined.

Escort contractor

Reliance

Health service commissioner and providers

Hillingdon Primary Care Trust
Primecare

Learning and skills providers

GEO with NOCN accreditation

Section 1: Healthy establishment assessment

Introduction

HE.1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, immigration detention facilities and police custody.

HE.2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the UN Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

HE.3 All Inspectorate of Prisons reports include a summary of an establishment's performance against the model of a healthy establishment. The four criteria of a healthy establishment are:

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

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

Activities – that 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.4 The purpose of this inspection was to follow up the recommendations made in our last inspection of January 2010 and examine progress achieved. We have commented where we have found significant improvements and where we believe little or no progress has been made and work remained to be done.

HE.5 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.6 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.7 The statutory instrument also states that due recognition will be given at immigration removal centres to the need for awareness of:

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

HE.8 At the last full inspection in 2010, we found that outcomes at Harmondsworth were reasonably good against the healthy establishment test of safety. We made 59 recommendations, of which 24 had been achieved, 16 had been partially achieved and 19 were not achieved. We have made 23 further recommendations.

HE.9 In 2010, we found that outcomes at Harmondsworth were not sufficiently good against the healthy establishment test of respect. We made 105 recommendations, of which 39 had been achieved, 19 had been partially achieved and 47 were not achieved. We have made 18 further recommendations.

HE.10 In 2010, we found that outcomes at Harmondsworth were reasonably good against the healthy establishment test of activity. We made 14 recommendations, of which five had been achieved, three had been partially achieved and six were not achieved. We have made 11 further recommendations.

HE.11 In 2010, we found that outcomes at Harmondsworth were reasonably good against the healthy establishment test of preparation for release. We made 14 recommendations, of which six had been achieved, two had been partially achieved and six were not achieved. We have made four further recommendations.

Safety

HE.12 Escort vehicles were clean but the routine handcuffing of detainees attending outside appointments was disproportionate. Reception staff were reasonably efficient, but risk assessment interviews were not confidential. First night arrangements and induction were adequate. The detainee buddies were effective. Security was well managed. Use of force had reduced proportionately and governance was now good. Detainees were not generally separated for long periods. Those at risk of self-harm were generally well managed. The number of violent incidents was not excessive given the size of the population, but many detainees reported negatively on feelings of safety. Strategic management of violence reduction work was not sufficiently robust. Legal visits arrangements were not working effectively and there were not enough legal advice surgeries. The centre held a complex mix of detainees including more long-term detained and fast-track detainees, sometimes for very long periods. The quality of Detention Centre Rule 35 letters was poor. Outcomes for detainees against this healthy establishment test were reasonably good.

HE.13 Escort vehicles were spacious and clean and most, but not all, detainees told us that they had been given refreshments and offered toilet breaks. Detainees were sometimes experiencing long waits in vehicles outside the immigration removal centre (IRC). All those going to outside appointments in the previous six months had been placed in handcuffs regardless of risk, and many had then been handcuffed to an officer ('double cuffed').¹

HE.14 Reception staff were reasonably efficient but during the inspection there were sometimes too few staff to ensure that reception processes were carried out speedily. We noted long waits for detainees awaiting health care assessment and movement to wings. Risk assessment interviews were not carried out in private and we saw other detainees used to interpret confidential information. Prison records were not used systematically to inform risk assessments and records were never sent with the significant numbers arriving from police custody.

HE.15 F wing contained a wide mix of detainees, including new arrivals, people about to be removed and a few people being reintegrated following a period in separation. All groups usually spent short periods there with a reasonable level of support from staff.

¹ **Inspection methodology:** There are five key sources of evidence for inspection: observation; detainee surveys; discussions with detainees; discussions with staff and relevant third parties; and documentation. During inspections, we use a mixed-method approach to data gathering, applying both qualitative and quantitative methodologies. All findings and judgements are triangulated, which increases the validity of the data gathered. Survey results show the collective response (in percentages) from detainees in the establishment being inspected compared with the collective response (in percentages) from respondents in all establishments of that type (the comparator figure). Where references to comparisons between these two sets of figures are made in the report, these relate to statistically significant differences only. Statistical significance is a way of estimating the likelihood that a difference between two samples indicates a real difference between the populations from which the samples are taken, rather than being due to chance. If a result is very unlikely to have arisen by chance, we say it is 'statistically significant'. The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance. (Adapted from Towel et al (eds), *Dictionary of Forensic Psychology*.)

Their only access to outside space was a small yard enclosed on all sides by a high fence. Observations of new arrivals during the first night were sufficient. A detainee buddy (peer supporter) attended the first night unit every day and saw all new arrivals. There was inadequate assessment overall of the emotional state and vulnerability of newly arrived detainees. The induction process was reasonable, but the first part took place in a noisy open area, and detainees were not taken off the induction wing to view facilities or to meet staff as part of the familiarisation process.

- HE.16** The security department was generally well managed. Security information was better communicated to the rest of the establishment and the security committee was well constructed. Many of the unnecessary security restrictions in place at the previous inspection had been lifted but some risk-averse practices continued. In particular, drug dogs were routinely used to search the entire establishment without evidence of specific intelligence, causing disruption and anxiety for detainees. The number of security information reports was too low and did not compare well with the number of recorded incidents.
- HE.17** The number of incidents involving the use of force was lower than at the previous inspection. There had been an increase in reported incidents that did not involve the full use of control and restraint techniques and there was evidence of good use of de-escalation. Governance arrangements had improved and the paperwork gave assurance that force was used as a last resort.
- HE.18** Separation was used frequently, though at similar levels proportionately to those found at the previous inspection. Time spent in the separation unit was usually short, but some detainees had spent extensive periods there with an inevitably restricted regime. Planned reintegration through F wing was a good initiative in principle, but we saw little evidence of rigorous reintegration planning and case management to ensure effectiveness. Communal areas on the separation unit were reasonably clean, but some cells were dirty, with graffiti scratched into walls and windows.
- HE.19** UK Border Agency (UKBA) figures suggested that in the first 10 months of the year, there had been 26 detainees whose ages were in dispute, though GEO and UKBA figures did not correlate. At least five detainees had been assessed without social services involvement and one appeared to have been removed via fast track while awaiting social services assessment. There were also some lengthy delays in social services conducting assessments despite efforts by the local UKBA contact team to speed them up. There was a care plan approach to managing age dispute detainees, incorporating regular welfare checks.
- HE.20** There was thorough management of self-harm risk through the assessment, care in detention and teamwork (ACDT) process and enhanced observation booklets. Assessments, care plans and case reviews were of good quality and suggested appropriate care for detainees in most cases. Identification of food refusers was robust.
- HE.21** In our survey, 44% of detainees said they felt unsafe and in-depth safety interviews were subsequently conducted to establish the reasons for such perceptions. These revealed little serious concern about personal safety. However, poor health care and the feeling that there were insufficient staff to deal with emergencies were recurring themes, alongside insecurity as a result of immigration cases. The level of assaults was not high given the substantial increase in population and staff were generally mature and capable in de-escalating situations. Their work was not yet supported by

an established strategic approach to violence reduction across the establishment. The anti-bullying strategy was out of date, though a new violence reduction policy was being drafted. Only a small number of anti-bullying booklets were opened, though investigations had been thorough.

HE.22 Detainees could easily communicate with legal representatives, but legal visits arrangements were inefficient and disorganised. This was particularly unacceptable given the time limits inherent in the detained fast-track process. The detention duty advice surgery was also oversubscribed and unable to meet the demand. Legal text and bail handbooks in the library were not easily available.

HE.23 The centre held a number of frustrated people who had been in detention for long periods. Ten per cent had been detained for more than a year and one man had been held for five years. Notably, two detainees with mental health problems had recently been released from Harmondsworth following court judgements that they had been unlawfully detained because of a breach of article three of the European Convention on Human Rights. Detention Centre Rule 35 reports, relating to detainees who had experienced torture or were unfit to detain, were of poor quality, often providing no clinical judgement. The response letters were often formulaic and gave little assurance of careful consideration. On-site immigration induction interviews were generally professionally conducted. Most monthly progress reports were served on time, though systems for checking on overdue reports were not robust. Detainees found it difficult to see the onsite UKBA staff, who were not going on to the wings as often as they did at the previous inspection. Detained fast track (DFT) induction interviews had improved, and the DFT advice and information surgeries on the wings were a useful, if under-promoted, initiative.

Respect

HE.24 The new prison style accommodation provided a harsh environment and the toilets and showers in the older units were in very poor condition. Staff-detainee relationships were reasonable, though the personal officer scheme was of variable effectiveness. Many detainees were unhappy with the food and there was no cultural kitchen. Diversity arrangements were improving and the chaplaincy provided a generally good service. The management of complaints had improved. The health care centre was the single biggest source of detainee complaint. There had been recent welcome improvements, but the approach and attitude of some staff and the overall standard of care were unacceptable. Mental health needs were under-identified and there were no substance use nurses. Outcomes for detainees against this healthy establishment test were not sufficiently good.

HE.25 The newer prison style units were in a good state of repair, but remained austere and inappropriate environments for a detainee population. Facilities like the popular barber's shop helped to normalise the environment to some extent, and efforts had been made to soften some of the communal areas on the older units with better furniture. However, the toilets and showers on these units were dirty, poorly ventilated and in an appalling condition. Detainees had good access to laundry facilities but many complained of broken machines. The bedding exchange system did not appear effective for all.

- HE.26** In our survey, 65% of detainees said they were treated with respect by most staff against the comparator of 72%, and staff availability was highlighted as a concern in our otherwise generally positive in-depth interviews with detainees. We observed some good staff-detainee interactions, though some detainees complained of being referred to buddies or other staff rather than having issues dealt with. There was uneven awareness of the personal officer scheme and it was of variable effectiveness.
- HE.27** Fewer detainees than in other immigration removal centres were satisfied with the food. The range of meals was not sufficiently diverse, detainees could not cook food or obtain accredited qualifications in the kitchen, and there was no cultural kitchen. Shop prices were reasonable, but the range of items was limited.
- HE.28** There was little evidence of tensions between different groups of detainees. Diversity work had improved in recent months, with a comprehensive and up-to-date diversity strategy. The few reported racial incidents had been appropriately investigated. Those not speaking English had less positive experiences in some areas, especially arrival and safety on their first night. House rules, compacts and a reception welcome document were given out in 20 languages, but some translations were poor. Most other displayed information was in English only. Telephone interpretation was used regularly, but not always at key times like reception interviews.
- HE.29** Detainees with disabilities were under-identified by centre staff. There was no organised peer support scheme for disabled detainees and not all staff were aware of personal emergency evacuation plans. Older detainees were identified and interviewed by an effective liaison officer, who ensured a good level of support was in place for them. Good support was also in place for gay and bisexual detainees.
- HE.30** There was good chaplaincy cover for all major faiths, with a number of outside faith communities engaged in supporting the practical and religious needs of detainees. All wings had access to worship areas, but those on F wing were cramped. A good range of cultural and religious festivals was celebrated.
- HE.31** There was no rewards scheme, but plans to create a 'standard' unit for detainees were concerning. Such a unit would have been inappropriate for a detainee population and the proposed sanctions, which included being locked behind doors at 7pm, were unacceptable. Given the generally effective staff management of poor behaviour, it was unclear why such a sanction was being considered at all.
- HE.32** The quality of responses to complaints was generally good, though always in English. Replies were respectful and, on the whole, adequately addressed the issues at hand. Governance arrangements had improved. Regular quality checks were carried out and analysis of the types of complaint was beginning to take place. There was evidence that action was being taken to deal with emerging problems.
- HE.33** Health services had recently started to improve, and there was evidence of developing governance to ensure safe delivery of health care. However, this was from a low base and there were continuing problems. The attitude and approach of some health care staff was poor, and in our survey only a quarter of detainees said that the quality of health care was good, worse than the comparator and the last inspection. Electronic records were not in place and paper records were poor. The administration of medication by nurses was not always safe and we witnessed a detainee being given an incorrect dose of medication. A recent dental audit had

highlighted significant concerns about clinical practice and recording, and 'did not attend' rates were very high. Overall care for in-patients was adequate, but engagement with patients was minimal. The environment was clean but stark and bare, with very little for detainees to do. A number of detainees had mental health needs, but there was no mental health needs analysis, though mental health services were developing.

HE.34 There was little evidence overall of drug use in the centre, and regular use of drug dogs to search all rooms was disproportionate. Poor medical record keeping meant that we could not establish how many detainees had received methadone treatment or alcohol detoxification over the previous six months.

Activities

HE.35 There were good recreational activities. There were more long-stay detainees than at the previous inspection and most detainees did not feel they had enough to do. Education arrangements were weak and very few detainees benefited from provision. There was insufficient work for the population and long waiting lists. Gym and library provision were good. Outcomes for detainees against this healthy establishment test were not sufficiently good.

HE.36 Activities provision and facilities had not kept pace with growth of the centre population. Only a third of detainees responding to our survey said they had enough to fill their time, significantly worse than at the last inspection. Detainees were free to move within their own residential units for 15 hours a day, but had less access to the common recreational and educational facilities. There was a good range of recreational facilities, mainly on the wings, including pool tables and electronic games consoles. Activities staff organised well-attended wing-based activities. Internet use was very popular, and a good number of computers were provided on all the wings.

HE.37 There was only enough paid work for around a fifth of detainees and waiting lists were lengthy. A few roles involved skill and interest, but most were mundane. Most of the better-paid roles were filled by residents of the older wings. There were well-developed plans to add further roles. Arrangements to recruit detainees to jobs were appropriate, with a basic general induction supplemented by practical guidance on specific roles.

HE.38 ESOL, ICT and arts and crafts were provided during the day and in the evenings, but not at weekends. Teachers were suitably knowledgeable and education resources were good. However, too many sessions did not take place or were supervised by non-teaching staff because teachers were not available. Arrangements to promote education were ineffectual and attendance was often low. Quality assurance and improvement arrangements had deteriorated and were weak. Major changes to the organisation of communal education and recreational provision were introduced during the inspection and were likely in the longer term to offer significant benefits. However, many practical matters were unresolved and both detainees and many staff were confused about the new arrangements.

HE.39 The library had good opening hours and was managed by a trained librarian and a dedicated assistant. There was a good range of books, DVDs and CDs in a variety of

languages. There was a suitable range of daily newspapers in English and other languages, supplemented by periodicals.

HE.40 PE facilities were good. Each wing had access to an outdoor courtyard where activity staff regularly organised team games. The sports hall was used regularly and there was a well-equipped gym in the main spine. Fitness equipment located on the wings was insufficiently supervised and not regularly used. Activity staff were enthusiastic and resourceful, but only a minority were suitably qualified to lead and supervise sport and fitness activity.

Preparation for release

HE.41 There was some reasonable welfare work, but overall provision was underdeveloped. The visitors' centre was not a welcoming environment, but visits provision itself was generally good. There was positive engagement with community and voluntary sector organisations. Access to communications was generally good. Pre-removal and release assessments were in place to identify practical needs. The system of reserves for overseas escorts was still in use and was unacceptable. Outcomes for detainees against this healthy establishment test were reasonably good.

HE.42 There were some good examples of helpful welfare work by staff, especially on Fir house, but there was no collation of welfare data or monitoring of outcomes. There was no dedicated welfare team, though one was planned. Less than half the residential staff had been trained in the useful welfare training package.

HE.43 The visitors' centre was uninviting, with grubby furniture, graffiti on the walls and occasional long queues. There was no visitor information booklet. Detainees reported positively on visits provision itself and visitors could attend every day without need for booking. The visits hall had a generally relaxed atmosphere though some rules were disproportionate. A new shop in the visits hall was welcome but was not open at expected times during the inspection.

HE.44 Organisations such as Detainee Action (formerly the London Detainee Support Group) and the Jesuit Refugee Service attended weekly and provided useful support for detainees. Their inclusion in the work of the centre through a stakeholder meeting was a welcome initiative, which helped to enhance communication with the centre and provision for detainees.

HE.45 Most detainees had good telephone access, though stocks of mobile phones were not always sufficient to meet demand. In-room phones on the older wings could receive incoming calls. Detainees and staff consistently reported delays in receiving mail and faxes; the reasons for this were unclear and needed ongoing investigation. There was good access to email and internet, and important websites were not blocked when tested. Word and PDF attachments could be opened and printed.

HE.46 A useful pre-release assessment was undertaken 24 hours before release or removal, focusing on immediate practical issues, including clothing requirements and travel warrants. Some detainees were not given sufficient notice of transfer or were told at inappropriate times. An observed charter removal was generally well managed; however, detainees were searched without privacy and overseas escorts adopted risk-averse practices, such as physically handling detainees on to coaches

despite them being in a secure area. The inhumane 'reserves' system continued, which involved taking some detainees to the airport as replacements in case others could not fly, for example, because of a late injunction. These detainees were not told that they were reserves.

Main concerns and recommendations

HE.47 Concern: Legal visits arrangements were poorly organised, with long delays that could have compromised detainees' access to sufficient representation, especially those subject to the fast track process. The detention duty advice surgery was oversubscribed.

Recommendation: Detainees should have timely access to good quality legal advice and representation.

HE.48 Concern: There were a number of people in the centre with mental health problems. There was no mental health needs analysis and a new mental health service. Two detainees with mental illness had recently been released after the High Court had found them subject to inhuman and degrading treatment in breach of the European Convention on Human Rights.

Recommendation: Only in exceptional circumstances should mentally ill people be detained and their needs should be fully assessed and met during any such detention. Medical evidence that a detainee's mental health is being adversely affected by continued detention should trigger a prompt review of detention by the UKBA caseworker.

HE.49 Concern: Health care was a major cause for detainee complaint and though there had been recent improvements, these were from a low base. Most staff had yet to receive training specifically for work with immigration detainees. There had been no health needs analysis.

Recommendation: The improvements in health care delivery and management should be accelerated to ensure that health care staff deliver respectful, safe, prompt and appropriate services at all times. Service delivery should be on the basis of a full needs analysis.

HE.50 Concern: Activities provision and facilities had not kept pace with growth of the centre population and only a third of detainees said they had enough to fill their time, significantly worse than at the last inspection. Few people went to education and there were long waiting lists for work.

Recommendation: There should be a sufficient range of well promoted work and education to meet the needs of the population, including long and short stay detainees.

HE.51 Concern: The inhumane system of reserves for removal flights was still in operation, causing distress to detainees who were expecting to leave the country but were then returned to detention.

Recommendation: The practice of taking reserve detainees for overseas escort charter flights should cease.

Progress on main recommendations since the previous report

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

Main recommendations

To the centre manager

MR.1 Detainees should not be subject to excessive and unnecessary transfer around the detention estate without notice or explanation. (HE.37)

Achieved. In our survey, 5% of respondents reported that they had been held in six or more places against the comparator of 10%. Examined records of detainee movements showed that they had not been subject to excessive movements and that in most cases there was a valid reason for any transfer.

MR.2 Reception staff should complete a formal risk assessment covering new arrivals' risk to themselves and others, which takes account of all documentation arriving with detainees, including prison records. (HE.38)

Not achieved. There was a basic assessment, but it lacked rigour. Little documentation was received from police stations and information from prison files were not used systematically. (See paragraph 1.22 and further recommendation 1.29)

MR.3 The centre should consult with the Legal Services Commission and local legal aid solicitors undertaking immigration work to facilitate better detainee access to legal advice and representation. (HE.39)

Partially achieved. Access to legal advice and representation had improved but was still inadequate. The detention duty advice surgeries were oversubscribed. (See paragraph 3.10, further recommendation 3.12 and main recommendation HE.47)

MR.4 UKBA caseworkers should respond to a Rule 35 letter within the required two working days, with a response that recognises the full scope of the rule. The on-site immigration team should follow up late responses promptly. (HE.40)

Partially achieved. Rule 35 reports were processed diligently but the quality of initial reports and responses was generally poor. (See paragraph 3.22 and further recommendation 3.23)

MR.5 All health services staff should undertake communication skills training which includes awareness of the emotional and physical consequences of being an immigration detainee. (HE.41)

Partially achieved. Only two members of staff had undertaken relevant training. We saw examples of staff showing patience and kindness to detainees and taking time to explain. However, a number of detainees told us that some health care staff were rude and dismissive and we observed some staff who were abrupt and discourteous to detainees. (See main recommendation HE.49)

MR.6 A comprehensive health needs analysis (including mental health) should be undertaken and services mapped against it. (HE.42)

Not achieved. A health needs assessment had been conducted in February 2010. It was largely descriptive and did not provide a meaningful analysis of health needs.
(See main recommendation HE.49)

MR.7 Clinical governance meetings should take place at least quarterly and demonstrate evidence of review and action related to clinical incidents, serious untoward incidents, complaints, staff training and other service quality indicators. (HE.43)

Achieved. There were quarterly combined clinical governance meetings between Harmondsworth and Dungavel, with a comprehensive agenda and evidence of progress on action points.

MR.8 All detainees for whom release or removal is planned should receive a pre release assessment of need, with actions following where appropriate. (HE.44)

Achieved. A needs assessment was routinely undertaken by staff from Fir house 24 hours before removal or release to identify practical needs such as clothing requirements. There was evidence of action taken in response to the assessment, such as the provision of heavy duty boots and raincoats for two detainees being returned to Afghanistan.

MR.9 The centre should take steps to promote and increase the take-up of activities, including education. (HE.45)

Partially achieved. The centre had increased access to computers and the internet by providing additional machines in residential units, and the computer rooms were usually full during the day. Activity staff were regularly assigned to residential units and organised well-attended and promoted activities. Promotion of education was relatively weak, largely relying on posters displayed around the centre. Attendance at classes was often low. In our survey, the proportion of detainees who said they did any education at the centre had declined significantly from the low percentage reported at the last inspection. A high proportion of detainees in our survey said they did not have enough to do to fill their time.
(See main recommendation HE.50)

MR.10 Staff should be encouraged to interact proactively with detainees and a personal officer scheme should be introduced. (HE.46)

Partially achieved. The personal officer scheme was of variable effectiveness. Staff often engaged well with detainees, but lacked time to interact regularly with individual detainees.
(See paragraph 2.28 and further recommendation 2.29)

Progress on recommendations since the last report

Section 1: Arrival in detention

Expected outcomes:

Escort staff ensure the well being and respectful treatment of detainees under escort. On arrival, detainees are treated with respect and care and are able to receive information about the centre in a language and format that they understand.

Escort vans and transfers

- 1.1 Detainees should not be transferred between centres overnight. (1.10)
- Not achieved.** Detainees regularly arrived between 10pm and 7am. A random check of the first week in November showed that 19 detainees had arrived during that period.
We repeat the recommendation.
- 1.2 Copies of police custody records should be attached to the IS91 authority to detain notification when a detainee is transferred from police custody. (1.11)
- Not achieved.** This recommendation had been rejected.
We repeat the recommendation.
- 1.3 Escort vehicles should carry sufficient food for detainees, with a range suitable for different diets. (1.12)
- Achieved.** Arriving vans that we inspected held adequate supplies of food, and escort records showed that food had been provided at appropriate times and was suitable for a range of diets.
- 1.4 Detainees should be given comfort breaks on journeys of over two and a half hours. (1.13)
- Achieved.** Escort staff told us that they were required to offer comfort breaks every two and a half hours but in practice offered them after two hours to allow time to find a suitable location. This was confirmed by detainees who arrived during the inspection after lengthy journeys.
- 1.5 Escorting staff should contact the centre to give advance notice of their arrival time and details of who they are carrying. (1.14)
- Partially achieved.** Reception staff told us that some escorts telephoned with an estimated time of arrival and details of who they were bringing, but this was not consistent. During the inspection we observed vans arriving unexpectedly and reception staff not knowing how many detainees were being brought or their names.
We repeat the recommendation.
- 1.6 Detainees should be given as much notice as possible of any transfer. (1.15)

Not achieved. Reception staff were informed the afternoon before transfers took place and detainees were usually informed on the morning of their transfer.

We repeat the recommendation.

- 1.7 **Detainees being transferred should be given written information about the centre they are going to. (1.16)**

Partially achieved. Officers on Fir house had details of immigration centres, including their location, contact numbers, times of visits and facilities. They were provided with a list of detainees being transferred and tried to provide them with appropriate information before they left. We met one detainee who was being transferred and had not received this information, and staff conceded that some detainees were transferred before they could be seen.

We repeat the recommendation.

- 1.8 **Detainees should only be handcuffed during an escort if a risk assessment indicates a specific increased risk of escape or to the safety of the public or staff. (1.17)**

Not achieved. During the six months prior to the inspection, all detainees attending an outside appointment had been handcuffed. A detailed risk assessment had been completed to identify the nature of any risks; in the 25 assessments that we examined, 13 were rated by the duty operational manager as low risk, unrestricted or risk not known, but all the detainees in question had been handcuffed.

We repeat the recommendation.

Additional information

- 1.9 Vehicles used to transport detainees were modern and clean with comfortable seating and seat belts. Relationships between escort staff and detainees were respectful. In our groups some detainees reported long, complicated journeys, including some who had travelled from Dungavel in Scotland with an overnight stop in Manchester. Some short journeys had taken a long time because the escort van dropped detainees at several centres. Detainees told us that vehicles sometimes waited outside the centre for long periods before being admitted to the centre, and we observed this happening during the inspection. In most cases this involved vans arriving to collect detainees, but in one case a van holding a detainee was delayed at the centre for two hours before the detainee could be disembarked.

Further recommendation

- 1.10 Vans arriving with detainees should be admitted to the centre without delay.

Reception, first night and induction

- 1.11 **The reception area should be equipped with shower facilities. (1.33)**

Achieved. There was a shower in the arrivals area of reception.

- 1.12 **The toilet should be fully screened from the waiting area. (1.34)**

Achieved. The area that had been a second waiting room at the previous inspection had been converted to a toilet with urinals, a toilet stall and shower.

- 1.13 **All new arrivals should be given information leaflets about reception procedures and the centre in their own language. (1.35)**

Achieved. There were information booklets about the centre and reception procedures in a range of appropriate languages. Not all new arrivals were given the booklets, but they were freely available in the waiting rooms.

- 1.14 **All new arrivals should be offered a hot meal. (1.36)**

Achieved. Hot meals were provided to new arrivals once they had completed reception procedures.

- 1.15 **All detainees should be offered a free telephone call on arrival and this should be documented. (1.37)**

Not achieved. We examined the records of recently arrived detainees and found that more than half had not been offered a telephone call. Reception staff told us that most detainees had a mobile phone but this was not always checked.

We repeat the recommendation.

- 1.16 **Interpretation should be used to communicate with detainees who are not fluent in English. (1.38)**

Partially achieved. We observed detainees interpreting for others in reception, sometimes on confidential matters, and there were occasions when interpretation was not used at all for detainees who spoke little English (see recommendation 4.51).

- 1.17 **Staff on the first night unit should interview detainees individually in private to identify any concerns and complete an assessment of risk, including of self-harm and suicide. (1.50)**

Not achieved. There was no confidential interview with detainees on their first night. On their second day, they had a personal interview with induction staff but an assessment of risk was not completed.

We repeat the recommendation.

- 1.18 **All detainees should be checked at least twice on their first night, and the checks should be recorded. (1.51)**

Achieved. In the detainee records that we examined, checks on newly arrived detainees in the late evening and early morning had been recorded by the night officer.

- 1.19 **All detainees held in the centre for more than 24 hours should be given a full induction, using translated material and interpretation wherever necessary. (1.52)**

Achieved. A two-part induction process included a group session covering the rules and procedures in the centre and an individual session with an officer who checked if detainees had any welfare needs. Detainees were provided with an informative booklet about the centre in their own language, though some translations were poor and difficult to understand.

Housekeeping point

- 1.20 The quality of all translations should be professionally checked and corrected where necessary.

Additional information

- 1.21 The reception area was clean and drinks were freely available. Sufficient seating was now provided in the main foyer and there were additional benches in an adjoining waiting room. The separate toilet and shower area was clean. The shower was rarely used as most detainees waited until they got to the first night centre. Although there were well regarded buddies in the centre, they were not present in reception.
- 1.22 Detainee details were taken by a member of staff at a counter in the main reception area, including confidential matters in full hearing of the other arrivals. During this interview, reception staff completed a record of any indications that a detainee could be at risk to himself or others, including information from the IS91 document. There was no assessment through direct questioning, which would in any case have been inappropriate in such a public location. Little documentation was received from police stations and prison files were sent to the security department. Reception staff told us that they did not routinely examine prison files but might use them to verify information on the IS91 document. The importance of this assessment was demonstrated by our survey in which 82% of respondents said that they had had problems when they first arrived and 42% that they had felt depressed or suicidal against respective comparators of 68% and 31%.
- 1.23 Following their interview, detainees were taken individually to an adjoining room where they were given a rub-down search and their property was checked. We did not observe disrespectful treatment by staff, but in our survey 56% of detainees reported that they were searched in a sensitive way and 48% that they were treated well by reception staff against respective comparators of 67% and 59%.
- 1.24 Some detainees waited for more than three hours in reception because of delays in health care interviews and insufficient reception or first night staff to escort them to their units.
- 1.25 The first night accommodation on Fir house was separated from the rest of the centre. It contained cell-type rooms and accommodated a range of detainees, including some who had previously been separated. Some rooms contained small amounts of graffiti. The outside space, a small and enclosed yard, was too small (see paragraph 2.17).
- 1.26 Although there were procedures to provide detainees with their basic needs on arrival, we were not satisfied that this happened consistently. There were occasional delays in providing adequate clothing and bedding and, in our survey, only 51% reported that they had access to clean clothing on their first day against the comparator of 59%.
- 1.27 There were no buddies in Fir house but they visited from other locations during the day. A number of detainees reported feeling unsafe and anxious on their first night. Detainees were moved promptly to another residential unit appropriate to their assessed risk unless they remained to work on Fir house. At the time of the inspection, only eight of the 92 places on the unit were occupied by detainees who had been there for more than a week.

- 1.28 Two officers were responsible for delivering induction to detainees on the day after their arrival via a well designed Powerpoint presentation. It was in English only but detainees were provided with written information in their own language. The meeting was held in an open area adjacent to detainees' rooms and close to an association area, which meant that extraneous noise and movement detracted from the presentation. New detainees did not get the opportunity to visit different areas of the centre during induction.

Further recommendations

- 1.29 Reception staff should complete a formal risk assessment covering new arrivals' risk to themselves and others, which takes account of all documentation arriving with detainees, including prison records.
- 1.30 Negative detainee perceptions of reception should be investigated by managers and appropriate action taken if necessary.
- 1.31 Reception interviews should be private and include thorough risk assessment.
- 1.32 Buddies should meet and reassure all new arrivals in reception.
- 1.33 New arrivals on Fir house should be provided with adequate clothing and bedding.

Housekeeping points

- 1.34 Detainees should not spend long periods in reception awaiting assessment or movement to units.
- 1.35 Induction should be delivered in a dedicated room with no external distraction and should include a tour of the centre.
- 1.36 All rooms should be free of graffiti.

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 Detainees' rooms should be thoroughly cleaned between occupations. (2.18)

Achieved. All rooms were given a fabric and cleanliness check following an occupant's departure. Detainees told us that their rooms were clean on arrival, although some detainees reported not being given clean sheets (see section on hygiene below).

2.2 Communal living areas should be less institutional and fitted with comfortable furniture. (2.19)

Partially achieved. Some of the communal living areas on Cedar and Dove had been softened with carpets, settees and walls painted a pastel colour, though not all rooms had been upgraded. The newer phase units were built to category B prison specification and were inevitably austere and institutional, despite considerable efforts to improve the environment. For example, each unit had a cardiovascular/weights room, games consoles and 'snack rooms' where detainees could use toasters, microwaves and toasted sandwich makers, and there was a popular barber's shop.
We repeat the recommendation.

2.3 Staff should ensure detainees do not smoke in their rooms or elsewhere in the centre. (2.20)

Achieved. We did not find any detainees smoking in their rooms. Staff said that when smoking did occur, they would 'nip it in the bud' by challenging the detainee.

2.4 Rooms designed for two detainees should not be used to accommodate three. (2.21)

Not achieved. Rooms designed for two detainees were still being used to accommodate three.
We repeat the recommendation.

2.5 There should be sufficient room keys for all detainees. (2.22)

Achieved. Detainees we spoke to all had their own room keys. A system was in place to replace missing keys and replacements could be cut on site.

2.6 All detainees requiring the lift because of mobility problems should be able to access it. (2.23)

Achieved. Detainees with mobility problems confirmed that they could access all areas of the centre and, if they needed to use the lift, staff accompanied them.

2.7 The personal evacuation plans for detainees should be available in residential offices and understood by staff. (2.24)

Partially achieved. Personal emergency evacuation plans were held in residential offices but not all staff were aware of or could easily access them.

Further recommendation

2.8 Staff should be fully aware of the needs of detainees needing assistance during an evacuation.

2.9 Detainee consultation meetings should be better promoted. Action points should be followed up and reported against at subsequent meetings. (2.25)

Not achieved. Consultation meetings were sporadic, attendance poor and not all action points were followed up. There were no notices on display to promote them though minutes were occasionally displayed. Meetings did not take place on Beech house.

We repeat the recommendation.

2.10 A wide range of relevant information in different languages should be displayed. (2.26)

Not achieved. While a range of information was displayed, it was nearly all in English.

We repeat the recommendation.

2.11 Showers and toilets should be refurbished to be robust enough to withstand their heavy usage. (2.27)

Not achieved. The showers on the newer phase units were fairly clean, properly ventilated and in reasonable overall condition. In stark contrast, the showers, bathrooms and toilets on Cedar and Dove houses were in an appalling condition. They were dirty, smelly and had pools of water on the floor. Woodwork was rotting and paint peeling. The toilets and showers lacked windows and relied on ventilation units to keep them dry. Staff told us that the units regularly broke down, though a programme of refurbishment was under way.

Further recommendation

2.12 All showers and toilets should be well ventilated, clean and in a good state of repair.

2.13 A purpose-built shower for detainees with mobility problems should be installed. (2.28)

Partially achieved. Detainees with mobility problems on Cedar and Dove houses did not have access to showers and used a bath fitted with grip rails. Detainees with mobility problems on Ash and Beech houses were located in adapted rooms with wider doors and grip rails. The adapted shower with no step had a seat, grip rails and an intercom near the toilet.

Further recommendation

2.14 All detainees with mobility problems should have access to adapted showers.

2.15 There should be basic toiletries suitable for black and minority ethnic detainees. (2.29)

Achieved. The range of toiletries suitable for black and minority ethnic detainees had improved since our last inspection. A catalogue for black and minority ethnic detainees was being introduced at the time of the inspection.

Additional information

- 2.16 Rooms on the newer units had toilets screened from the rest of the room by a shower curtain, but the toilets had no seats. The rooms on Cedar and Dove houses had no toilets, but detainees were not locked in their rooms and could always use a toilet. Detainees on these units were locked in the wings between 10pm and 7am. On the other houses detainees were locked behind their doors during these hours.
- 2.17 Most detainees had good access to reasonable outside exercise yards, but the outdoor space for those on Fir house, the induction and departure unit, was inadequate. It was small, claustrophobic and enclosed on all sides by a high fence. It was mostly used as a smoking area. Bins containing rubbish were stored under a wall-mounted ash tray which posed a fire risk. The exercise yard on Dove house had been converted to a garden with grass, raised flower beds and fountains.

Further recommendation

- 2.18 Detainees on Fir house should have access to a reasonably sized exercise yard. UKBA/CM

Housekeeping point

- 2.19 All toilets should be fitted with toilet seats.
- 2.20 Nearly all detainees wore their own clothes and could receive clothes from friends and families or buy them from the shop. The centre issued clothes to detainees who did not have their own. Each wing had a laundry with washing machines and dryers though a number of detainees complained about broken machines. In our survey, fewer detainees (67%) than the comparator (81%) said they could wash their clothes easily. Detainees' property could be stored securely at reception. Detainees had keys to their rooms, but not all had a lockable cupboard for their possessions.
- 2.21 Mattresses could be replaced and bedding exchanged weekly. It was therefore unclear why some detainees did not have clean bedding; we saw detainees sleeping in dirty sheets or with no sheets at all, and some detainees said they were not given clean sheets on arrival.

Housekeeping points

- 2.22 All detainees should have a lockable cupboard.
- 2.23 Managers should ensure that detainees can obtain clean sheets.

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.

- 2.24 Staff should receive training to enhance their understanding of the experiences and histories of people seeking asylum, refugees and those detained under immigration powers. (2.39)

Not achieved. We did not speak to any staff who were aware of such training.
We repeat the recommendation.

- 2.25 Staff should communicate and consult with detainees through regular group meetings using professional interpretation wherever necessary. (2.40)

Not achieved. Consultation meetings were sporadic and held in English and there was no evidence of regular group meetings for detainees who needed interpretation (see paragraph 2.9).

We repeat the recommendation.

- 2.26 History sheet entries should be regular and substantial, building a meaningful picture of detainees. (2.41)

Not achieved. Most history sheet entries were minimal, showing little evidence of personal officers or other staff interacting with detainees. Management checks were taking place but, with the exception of Cedar and Dove houses, generally did not note the quality of entries or the improvement required.

We repeat the recommendation.

- 2.27 Staff should always knock and wait for an answer before entering detainees' rooms. (2.42)

Achieved. Instructions had been issued to staff to knock before entering detainees' rooms. We found no evidence that this was not happening.

Additional information

- 2.28 In our survey, 65% of detainees said they were treated with respect by most staff against the comparator of 72%. Sixty-one per cent said they had a member of staff to turn to if they had a problem. In our generally positive in-depth interviews, staff availability was highlighted as a concern. We observed a number of positive detainee-staff interactions ourselves, and many staff knew of detainees' circumstances. However, some detainees told us that staff often had little time to talk to them and complained of being referred to buddies or other staff rather than having their issues resolved. A personal officer scheme had started earlier in the year to encourage regular discussions but its effectiveness was variable and many detainees did not know about it. Staff were assigned to a certain number of rooms and expected to make quality contacts with those detainees at least every 8 to 12 days. History sheets suggested that this rarely happened.

Further recommendation

2.29 Staff should have sufficient time to interact regularly with individual detainees, and positive engagement should be a priority.

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 Information about legal rights, including prominent posters and leaflets about legal advice organisations in the centre, should be available to detainees in a range of languages. (3.11)

Not achieved. There was little information in the centre about legal rights and information that did exist was only in English. Information was displayed promoting the now defunct Refugee and Migrant Justice and Immigration Advisory Service. In our survey, fewer non-English speakers (53%) than English speakers (66%) said that they had a lawyer.

We repeat the recommendation.

- 3.2 The library should stock sufficient, up-to-date legal reference materials to meet the needs of the population. (3.12)

Not achieved. Legal text books were out of date and the Bail for Immigration Detainees handbook was available in English only. Text books and the handbook could only be used on request to the library assistant and their availability was not promoted. Hard copies of country of origin reports were out of date, sometimes by five years.

Further recommendation

- 3.3 The library should stock up-to-date legal reference materials, the Bail for Immigration Detainees handbook and country of origin reports in a variety of languages. These should be easily accessible to detainees.

- 3.4 A trained member of staff should be available daily to assist detainees completing legal forms. (3.13)

Not achieved. Staff did not assist detainees in completing legal forms, though buddies provided some helpful assistance.

We repeat the recommendation.

- 3.5 The latest Office of the Immigration Services Commissioner and Legal Complaints Service posters, leaflets and complaints should be prominently displayed and available in a range of languages. (3.14)

Not achieved. While there were a few notices promoting the Office of the Immigration Services Commissioner and the Legal Ombudsman, these were not prominently displayed and we could find no leaflets or complaint forms.

We repeat the recommendation.

- 3.6 The UK Border Agency (UKBA) should consult with the Legal Services Commission about meeting the legal needs of unrepresented detainees passing through the detained fast track (DFT) system. (3.15)

Not achieved. UKBA had not consulted the Legal Services Commission about the needs of unrepresented detainees passing through the detained fast-track (DFT) process. In our groups, detainees complained that they were dropped by their legal representatives before their cases had concluded.

We repeat the recommendation.

- 3.7 UKBA should, in accordance with its own DFT process operational instruction, delay DFT asylum interviews for 24 hours where a detainee is unrepresented. Any interview involving unrepresented detainees should be tape recorded and a copy made available to the detainee. (3.16)

Partially achieved. Staff told us that DFT asylum interviews were postponed if a legal representative was unable to attend and the detainee did not wish to continue. Interviews with unrepresented detainees were not tape recorded. A copy of the interviewing officer's written note of the interview was given to the detainee.

Further recommendation

- 3.8 DFT asylum interviews involving unrepresented detainees should be tape recorded and a copy made available to the detainee.

Additional information

- 3.9 Access to the legal visits area was poor, with lengthy delays in escorting detainees and legal representatives to the area, seemingly due to staff shortages. We also saw some detainees waiting outside for over an hour before they were collected for legal visits (see main recommendation HE.47). There were insufficient interview rooms for legal visitors and UKBA contact management staff. Fifteen of the 19 interview rooms were dedicated to fast-track interviews. GEO had conducted an analysis of the room bookings and a proposed solution was under discussion within UKBA. Detainees awaiting the start of an interview in the legal visits area were locked into one of two waiting rooms. The waiting rooms were grubby, with graffiti on the door of one room.
- 3.10 The amount of legal advice and representation for detainees had increased since our last inspection but was still inadequate. In our survey, 63% of detainees said that they had a lawyer against 53% at the previous inspection and a comparator of 69%. In our safety interviews, a third of detainees said that accessing services to manage their immigration case was an issue. Detainees on the detained fast-track (DFT) process were referred to a duty lawyer and others could attend the detention duty advice surgeries (DDAS) held twice a week. However, they were oversubscribed with a waiting list of three weeks - far too long for detainees facing imminent removal. Three firms of solicitors were contracted to run the surgeries by the Legal Services Commission (LSC). We received complaints about the quality of legal advice and detainees avoided surgeries with one particular firm with a poor reputation. The centre and the LSC were in discussion about improving the capacity of DDAS.

- 3.11 Detainees were able to maintain contact with their legal representatives. Support groups attended the centre to provide services to detainees (see paragraph 9.6). A stakeholders' forum was held every quarter, underpinned by a development plan. Invitations to the meetings were sent to legal representatives and third sector organisations who regularly attended the centre. There was evidence that some actions were followed through and completed. The forum was a welcome and unusual development for an immigration removal centre.

Further recommendation

- 3.12 The centre should, in consultation with the Legal Services Commission, seek peer review of the current DDAS providers.

Housekeeping point

- 3.13 Detainees should have a decent waiting area for legal visits.

Good practice

- 3.14 *The centre had established a stakeholder forum which met quarterly and involved legal representatives and third sector organisations. The meetings were underpinned by a development action plan.*

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.

- 3.15 UKBA fast-track caseworkers should emphasise timescales, bail rights, appeal rights and possible outcomes to detainees during induction interviews, and should check the detainee's understanding at the end of the interview. (3.31)

Achieved. In a fast-track induction interview that we observed, timescales, bail and appeal rights and possible outcomes were all discussed, and the detainee confirmed his understanding at the end of the interview.

- 3.16 UKBA case owners should advise detainees of the date and time of their asylum interview at the induction interview. (3.32)

Achieved. Where interviews had been arranged, this information was provided.

- 3.17 Monthly review letters should be timely and reflect a balanced consideration of all factors relevant to continuing detention. In particular, the review letter should state the reasons for any lack of progress since the last letter. (3.33)

Partially achieved. Monthly progress reports in the files that we reviewed were served on time but did not demonstrate a balanced consideration of all relevant factors or case progression. Some progress reports were repeated in consecutive months (see below regarding system for monitoring progress reports).

We repeat the recommendation.

- 3.18 **UKBA should adopt a national policy that bail summaries are issued by caseworkers to all detainees, whether they are legally represented or not, at least one day before the hearing. For non-fast track detainees, bail summaries should be sent via the on-site immigration team with a system to monitor their receipt and timeliness. (3.34)**

Not achieved. Bail summaries were only served on detainees when they were not legally represented. A system for the contact management team to monitor receipt and timeliness was introduced during the inspection which involved manual checks once a month of the filing cabinets. The team were unable to say how many reports were overdue at any one time.

We repeat the recommendation.

- 3.19 **Where there is no prospect of a detainee being removed, the UKBA caseworker should specifically address any continued detention in these circumstances as a matter of law and fact. (3.35)**

Not achieved. During our inspection, seven Zimbabweans and nine Somalis were held at the centre despite the prospect of removing detainees to these countries within a reasonable timeframe. While many of the progress reports in these cases accurately recorded the facts, they did not address detention in the light of relevant case law. The Hardial Singh principles in particular, were not referred to.

We repeat the recommendation.

- 3.20 **Medical evidence that a detainee's mental health is being adversely affected by continued detention should trigger a prompt review of detention by the UKBA caseworker, which takes account of the Immigration Directorate Instructions that only in exceptional circumstances should mentally ill persons be detained. The detainee should be informed of the basis and outcome of this review. (3.36)**

Not achieved. In the months before our inspection, the High Court had found in two separate cases that mentally ill detainees had been subjected to inhuman and degrading treatment in breach of the European Convention on Human Rights. In the first case, the judge found UKBA policy in relation to those unsuitable for detention² 'was not properly understood by those authorising detention and was certainly not properly applied and that the decision and subsequent reviews failed to both understand and assess the impact of detention on S's mental condition.'³ In the second case, the court found that 'there was a deplorable failure, from the outset, by those responsible for BA's detention to recognise the nature and extent of BA's illness... I... consider that there has been a combination of bureaucratic inertia, and lack of communication and coordination between those who were responsible for his welfare. The documents disclosed by the Secretary of State have also shown, on one occasion, a callous indifference to BA's plight...'⁴ During our inspection, a number of detainees with a mental illness were being held (see section on health care and main recommendations).

- 3.21 **All legal correspondence addressed to a detainee arriving through the on-site immigration team should be passed directly to the detainee without being read or copied by immigration staff. (3.37)**

² Chapter 55 of the Enforcement Information and Guidance.

³ Paragraph 182, S v Secretary of State for the Home Department [2011] EWHC 2120 (Admin) <http://www.bailii.org/ew/cases/EWHC/Admin/2011/2120.pdf>

⁴ Paragraph 236, R (BA) v Secretary of State for the Home Department [2011] EWHC 2748 (Admin) <http://www.bailii.org/ew/cases/EWHC/Admin/2011/2748.rtf>

Achieved. We did not find legal correspondence addressed to detainees in the contact management files. Detainees reported no concerns about their mail being opened.

3.22 Where there is medical evidence of previous torture or that a detainee's health is likely to be injuriously affected by detention, the Detention Centre Rule 35 process should be followed. (3.38)

Partially achieved. In the six months between April and September 2011, 50 rule 35 reports had been submitted, most of which related to torture allegations. The contact management team forwarded Rule 35 reports promptly to the relevant case owner. Most replies were received within the two working days and any that were not were diligently chased by the on-site immigration team. Rule 35 initial reports written by health care staff were poor and many merely repeated the detainee's allegation of torture with no diagnostic findings or judgements about consistency. For example, one report stated: 'Alleged in 2008 raped by Algerian terrorists. Took him from his home. Kept him in woods for one week. Burnt cigarettes on his hand, knife cut to arm and raped three times. Since then frightened of groups of men, nightmares, panic attacks, anxiety.' The report contained diagrams but no diagnostic findings on whether the scars on the hands were consistent with cigarette burns or whether there were objective signs of distress when the detainee recounted his rape. Replies were often formulaic and dismissive, although we did find one example of a food refuser being released following the submission of a rule 35 report. At the time of our inspection, he had been complying with his reporting restrictions.

Further recommendation

- 3.23** If an allegation of torture is made, health care staff should document any scarring, wherever possible providing a professional opinion on the consistency between any scarring and the alleged method of torture, and recording any objective signs of trauma.

Additional information

- 3.24** Ten per cent of the population had been held in the immigration estate for more than a year. Seventeen detainees had been held for more than two years, one of whom had been held for four years and another for five. The largest groups were Pakistani (100 detainees), Indian (72), Nigerian (49), Afghani (48) and Bangladeshi (43).
- 3.25** Two UKBA teams were based at the centre: a contact management team and a detained fast-track (DFT) team. Of the centre's 615 bed spaces, 251 were dedicated to the DFT process. The contact management team comprised a manager, 2.5 deputy managers and six contact management officers. The team's role was to liaise between detainees and UKBA caseworkers and it was supported by three criminal casework directorate caseworkers who attended weekly. Immigration officers from local immigration teams attended on an ad hoc basis. The team inducted all non-DFT detainees within 48 hours of their arrival at the centre.
- 3.26** Non-DFT induction interviews were conducted politely and professionally, although no information was provided on bail rights. One detainee's request for a telephone interpreter was turned down and the interview conducted in English. Non-English speakers were not always told why they were being detained. In our survey, fewer non-English speaking detainees (50%) said they were told the reasons in a language they could understand than English speakers (77%).

- 3.27 Since our last inspection, UKBA had created a DFT information and advice office with two officers, who operated on a rota basis across the residential units. DFT staff told us that communication had improved and there was less frustration for detainees. While this was a welcome development, the officers staffing the office did not have access to detainees' electronic casework files and often had to telephone for case updates. Awareness of the information and advice office was poor among detainees and there were few notices around the centre promoting it. It was not mentioned in DFT inductions.
- 3.28 Detainees applied to see the UKBA contact management team using a recently introduced paperless system. Detainee custody officers entered detainees' requests on the GEO computer system which was accessed once a day by the contact management team. Applications were distributed among contact management officers, who dealt with up to five a day. They responded in writing, by telephone or face to face depending on the nature of the application. Officers no longer attended the residential units and only saw detainees in the legal visits area, which was a retrograde step. The new system had yet to produce the desired results and, in our survey, fewer detainees (20%) than the comparator (29%) said that it was easy to see the centre's immigration staff when they wanted to.

Further recommendations

- 3.29 Telephone interpretation should be used by UKBA contact management officers to induct non-English speaking detainees, and all detainees should be advised of their bail rights and given a bail application form.
- 3.30 The detained fast track information advice office should be promoted around the centre, and detainees should be informed of the office during their induction interviews. DFT officers should have hands-on access to detainees' electronic casework files.
- 3.31 UKBA staff should attend the residential units to meet detainees face to face when responding to requests for case updates.

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.

Bullying

4.1 The safer custody group meeting should analyse relevant data for trends. (4.17)

Not achieved. The monthly meetings looked at figures for that month only. Managers had identified an over-representation of one nationality across a number of categories, but this had not been registered or discussed at meetings.

We repeat the recommendation.

4.2 There should be a safety survey of detainees, which should be used to update the policy and practice. (4.18)

Partially achieved. A survey of staff and detainees had recently been distributed but responses were still awaited.

Further recommendation

4.3 Responses to the safety survey should be analysed and the findings used to inform policy and practice.

4.4 Victims of bullying should have an individual plan to offer them appropriate support. (4.19)

Partially achieved. Most anti-bullying booklets did not contain support plans for victims but a more enlightened approach was being adopted which did not simply distinguish 'bullies' and 'victims' but addressed each incident of violent or intimidating behaviour in context.

4.5 Victims should not be required to sign a disclaimer if they do not choose to move accommodation units. (4.20)

Achieved. Such disclaimers were no longer in use.

4.6 The shop area and the games room, and any other communal areas where bullying or violence is identified, should be supervised by staff. (4.21)

Achieved. An officer was now routinely detailed to patrol the shop area and activities corridor, and the control room conducted regular CCTV monitoring of the activities areas in the new buildings.

Additional information

4.7 Our survey showed consistently negative perceptions of safety in the establishment, in comparison with other immigration removal centres and with the previous inspection. It was a

concern that 44% of detainees said that they currently felt unsafe against the comparator of 35%. We subsequently conducted in-depth safety interviews, which revealed few serious concerns among detainees about their personal safety. The main themes included poor health care, insufficient staff to deal with emergencies, and insecurity as a result of immigration cases. The lack of support for isolated detainees and aggression between detainees were also concerns.

- 4.8 The number of assaults compared reasonably with other establishments. There had been 32 assaults on staff, a slight rise on the previous year, and 27 assaults on detainees during the year to date. Sixty-two per cent of staff were overdue for planned training in violence reduction. However, we saw a number of officers interacting calmly and maturely with detainees to de-escalate potentially volatile situations, and there was a general sense of order in the establishment.
- 4.9 There were regular safer detention meetings and weekly monitoring meetings, but not all departments were represented. There was a confidential bullying telephone line. Two full-time wing managers were designated safer custody managers but had little time to devote to the role.
- 4.10 The violence reduction strategy was unclear. The anti-bullying strategy had not been updated since March 2009, and a violence reduction policy to reflect current good practice was still being drawn up. A small number of anti-bullying booklets had been opened in the year to date and investigations had been thorough.

Further recommendation

- 4.11 There should be a clear strategy for reducing violence, supported by a working group with membership across all relevant departments and staff with enough allocated time for the work. The strategy should be communicated to all staff through the training programme.

Suicide and self-harm

- 4.12 **The safer custody policy should reflect current practice at the establishment. (4.22)**

Achieved. The policy reflected current practice in all important respects.

- 4.13 **There should be a buddy/befriending scheme for detainees who are vulnerable and require additional support. (4.23)**

Partially achieved. A team of six detainee buddies were kept very busy supporting their peers, especially in immigration matters. However, the range of calls on their time, especially from newly arrived detainees, did not allow time for focusing on support to vulnerable people.

We repeat the recommendation.

- 4.14 **All relevant departments should attend the safer custody group meetings. (4.24)**

Not achieved. UKBA staff never attended the meetings and the health care department was rarely represented.

We repeat the recommendation.

- 4.15 The safer custody group meeting should monitor incidents of self-harm, analyse and respond to any emerging trends, and reflect on any lessons that can be learned from serious incidents of self-harm. (4.25)

Partially achieved. The monthly meetings looked at lessons to be learned from incidents in the past month, but did not examine any emerging trends over time.

We repeat the recommendation.

- 4.16 Staff should be aware of how to access important information identifying vulnerable detainees. (4.26)

Achieved. Wing staff knew how to access the twice-daily briefing sheet on the shared drive of the IT system, which identified vulnerable detainees. The handover from one shift to the next was comprehensive.

- 4.17 The safer custody manager should provide training to staff on the suicide and self-harm prevention arrangements at the centre and their responsibility for keeping detainees safe. (4.27)

Partially achieved. Staff were confident in the use of the self-harm risk management forms (assessment, care in detention and teamwork [ACDT]), enhanced observation booklets and the at-risk register. A number of officers, especially on Fir house, were expert in this area and shared their knowledge with colleagues. However, 34% of staff were overdue for regular refresher training on suicide prevention.

Further recommendation

- 4.18 All staff should receive regular refresher training on the prevention of suicide and self-harm.

- 4.19 Where appropriate, family and friends should be engaged in case reviews. (4.28)

Not achieved. In a very few cases, telephone contact had been made with family members before a review, but there had been no attempt to involve them directly in reviews either in person or by telephone.

We repeat the recommendation.

- 4.20 Professional interpreters should be used to interpret during case reviews. (4.29)

Partially achieved. Professional telephone interpretation had been used occasionally. Staff were used when available to interpret and detainee interpreters were also used, potentially compromising the assessment process as a result of inaccurate interpretation.

We repeat the recommendation.

Additional information

- 4.21 An average of 30 detainees were placed on ACDTs each month. There were four to five acts of self-harm per month, mostly cuts with a blade, and the most common trigger was imminent removal. The at-risk register commended in the previous report continued to be a useful tool for highlighting risk associated with trigger events such as the issue of removal directions. Detainees refusing food were quickly identified and appropriate measures taken to monitor and support them.

- 4.22 ACDT forms and enhanced observation booklets were used comprehensively. Assessments, care plans and reviews were generally thorough, although there was little quality assurance. Health care had rarely been represented at case reviews over the previous year, but this had improved in recent weeks since the mental health team had been strengthened.
- 4.23 Some detainees reported that staff were not responsive to requests for help and repeatedly told them 'to come back later'. Nevertheless, in our survey, perceptions of the willingness of staff to help detainees with a problem were similar to the comparator.

Further recommendation

- 4.24 The quality of ACDTs and enhanced observation booklets should be checked regularly by a manager and comments reported back.

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 any other body.

- 4.25 The new policy on detainees whose age is in dispute should be reviewed in consultation with the local safeguarding children board. The policy should include risk assessment and review paperwork, and describe a case management process with clear timings for reviews. (4.35)

Partially achieved. The GEO policy included risk assessment and review templates and a case management process was being delivered by wing staff. However, it had not been reviewed in consultation with the local safeguarding children board.

Further recommendation

- 4.26 The age dispute policy should be regularly reviewed in consultation with the local safeguarding children board.

- 4.27 UKBA should actively pursue the earliest possible social services assessment of detainees whose age is in dispute. (4.36)

Partially achieved. The local UKBA contact management team had gone to great lengths to pursue social services assessments in age dispute cases, although this had not prevented long delays in assessments taking place, in one case of six weeks. At least five detainees had been assessed by UKBA as being significantly over 18 without social services involvement. Worryingly, at least one detainee appeared to have been removed via fast track while awaiting a social services assessment.

Further recommendation

- 4.28 UKBA should liaise with local social services to ensure that all detainees whose age is in dispute are assessed at the earliest opportunity. Removals should not take place until the assessment is completed and the detainee has been assessed as an adult.

Additional information

- 4.29 UKBA figures suggested that in the first 10 months of 2011, there had been 26 detainees whose ages were in dispute compared to six in 2010, though GEO and UKBA figures did not correspond. The care plan approach to managing age dispute detainees incorporated regular welfare checks by wing staff, although many of the care plans that we looked at were almost identical. Detainees resided in Fir house until their age dispute was settled.
- 4.30 All UKBA and GEO staff underwent the requisite enhanced security checks on appointment. UKBA staff were required to complete an e-learning child protection package and GEO staff received a detailed safeguarding module as part of an initial training course and annual refresher training. Although the training package contained a simple flowchart and instructions on the statutory responsibility to report a child protection concern, this had not been replicated in the safeguarding policy.

Housekeeping point

- 4.31 Guidance on the statutory responsibility to report a child protection concern should be replicated in the safeguarding policy.

Diversity

Expected outcomes:

There is understanding of the diverse backgrounds of detainees and of 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.

- 4.32 The diversity policy should be finalised, include attention to the needs of gay and transgender detainees, and be distributed to staff and detainees. (4.45)

Achieved. The diversity policy had been finalised, with a hard copy placed in all staff bases and a copy emailed to each member of staff. It covered all the relevant protected characteristics.

- 4.33 There should be diversity impact assessments of local policies. (4.46)

Partially achieved. Three issues had recently been given an initial screening for impact assessment and none had shown up as needing a full assessment. A multidisciplinary workshop had met to look at each issue in the light of the protected characteristics defined by the Equality Act. A risk-based approach was needed to identify policies and practices for which there was evidence of possible direct or indirect discrimination, leading to full assessments. **We repeat the recommendation.**

4.34 The diversity manager should receive relevant training. (4.47)

Achieved. The diversity manager had completed the Prison Service race equality officer training and a Skills for Justice course on Managing and Valuing Difference.

4.35 All relevant departments should attend the race and diversity meetings, which should consider issues of nationality, race, religion, disability and sexuality. (4.48)

Partially achieved. Attendance had broadened in recent months, but there was little representation from residential or operations managers, other than the functional heads, and none from UKBA, health care or catering. All protected characteristics were covered at the meetings.

Further recommendation

4.36 All relevant departments should attend the race and diversity meetings.

4.37 Detainees should have access to a range of translated information about the centre. (4.49)

Partially achieved. House rules, compacts and a reception welcome document were available in approximately 20 languages. There was a display on 'How to make a racial complaint' in 20 languages, with some pictorial guidance. Otherwise, translated information was sparse and the translations varied in quality.

Further recommendation

4.38 Detainees should have access to a range of accurately translated information about the centre.

4.39 Detainees should be consulted on race, nationality and religious matters. (4.50)

Not achieved. Race relations and equality were standing agenda items at the detainee consultative committee, but issues were rarely raised in this forum and a more targeted approach was needed. Each wing was scheduled to have a fortnightly minorities meeting, but very few of these had taken place.

We repeat the recommendation.

4.40 All staff should have relevant diversity training. (4.51)

Achieved. All operational staff were up to date with equality training. The weekly bulletin contained useful locally written articles on equality topics from time to time.

4.41 Detainees with disabilities should be identified at the earliest stage and included in regime monitoring. (4.52)

Partially achieved. A disability questionnaire was administered by the nurse to all new arrivals in reception. However, we observed it being administered in a cursory manner and, while the establishment had identified only 14 individuals with disabilities, 19% of detainees in our survey identified themselves as having a disability.

We repeat the recommendation.

- 4.42 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)

Not achieved. Not all detainees with disabilities were identified. Positive results from the reception health screening were passed to the duty operations manager who drew up a personal emergency evacuation plan (PEEP), covering every day needs and requirements for assistance in case of emergency. Copies of the PEEP and care plan were held in the wing staff room and by the detainee and the disability liaison officer. However, not all wing staff were aware of what evacuation plans were or where they were located. Care plans were drawn up following a confidential one-to-one interview during induction.

We repeat the recommendation.

- 4.43 There should be a mentoring/carers scheme for detainees who require additional support with daily tasks. (4.54)

Not achieved. There was no such scheme.

We repeat the recommendation.

Additional information

- 4.44 Progress had been made in recent months towards establishing a structure for managing equality issues, with the full engagement of the senior management team and liaison officers for each diversity strand.
- 4.45 All racial incidents reported were investigated to a good standard by a member of staff trained as a race equality officer. There had been only 13 such investigations in the preceding six months. There was no evidence of significant difficulties in relationships between different groups of detainees.
- 4.46 There had been some monitoring by nationality, but this had not led to formal discussion or action. For example, several managers were aware that Algerian detainees were over-represented in records of self-harm risk, separation and use of force, but there had been no analysis or discussion of this trend at establishment meetings.
- 4.47 In our survey, detainees who did not speak English had less positive experiences of their arrival at the centre and 37%, against 50% of English speakers, had felt safe on their first night. They were also more likely to report having been victimised by other detainees (47% against 34%). Telephone interpretation was used about 100 times each month but not always at key moments such as reception interviews and ACDT case reviews.
- 4.48 In our survey, detainees with disabilities had less positive perceptions than others of staff interactions, their treatment on arrival and their safety. Older detainees were identified and interviewed by a liaison officer, who worked effectively to meet specific needs and ensure informal peer support.
- 4.49 Excellent confidential support was provided by a liaison officer for gay and bisexual detainees, who responded sensitively to the differing cultural attitudes among detainees towards gay lifestyles. This member of staff maintained a seven-day-a-week mobile phone support line. The establishment was affiliated to Stonewall and made Attitude and Gay Times privately available to gay and bisexual detainees.

Further recommendations

- 4.50 The equality meeting should regularly review any trends revealed by diversity monitoring, initiating research and action to resolve potential areas of discrimination.
- 4.51 Professional interpretation should be used, by telephone or in person, for any formal interaction requiring confidentiality if a detainee has limited knowledge of English.

Good practice

- 4.52 *Excellent confidential support was provided by a liaison officer for gay and bisexual detainees, who demonstrated sensitivity to different cultural attitudes to gay lifestyles.*

Faith and religious activity

Expected outcomes:

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

- 4.53 Staff should receive awareness training in religious diversity. (4.62)

Achieved. The religious affairs manager had devised and delivered a helpful training module on cultural and religious diversity to several groups of staff, which was ongoing.

Additional information

- 4.54 All the principal faiths were represented by the chaplaincy team and a number of external faith communities supported the practical and religious needs of detainees. Befrienders speaking Mandarin, Arabic, Tamil and Farsi attended the centre regularly. Chaplains were well integrated within the centre and the religious affairs manager attended diversity and safer detention meetings when possible. However, in our survey 50% of detainees said they could speak to a religious leader of their faith in private against 75% at the last inspection.

Further recommendation

- 4.55 Detainees should have the opportunity to speak privately with chaplains.

- 4.56 All houses had areas for worship, but these facilities varied in size and suitability, and those on Fir house were very cramped. We were told that UKBA had not responded to requests to consult with the chaplaincy and other staff on the design of the new building. Problems over the use of the rooms for different faiths had been handled well and detailed timetables had been drawn up for each room.
- 4.57 There were very few opportunities for corporate worship across the centre: Diwali had been the most successful, with 12 permitted from each unit as well as any detainees from Cedar and Dove houses. A good range of cultural and religious festivals was celebrated, including the Chinese moon festival, Africa Day, and the Zoroastrian festival of Norooz. In Cedar and Dove houses, detainees of various faiths from the subcontinent shared in the Langar food brought in regularly by the Sikh minister. The chaplaincy made specific faith celebrations available to

detainees of all faiths, which was commendable. Separated detainees did not have access to corporate worship.

- 4.58 The chaplaincy had organised the donation and distribution of clothes and suitcases for detainees approaching removal or release, to supplement basic provision made by the centre.

Further recommendations

- 4.59 Separated detainees should be able to attend corporate worship subject to risk assessment.
- 4.60 Members of each faith community should be able to meet together from all parts of the establishment for special religious festivals.

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.

Additional information

General

- 5.1 A health development plan should be produced which includes health promotion.(5.68)

Not achieved. There was no health development plan. Services were largely reactive and provided no opportunities for promoting the health of detainees.

We repeat the recommendation.

- 5.2 There should be a clear distinction between inpatient healthcare beds and other beds which are used for detainees without an identified health need.(5.69)

Not achieved. There were 14 bed spaces in the inpatient unit. There were clinical criteria for admission but detainees on constant watch were routinely located in the inpatient unit and a detainee custody officer stayed with them until their observations were at 30 minute intervals or less.

Further recommendation

- 5.3 Detainees with no acute suicide/self-harm needs or identified clinical needs should be returned to the care of detainee custody officers.

- 5.4 Administrative staff should not attend health care consultations. (5.70)

Achieved. Administrative staff did not attend health care consultations.

- 5.5 Detainees with little or no use of English should be offered the use of interpreting services for all healthcare consultations, and other detainees should only be used to interpret for other detainees with clear consent. (5.71)

Partially achieved. Big Word was used regularly for health screening in reception, using a dual handset. There was a dual handset in the doctor's surgery and some evidence of telephone interpretation being used. However, we saw detainees with limited English who were not offered interpretation.

We repeat the recommendation.

- 5.6 All healthcare appointments should be monitored for equity of access. (5.72)

Not achieved. Primary care appointments were allocated largely according to location and divided into morning or afternoon appointments accordingly. We saw no evidence of detainees put at a clinical disadvantage because of their location.

- 5.7 An infection control audit should be conducted of all healthcare areas. (5.73)**
- Not achieved.** An audit had not been conducted. We were told of plans for cleaning schedules but that the daily cleaning of non-clinical areas was done by centre staff who were not trained to equivalent NHS standards.
We repeat the recommendation.
- 5.8 Chronic disease clinics should be set up to ensure effective monitoring of the health of detainees and audit of their care. (5.74)**
- Not achieved.** There were no chronic disease clinics. The only relevant provision was daily blood sugar monitoring to support diabetic detainees.
We repeat the recommendation.
- 5.9 A policy on the management of blood-borne viruses with clear indications for testing should be produced. (5.75)**
- Partially achieved.** There was an up-to-date policy but testing was only offered if a detainee requested it.
We repeat the recommendation.
- 5.10 There should be a designated lead for the care of older detainees. (5.76)**
- Achieved.** A nurse had recently been identified to lead on the health of older detainees but it was too early to assess the impact.
- 5.11 Information on health services for detainees should enable those with literacy as well as language difficulties to understand when and how to access services. (5.77)**
- Not achieved.** The information leaflet was being updated and the current version was only narrative. The leaflet had been translated into several languages but we found the quality of the translation to be poor and the wording and format was too complex for detainees with literacy difficulties.
We repeat the recommendation.
- 5.12 All health services staff should be trained in recognising and dealing with torture and its consequences. (5.78)**
- Not achieved.** We were told there had been efforts by the UK Border Agency (UKBA) to source appropriate training but none of the health care staff had received training.
We repeat the recommendation.
- 5.13 Rule 35 healthcare reports should clearly identify whether injuries are likely to have resulted from torture. (5.79)**
- Not achieved.** The quality of Rule 35 reports by clinical staff was poor. They merely repeated what the detainee had said and clinical evaluations failed to state the likely cause of the alleged torture injuries (see casework section).
We repeat the recommendation.
- 5.14 All detainees on formal 'medical hold' should stay at the centre pending a clinical decision on their condition. (5.80)**

Not achieved. Data for the previous year were not available but we were told that since the new health care provider had started in July 2011, there had been one instance of a detainee with unstable high blood pressure who had been designated as 'medical hold' and 'unfit to fly' by health care staff. His 'hold' status had been ignored by UKBA and he had been deported. We repeat the recommendation.

5.15 A palliative care policy should be developed. (5.81)

Achieved. There was an up-to-date policy in place.

5.16 All policies should be dated, appropriately referenced to current national and/or local NHS guidance and subject to regular review. (5.82)

Achieved. There was an appropriate range of generic health policies and policies tailored for the secure setting. Policies were clearly marked with the start date, review date and the authors' names.

5.17 Clinical supervision should be available and encouraged for all nursing staff. (5.83)

Partially achieved. There was an up-to-date policy and some of the senior nurses had individual supervision arrangements. A new senior nurse had recently been appointed who would take the lead in ensuring that all staff had access to regular supervision. We repeat the recommendation.

5.18 There should be a current training needs analysis for nursing staff. (5.84)

Not achieved. Staff had completed appropriate mandatory training, such as intermediate life support. A training needs analysis was being developed. We repeat the recommendation.

5.19 All staff should have regular appraisals and a personal development plan which informs their continuing professional development. (5.85)

Achieved. A policy was in place for regular appraisals and all senior staff had been scheduled for an appraisal.

5.20 There should be a formal agreement with the local authority/primary care trust for the loan of occupational therapy equipment. (5.86)

Not achieved. Various items of mobility/functional equipment were available at the centre, including wheelchairs, crutches and raised toilet seats. There was no formal loan arrangement with the primary care trust (PCT). We repeat the recommendation.

5.21 Detainees with disabilities should be provided with aids appropriate to their disability to ensure their independent mobility and dignity. (5.87)

Partially achieved. We were told that if an occupational therapy assessment was required, the local PCT was contacted. It was not clear whether detainees using mobility/daily living equipment had been appropriately assessed (see section on disability).

Further recommendation

5.22 Appropriate functional assessments should be made by a trained member of staff for all detainees requiring mobility/daily living equipment.

5.23 Clinical records should be appropriately and safely managed, with specific reference to their day-to-day storage and a tracking system to ensure fast locating of records for clinical consultations.(5.88)

Not achieved. Current paper records were stored in filing cabinets in a dedicated locked room. However, we found too many records with entries out of sequence and loose papers. There was no tracking system which made it difficult to locate notes.

We repeat the recommendation.

5.24 All duplicate or additional clinical records for the same detainee should be co-located and fastened securely together. (5.89)

Not achieved. We noted one example of two sets of records for one detainee which were co-located but not attached.

We repeat the recommendation.

5.25 Entries in clinical records should be complete, legible and the entry author identifiable by name and designation. (5.90)

Not achieved. Many entries that we examined were difficult to read and it was hard to identify which health care professional had made the entry.

We repeat the recommendation.

5.26 The records of current and previous detainees should be stored safely and securely to comply with Caldicott requirements. (5.91)

Achieved. All previous records were maintained in a separate locked room. There were plans to archive the old records off site with a professional archive store.

5.27 Healthcare complaints should be reviewed and always responded to by a senior member of health services staff. (5.92)

Achieved. Complaints were answered by the health care manager. We noted polite responses, although the essence of the complaint was not always properly addressed.

5.28 There should be a consultation mechanism for detainees to raise healthcare issues. (5.93)

Not achieved. Health care was not included in the centre consultation mechanism and there was no forum for detainees to raise health issues.

We repeat the recommendation.

5.29 Links should be developed with the local health and social care community in respect of flu pandemic arrangements. (5.94)

Not achieved. There was a containment and infection control policy specific to immigration removal centres but no policy or working arrangement with community services in the event of a flu pandemic.

We repeat the recommendation.

5.30 Routine screening for blood-borne viruses should be offered on or soon after arrival. (5.95)

Not achieved. Detainees could request screening for blood-borne viruses and receive appropriate treatment but there was no screening or immunisation programme.

We repeat the recommendation.

5.31 There should be a self-completion arrival assessment available in detainees' own language. (5.96)

Achieved. The reception screening was more thorough than at our previous inspection. Nurses used telephone interpretation services via a dual handset for detainees with limited command of English.

5.32 All detainees reporting thoughts of self-harm or suicide to health services staff should have an assessment, care in detention and teamwork (ACDT) document opened. (5.97)

Achieved. Nurses were initiating assessment, care in detention and teamwork documents (ACDTs) when appropriate. The newly appointed mental health nurse regularly discussed with safeguarding staff detainees identified as at risk of self-harm.

5.33 All detainees should be offered a GP (general practitioner) appointment within 24 hours of arrival. (5.98)

Achieved. All detainees were asked if they would like to see the GP during their reception screening.

5.34 Health services staff should routinely advise on room location for detainees with an identified disability. (5.99)

Not achieved. Nurses asked detainees if they had a disability during the reception screening. We did not see any evidence of communication between health care and centre staff about detainees' disabilities and their room location (see paragraph 4.42).

5.35 An audit of missed healthcare consultations, including those attending late, should be undertaken, to identify the reasons and improve detainees' access to healthcare. (5.100)

Not achieved. No audit had been carried out. Detainees were given appointments to attend in the morning or afternoon according to their location and any restrictions on their movements. There still appeared to be wasted appointments across primary care clinics.

We repeat the recommendation.

5.36 There should be a policy for the clinical management of tuberculosis. (5.101)

Achieved. There was a current policy and good links with the local NHS tuberculosis service. At the time of the inspection, there was a detainee in the inpatient unit awaiting final test results and another in Hillingdon hospital with infectious TB waiting to be transferred back with

suitable precautions. We noted staff taking appropriate precautions in their contact with the affected detainee.

5.37 There should be a health promotion strategy. (5.102)

Not achieved. There was no strategy and very little literature or patient information.
We repeat the recommendation.

5.38 There should be smoking cessation provision. (5.103)

Achieved. Smoking cessation advice and nicotine replacement patches were provided on request.

5.39 There should be regular involvement of a pharmacist and/or technician in the pharmacy service, with minimum monthly visits to support and provide appropriate system and stock checks. (5.104)

Achieved. A pharmacist visited the centre once a week and had seen a small number of patients for medication reviews. A technician from the local pharmacy supplier attended the health care centre every weekday morning to check stock and order medications. There were no pharmacy clinics.

5.40 In-possession risk assessments should be completed fully for all detainees who are being considered for provision of medication in possession. (5.105)

Not achieved. We examined several patient records which did not all have a completed risk assessment attached.
We repeat the recommendation.

5.41 There should be an out-of-hours medication policy. (5.106)

Achieved. The out-of-hours policy had been reviewed by the medicines and therapeutics committee in November 2011.

5.42 Standard operation procedures for controlled drugs should comply with current requirements of the Misuse of Drugs Regulations 2001. (5.107)

Achieved. The standard operating procedures appeared to comply with the Misuse of Drugs Regulations 2001.

5.43 All healthcare policies and procedures should be formally ratified and reviewed through the appropriate governance committee. (5.108)

Achieved. The medicines and therapeutics committee had recently ratified the special sick, out-of-hours and in-possession policies. We noted a wide range of up-to-date health policies which had been reviewed appropriately.

5.44 The medicines and therapeutics committee should meet at least quarterly. (5.109)

Achieved. The committee now met monthly.

5.45 Prescribing data should be collated and reviewed to enable safe and effective medicines management and value for money. (5.110)

Achieved. The centre had recently changed to obtaining medicines from Primecare and the pharmacist confirmed that she had detailed prescribing data which would be reviewed through the medicines and therapeutics committee. It had been difficult to audit the medicines obtained through the local pharmacy provider but this was being addressed.

5.46 There should be appropriate procedures for dealing with incidents involving controlled drugs. (5.111)

Achieved. Procedures were described in the controlled drugs standard operating procedures.

5.47 An audit of all missed dental appointments should be conducted to identify reasons for non-attendance and enable effective use of sessions. (5.112)

Not achieved. No audit had been carried out and the 'did not attend rate' was approximately 60% at a significant number of the sessions that we reviewed.
We repeat the recommendation.

5.48 Oral health promotion should be introduced. (5.113)

Not achieved. No oral health promotion was offered.
We repeat the recommendation.

5.49 Care plans should be reviewed regularly, reviews documented and detainees involved wherever possible. (5.114)

Partially achieved. Several of the inpatients had care plans but there was little evidence of regular review and no evidence of detainees' involvement in care planning.
We repeat the recommendation.

5.50 Therapeutic day care should be available for detainees. (5.115)

Not achieved. Detainees with mental health problems or housed on the inpatient unit had no day care provision.
We repeat the recommendation.

5.51 External healthcare appointments should only be cancelled or rearranged in exceptional circumstances. (5.116)

Partially achieved. There had been relatively few cancellations but we noted a number of cancellations because detainees refused to be double-cuffed for external appointments which happened routinely (see paragraph 1.8).

5.52 There should be protected time for registered mental health nurses to provide primary mental health services for detainees. (5.117)

Achieved. A newly appointed mental health nurse was developing a mental health service for detainees, supported by the senior nurse. The mental health nurse was available in the centre every weekday and we noted signs of improved identification of detainees with mental illness and follow-up of detainees with ongoing problems.

5.53 Detainees should have access to a counselling service. (5.118)

Not achieved. There was no counselling service. Increasing numbers of fast-track detainees and detainees remaining for more than a year had resulted in increased levels of anxiety and low-level depression.

We repeat the recommendation.

5.54 There should be mental health awareness training for all centre staff. (5.119)

Not achieved. There was no mental health awareness training for centre staff. We were told of plans to explore a training package used at Dungavel immigration removal centre.

We repeat the recommendation.

5.55 The telephone in the reception healthcare room should be sited appropriately to enable ease of telephone interpretation, and should include a loudspeaker function to enable effective communication between nurse and detainee. (5.124)

Achieved. The telephone was on the desk and had a dual handset to facilitate telephone interpretation.

5.56 All controlled drugs should be destroyed in accordance with current requirements. (5.125)

Achieved. Primecare staff witnessed the destruction of controlled drugs in line with legal requirements.

5.57 There should be a dual labelling system for medication. (5.126)

Partially achieved. This system is no longer recommended practice. We saw some stock medicines with dual labels and some with one label. A stock level chart was used and medicines taken from stock were recorded. The pharmacist was working with pharmacy technicians to ensure compliance.

5.58 All staff handling controlled drugs should understand and comply with the standard operating procedures. (5.127)

Partially achieved. Most of the controlled drugs standard operating procedures had been signed by staff involved. The pharmacist told us that staff were still being trained to use them.
We repeat the recommendation.

Additional information

5.59 Health services had been provided by Primecare since July 2011. GP services were provided by the Jersey practice. There was no relationship with the local PCT other than through two specialist services. In our survey, only 27% of detainees said that health care was good against the comparator of 37% and 36% at our previous inspection. Detainees in our groups consistently cited health care as one of the worst aspects of the centre.

5.60 The health care centre was clean with adequate consulting and treatment rooms and office and storage space. There was appropriate privacy for detainees consulting the GP. The two waiting rooms were clean but bare, with no health information literature. The inpatient unit on the second floor comprised two six-bedded bays and two single rooms. It was clean but bleak and did not provide a suitable therapeutic environment.

- 5.61 A new health care manager had been appointed recently, supported by a senior manager, and there were signs of recent overall improvement. There was a satisfactory mix of registered general and registered mental health nurses, health care support workers and administration staff. A significant number of health care staff were not able to carry keys while awaiting security checks, which affected the delivery of services.
- 5.62 The range of primary care services covered the basic needs of the detainees and included a visiting dentist and optician.
- 5.63 Nurses screened requests to see the GP to provide interim care but access to the GP was reasonable and detainees were given sufficient time for their consultations. The same GP practice provided out-of-hours cover.
- 5.64 There was a clear policy on refusal of food and fluids. At the time of the inspection, one inpatient detainee who had been refusing food and most fluids for 25 days was taken to the local hospital for medical assessment.
- 5.65 Clinical incident reporting was low for the level of health care activity, with 10 incidents reported since June 2011. We observed one incident where a nurse administered an incorrect dose to a detainee, which was rectified at our intervention. Recording of administration of special sick medications was inconsistent.
- 5.66 A resuscitation kit was kept in the pharmacy room but there was no oxygen or defibrillator. Emergency drugs were kept in a separate bag and we noted one medication significantly out of date.
- 5.67 There was no health literature on display or readily available to detainees and no evidence of opportunistic health promotion. Condoms were not available.
- 5.68 Detainees leaving the centre were provided with a summary or complete copy of their record depending on whether they were being transferred, released or deported. Detainees on prescribed medication were given a minimum of seven days' supply on release, with provision for larger prescriptions for those on anti-retro-viral or TB medicines and/or those being deported.
- 5.69 Pharmacy services were provided by two suppliers: regular medicines were provided by Primecare and controlled drugs and urgent medications were provided by a local pharmacy. The pharmacy room was clean and orderly. While staff were in the pharmacy, the door was kept locked using an ordinary bolt which did not provide appropriate security. There was excessive stock medication and named patient medication was sometimes returned to stock by deleting the patient's name. Nurses were using stock medicines for special sick administration. Stock records were incomplete. The storage of medicines was confusing with stock medicines stored in the same cupboards as named patient medications. Some copies of the British National Formulary were out of date. The refrigerator temperatures in the pharmacy room were not recorded daily to ensure the integrity of heat-sensitive products.
- 5.70 A recent internal dental audit carried out by Primecare had identified a number of failings, including non-compliance with separation of clean and dirty areas, out-of-order equipment and overdue equipment servicing. Detainees complained of long waits and the dental appointment schedule did not enable tracking of waiting times.
- 5.71 The inpatient unit was situated above the main health care unit. At the time of the inspection, there were eight patients, of whom four had identified mental health needs and one was at a

local hospital for treatment. The unit was staffed by a health care support worker who was supervised by a registered nurse, primarily at medication times and doctor's rounds. The registered nurse also had primary care responsibilities on the lower floor.

- 5.72 Staff described the unit as a 'forgotten world' and, while we noted some positive nursing interactions, there was little to soften the environment or ensure detainees' mental well being during their stay. The toilets and showers were clean and accessible for detainees with disabilities, but there were inadequate pillows on the beds.
- 5.73 Two detainees were awaiting transfer under the Mental Health Act: both had identified secure placements and had waited approximately a week since assessment. A third detainee was awaiting assessment and was likely to require hospital admission. We were unable to obtain data on the number of Mental Health Act assessments or transfers during the previous year.
- 5.74 In two cases during the previous year, the High Court had ruled that the detention of detainees at Harmondsworth breached Article 3 of the European Convention on Human Rights owing to their mental ill health (see casework section).

Further recommendations

- 5.75 Detainees should receive safe and appropriate administration of medication, and the pharmacy room should provide a secure environment for medication storage and administration.
- 5.76 Resuscitation equipment should reflect Resuscitation Council Guidelines and all staff with direct responsibility for the care of detainees should be trained to use it.
- 5.77 Dental services should provide a safe service equivalent to NHS community service standards.
- 5.78 The inpatient unit should provide a suitable therapeutic environment for physically or mentally ill detainees.

Housekeeping points

- 5.79 Condoms should be readily available.
- 5.80 Stock medicines should be stored, used and administered appropriately.
- 5.81 All drug reference books should be up to date.
- 5.82 Refrigerator temperatures should be recorded daily to ensure the integrity of heat-sensitive products.

Substance use

- 5.83 All health services staff dealing with and administering substance use regimes should be trained to Royal College of General Practitioner (Substance Use) level one. (5.120)

Not achieved. Clinical drug treatment was delivered by primary health care nurses, none of whom had been trained to RCGP level one in the management of substance misuse.
We repeat the recommendation.

- 5.84 **There should be a protocol for the care and admission to the inpatient unit of alcohol dependent detainees. (5.121)**

Partially achieved. A draft protocol was in place dated June 2011. The establishment was working with the offender health section of the Department of Health to ensure compliance with all relevant guidance and regulations. Detainees with clinical signs of alcohol dependence stayed on the inpatient unit for five days to be stabilised.

We repeat the recommendation.

- 5.85 **There should be structured support for substance use, including alcohol. (5.122)**

Partially achieved. Detainees received opiate substitution medication but little other psychosocial support. There was no structured approach to the delivery of drugs information or advice. However, as one detainee who had previously received good intensive drug treatment in prison put it: 'having to talk to mental health staff about drug problems can cause stigma difficulties - and at the end of the day mental health nurses are not trained as drug workers'.

We repeat the recommendation.

- 5.86 **There should be a dual diagnosis approach to detainees with both substance use needs and mental health problems. (5.123)**

Not achieved. There were no specialist dual diagnosis nurses and, if mental health workers engaged with detainees, there was no structured approach to assessment or care in relation to their dual diagnosis.

We repeat the recommendation.

Additional information

- 5.87 There had been a reduction of medicine diversion with the recent introduction of liquid diazepam and clonazepam, but overall progress had been limited since the last inspection. Medical records had not been properly kept and we could not ascertain how many detainees had received methadone treatment or alcohol detoxification over the previous six months (see 5.24). At the time of the inspection, seven detainees were receiving methadone, all of whom were on reducing prescriptions. There were no detainees receiving alcohol detoxification treatment.
- 5.88 First night prescribing was available if existing prescriptions could be verified or if detainees needed initiation in opiate substitution treatment. Subutex was also available if the detainee arrived with a confirmed prescription. No conversion from methadone to Subutex was offered, and this was reasonable given that only 16% of detainees stayed at the centre for longer than four months and it could be difficult to manage the transition and ensure ongoing clinical support abroad.
- 5.89 The necessary clinical protocols for treating substance misusers and protocols for drug supply reduction were in place, but there was no single, cohesive, establishment-wide drug strategy. There was no strategic committee overseeing substance use areas and no formal structures for sharing information on substance misuse.

Further recommendation

5.90 The centre should establish a comprehensive drug and alcohol strategy under the oversight of a committee chaired by a senior manager, with representatives from all relevant departments.

Section 6: Activities

Expected outcomes:

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

Work

- 6.1 Detainees' compliance with UKBA should not be considered as part of the recruitment to paid work roles. (6.27)

Achieved. Managers no longer consulted the UK Border Agency (UKBA) when recruiting detainees to paid roles, although during the recruitment process they checked electronic file entries made by UKBA. No detainees had been refused work because of their record of compliance.

- 6.2 Basic hygiene training should be introduced for detainees working in the kitchen and dining hall serveries. (6.28)

Achieved. All detainees working in food preparation and serving areas now routinely received basic food hygiene training as part of their induction into the role.

Additional information

- 6.3 The centre did not offer enough paid work. The number of work roles and detainees in work had increased since the previous inspection but had not kept pace with the increased population. The 110 detainees in work represented only about 20% of those detained. Many detainees waited too long to be offered a role: up to 40 detainees were on waiting lists with a waiting time of at least three weeks. The centre planned to add another 36 roles. Detainees' working hours varied between 15 and 35 a week, although the centre planned to reduce the maximum to 25 hours. A few roles, such as being a buddy, were interesting and enabled skills to be acquired. Most were mundane and consisted of cleaning or serving food. Pay rates were generally £1 or £1.75 an hour. Most of the better-paid roles were filled by residents of Cedar and Dove houses.
- 6.4 There were appropriate arrangements for recruiting detainees to work. Detainees received a very basic general induction to work which detainees with limited English did not readily understand. This was supplemented by practical guidance and basic hygiene training for servery and kitchen workers.

Further recommendation

- 6.5 The centre should ensure that work induction can be understood by detainees who speak limited English.

Learning and skills

- 6.6 The times when qualified tutors are staffing education sessions should be advertised, to promote better attendance. (6.29)

Not achieved. The centre had recently changed the organisation of education. Information displays did not clearly identify when sessions were staffed by qualified tutors. Attendance was generally poor.

We repeat the recommendation.

- 6.7 The qualifications offered in information and communications technology (ICT) should be reviewed to ensure that they meet the needs of short-stay detainees. Computer software should be updated to ensure that all qualifications offered are obtainable. (6.30)**

Achieved. The centre had introduced an appropriate range of internally and externally assessed qualifications which detainees could complete in a matter of hours. New computer hardware and software in the main ICT classroom was sufficient to support all the qualifications the centre offered.

- 6.8 Posters advertising ICT qualifications should be accessible to those with limited English skills. (6.31)**

Achieved. ICT staff had rewritten posters advertising qualifications in simple English, with some translation into other languages.

- 6.9 Staffing in both ICT rooms should be sufficient to allow tutors time to coach detainees working towards ICT qualifications. (6.32)**

Not achieved. There was now only one ICT room, but the scheduling of tutors' working hours was unchanged. At certain times one or two tutors staffed the room, and at other times none. Insufficient time was allowed for tutors to coach detainees working towards qualifications.

Further recommendation

- 6.10 Staffing in the ICT room should be sufficient to allow tutors time to coach detainees working towards ICT qualifications.**

- 6.11 Quality assurance and improvement arrangements should be further developed in education and activities. (6.33)**

Not achieved. Quality assurance and improvement arrangements had deteriorated since the last inspection. Previous initiatives to establish self-assessment had not been followed through and the centre did not monitor the quality of education or activities systematically.

We repeat the recommendation.

- 6.12 Attendance monitoring should be improved to ensure that all detainees have equitable access to education, the library and activities. (6.34)**

Partially achieved. Monitoring of activities and classes had become more rigorous and staff no longer recorded brief visits by detainees to an activity or room as an attendance. However, the centre did not otherwise distinguish between detainees who attended for only part of a session and those who remained for all or most of it. Data on attendance were not analysed to establish if access to education and activities was equitable. Attendance at the library was not recorded.

Further recommendation

6.13 The centre should further improve the monitoring of attendance to establish more accurately the take up of activities and education, and extend this to the library. Data on attendance should be collated and analysed to ensure access to education and activities is equitable.

6.14 **The games room should be better monitored and resourced. (6.35)**

Partially achieved. The centre had increased the resources for games, which were now mostly located on the residential wings. Resources in the games room in the central spine area had not improved, nor had the monitoring, but few detainees now used this facility.

6.15 **A wide range of activities should be offered at weekends. (6.36)**

Not achieved. The centre had plans to provide additional activity such as education classes at weekends but these had not yet been implemented.

We repeat the recommendation.

Additional information

6.16 Activities provision had not kept pace with the expansion of the centre and only 33% of detainees in our survey said they had enough to do with their time compared to 55% at the last inspection. Detainees reported more negatively than the comparator on the whole range of survey questions on activities. Detainees were free to move within their own residential units for 15 hours a day, but had less access to the common recreational and educational facilities, varying between one and three hours a day.

6.17 The centre provided a good range of recreational facilities on the wings, including pool tables and electronic games consoles. Detainees' rooms were equipped with televisions receiving satellite channels and DVD playback facilities. Activities staff regularly organised wing-based competitions such as bingo, which were well attended. The centre regularly hosted popular visits from external organisations such as Good Vibrations and Music in Detention.

6.18 Internet use was very popular. The centre provided computers on all the residential wings, with around 50 in all. There was no booking system to ensure that access was equitable.

6.19 Education consisted of classes in English for speakers of other languages (ESOL), ICT and arts and crafts at day and evening sessions on weekdays. The centre offered no education at weekends, although they planned to introduce this.

6.20 Tutors had suitable expertise and education resources were good. Classrooms were spacious, light and suitably furnished. The content of classes taken by tutors was generally appropriate for the diverse needs of the population but too many timetabled sessions did not take place or were supervised by staff other than tutors because they were not scheduled to teach or were on leave. Information displayed on whether sessions would be taught or supervised was not clear or up to date.

6.21 In ESOL classes, detainees were able to work towards internally assessed modules of study which could take some weeks to complete. Some detainees worked towards externally accredited adult literacy qualifications which were inappropriate because they did not bestow credit for achievement in speaking and understanding, which was the focus of ESOL classes.

- 6.22 In ICT classes, tutors provided intensive individual coaching towards a range of internally and externally accredited qualifications but few detainees completed programmes of study. In arts and crafts classes, groups and individual detainees received expert tuition in a suitable range of activities. Detainees' artwork was regularly entered for Koestler awards and had illustrated the annual report of an external organisation concerned with the welfare of detainees.
- 6.23 Attendance at education was variable. In our survey, only 10% of detainees said they did any education at the centre, against the comparator of 25% and 26% at the previous inspection. Promotion of education was ineffectual, consisting of poster displays and information provided on induction. Detainees did not receive a dedicated induction to education or other activity. During the week of the inspection, the centre had introduced major changes to the organisation of communal education and recreational provision, which would now take place in the main spine area. In the longer term, this had the potential to offer significant benefits but many operational and practical matters remained unresolved and both detainees and staff were confused about the new arrangements.
- 6.24 Managers received some feedback about education and activities through the detainee consultative committee, but there were no systematic arrangements to collect and respond to the views of detainees and staff. Managers acknowledged that the centre did not have suitable expertise to monitor the quality of education provided or to identify how to improve it.

Further recommendations

- 6.25 The centre should ensure detainees' access to computers on the residential wings is fair and equitable. Suitable arrangements should be made for detainees needing printed copies of confidential legal material.
- 6.26 Timetabled education sessions should always be taught by trained tutors.
- 6.27 The qualifications offered in ESOL should be reviewed to ensure that they meet the differing needs of short- and long-stay detainees. Detainees seeking external accreditation should be offered ESOL speaking and literacy qualifications rather than qualifications in adult literacy.
- 6.28 Arrangements and schedules for education, recreation and library provision in the main spine area should be clear to detainees and staff.

Library

- 6.29 **Effective systems to monitor book, CD and DVD issues and returns should be introduced to reduce excessive stock loss. (6.37)**

Not achieved. The library had a very limited computer based system to log the loan and return of books and other media. It did not allow effective monitoring of the stock or provide reliable data on losses.

We repeat the recommendation.

Additional information

- 6.30 Library provision was adequate. The library was situated in the main spine area, managed by a trained librarian, with the help of a dedicated assistant. The extensive stock of around 8,000 titles offered a good range of books in each of 13 languages identified as the most appropriate

for the population, with more limited stock in a further eight languages. Detainees borrowed DVDs from a stock of over 500, and music CDs which covered the 13 core languages. The library provided a suitable range of daily newspapers in English and other languages, supplemented by periodicals. It was well furnished and sufficiently spacious for detainees to read or carry out research. The library was open to detainees day and evening seven days a week. At the start of the inspection week, a small, unsuitable room on one of the wings providing very basic additional library facilities had been closed and library staff were in the process of adding the stock to the main library area. Books lay in piles on a central table awaiting placement on shelves. The library did not have suitable computer software to manage stock effectively or provide search facilities.

Physical education

6.31 All detainees should be screened by health services staff before using the gym or undertaking strenuous exercise. (6.38)

Not achieved. Detainees did not receive specific screening from health care staff before taking part in physical activities. Information from the health care screening that detainees received on arrival at the centre was not readily available to activity staff.

Further recommendation

6.32 Information from the health care screening which indicates detainees' fitness to participate in physical activity should be readily available to activity staff.

6.33 PE staff should compare attendance data statistics with the population as a whole to ensure that they are meeting the needs of all groups. (6.39)

Achieved. Staff produced monthly statistics on the ethnicity of detainees attending gym activity compared with the ethnic composition of the population, which enabled broad assumptions to be made. However, the data were not sufficiently detailed to identify the extent to which fitness activity attracted or excluded other groups, such as older detainees. The use of fitness equipment on the residential wings was not recorded.

Further recommendation

6.34 Collation of data on attendance at PE and fitness activity should be sufficiently detailed to establish whether identifiable groups in the centre are attracted or excluded.

Additional information

6.35 The centre provided good facilities for physical fitness and sporting activity. Each wing had access to an outdoor courtyard where activity staff frequently organised popular team games such as volley ball, cricket and five-a-side football.

6.36 Detainees regularly used the centre's reasonably sized sports hall for team and racquet sports and circuit training. Activity staff routinely supervised a well-equipped gym in the main spine which detainees used extensively. Each wing had its own fitness equipment, although this was less well used and rarely supervised. The centre did not provide any safety induction to detainees before they started using fitness equipment or weights.

- 6.37 Activity staff were enthusiastic and resourceful, but only a minority were suitably qualified to lead and supervise sport and fitness activity. Eight of the 12 unqualified staff had recently started an appropriate course to train as physical fitness instructors.
- 6.38 Detainees were free to move within their own residential units for 15 hours a day. This was adequate but represented a sharp decline from the 19.5 hours' free movement at the time of the 2010 inspection. Detainees could only move freely to and within the centre's recreational and educational facilities for between one and three hours a day, which was not sufficient. The time detainees from Cedar and Dove houses could spend using these facilities had much reduced since the previous inspection.

Further recommendations

- 6.39 The centre should provide an induction to detainees before they start using fitness equipment or weights to ensure that they do so safely.
- 6.40 The amount of time that detainees have freedom of movement to and within the centre's common recreational and educational facilities should be increased.

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 The centre should review the list of items allowed in through reception to ensure that any restrictions are justified and proportionate to any risk of misuse. (7.30)

Achieved. Items that detainees were allowed to bring into the centre had been reviewed and the results published. The list appeared reasonable and detainees we spoke to said that it caused them little concern.

- 7.2 Detainees should be able to wear hats and hooded coats, and be able to retain and purchase goods in tins or glass containers. (7.31)

Achieved. Detainees were now able to wear hats and hooded coats and to purchase goods in glass and tin containers from the centre shop.

Additional information

- 7.3 Centre rules continued to be explained to detainees at reception and during induction. The rules had been published in 11 languages and clearly set out expected standards of behaviour and how the detainee could expect to be treated.
- 7.4 We observed that rules were applied openly without evidence of discrimination. Staff did not overuse their authority and there was no evidence of unofficial punishments or sanctions.

Security

- 7.5 The centre should develop mechanisms such as staff training and briefings to increase the volume and quality of intelligence reported to the security department. (7.32)

Not achieved. The flow of intelligence into the security department remained insufficient. Given the size and nature of the centre, the number of security information reports (SIRs) was low at about 30 a month, which did not correlate to the large number of incident report forms (about 300 a month). The quality of information on SIRs that we examined was poor and reflected the lack of confidence that staff, particularly detainee custody officers, had in the system.

We repeat the recommendation.

- 7.6 The security committee meetings should be multidisciplinary. (7.33)

Achieved. The security committee meetings were well attended by managers and staff representatives from relevant areas in the centre, an improvement on the previous inspection, which reflected the priority given to security information across the centre. Meetings were held monthly and were chaired by a senior manager, usually the security manager or head of

operations. The standing agenda had improved and included an analysis of incident report forms and SIRs. Monthly security objectives were agreed after appropriate consideration of intelligence. Reports from other areas of the centre, such as residential areas and the use of force coordinator, were discussed.

7.7 The need for drug dogs should be kept constantly under review and be proportionate to the assessed risk of drug use in the centre. (7.34)

Not achieved. Drug dogs were brought into the centre once a month for three days to search the centre, including most detainees' rooms, which remained a source of anger and anxiety to detainees. There was no evidence that room searches were based on security information and they remained disproportionate to risk.

We repeat the recommendation.

Additional information

7.8 The small security department was well managed and there had been improvements in communication and risk assessment systems since the previous inspection. Risk management was now more sophisticated and included the use of information about the detainee's recent custodial behaviour and historic data to inform assessments. A monthly security information report was published to inform staff of relevant incidents and other important security information. Links with other departments had improved and information received by the security department through SIRs was communicated and responded to quickly, usually by e-mail. However, it was disappointing that risk assessments were often not fully considered when determining security measures such as escort arrangements or accommodation allocation (see section on arrival into custody).

7.9 The physical security and general condition of the centre were good. Regular checks and routine searches of perimeter fences and walls took place every day.

7.10 As at the previous inspection, there was no routine strip-searching of detainees. The small number of searches that had been carried out were recorded and we observed that proper authority had been given in each case and the searches had been justified.

7.11 Important elements of dynamic security were in place: relationships between staff and detainees were generally positive and supervision on residential units had improved since the previous inspection. Custody officers engaged with detainees and were aware of their individual circumstances. However, communication of information was often poor.

7.12 Levels of security in the newly built part of the centre were disproportionately high and not commensurate with the levels of risk presented by most detainees. They were locked in their rooms at night and movement off unit, particularly on B wing, was restricted to short designated periods during the day (also see section on activities). Galleried landings and cellular accommodation made the general atmosphere, particularly on B wing, oppressive and reminiscent of a secure prison wing (see section on accommodation).

Further recommendation

7.13 Risk assessments carried out by the security department should be considered when determining security measures such as escort arrangements and accommodation allocation.

Rewards scheme

- 7.14 **If a rewards scheme is reintroduced, it should focus more on incentive and reward than on penalising non-compliance.(7.35)**

Not achieved. There was no rewards and incentives scheme and the plan that we saw to introduce such a scheme and create a 'standard' unit were not appropriate to the environment. It was unclear why such a unit was needed given the evidence of generally effective management of poor behaviour.

We repeat the recommendation.

The use of force and single separation

- 7.15 **Staff should be trained in the use of the DVD camera to improve the quality of recordings. (7.36)**

Achieved. Staff had received training in the use of cameras. All planned incidents were video recorded and each case was reviewed by the security manager and at the monthly security meeting.

- 7.16 **All incidents of use of force should be de-escalated at the earliest opportunity. (7.37)**

Achieved. Training in de-escalation had been included in standard control and restraint (C&R) refresher training for all custody officers. More than half the incidents did not involve the use of full C&R techniques which indicated a considerable improvement in the use of de-escalation techniques since the previous inspection. During the inspection we saw good use of de-escalation during a live incident.

- 7.17 **Use of force records should be quality checked to ensure that officers' accounts are detailed and clear. (7.38)**

Achieved. Regular management checks of use of force records were carried out by nominated use of force coordinators and there was evidence that this was improving the quality of entries. The records that we examined were completed correctly, entries by officers were clear and explained that force had been used as a last resort.

- 7.18 **Detainees held on Rule 40 and Rule 42 should be able to exercise in a designated exercise area equipped with seating. (7.39)**

Achieved. The exercise yard adjacent to the segregation unit had been equipped with a bench. Segregated detainees had good access throughout the day.

- 7.19 **The centre log should indicate the exact length of time that detainees are held on Rule 40 and Rule 42. (7.40)**

Achieved. Separate logs were kept to record the exact length of time that detainees spent in segregation.

- 7.20 **The unit diaries and individual records should indicate when detainees are offered access to telephones, showers and exercise and should note if the offer is declined. (7.41)**

Achieved. Records were kept to show that detainees received daily access to telephones, showers and exercise in the fresh air.

Additional information

- 7.21 The number of incidents involving the use of force was reasonably low at 46 from January 2011 to date. Spontaneous and planned intervention was well organised, properly carried out and documentation completed correctly. Proper authority was recorded and senior staff appropriately supervised all incidents.
- 7.22 There was no evidence that force was used unnecessarily or as a first resort when dealing with difficult and violent behaviour. An examination of records showed that force had only been used when it was reasonable in the circumstances and proportionate to the incident.
- 7.23 Since the previous inspection, monitoring and management of use of force had improved, with strong links to the security committee and the senior management team (SMT). Incidents were discussed at the monthly security committee following a review by nominated use of force coordinators. The SMT reviewed all incidents at their daily management meeting to identify and address emerging patterns and trends.
- 7.24 Health care staff attended planned interventions and saw detainees involved in spontaneous incidents soon after the incident had ended. Accident report forms were included with documentation in all cases.
- 7.25 The segregation unit was situated on Elm house adjacent to the induction and first night centre on Fir house (see section on accommodation). Accommodation consisted of five cells across a single wide landing, a staff office, servery and showers. Detainees' rooms had power and integral sanitation and living conditions were reasonably good, although graffiti was scratched into the walls and windows of some rooms. Communal areas were clean, with a small bookshelf with books exclusively in English, and a television. We were told that education staff often visited the unit to provide activities for detainees but we saw no evidence of this. There was a small exercise yard outside the unit.
- 7.26 There were also four designated segregation cells on the ground floor of D wing, separated from other detainee rooms, which could be used as an overflow for detainees segregated under rule 42 when Elm house was full. Strict protocols for their use had been published which included the express authority of the head of centre. During the six months prior to the inspection, these cells had been used on two occasions for short periods.
- 7.27 Although the use of segregation was high at 457 cases from January 2011 to date, numbers were proportionate to those at the previous inspection taking account of the increase in the population. About 300 detainees had been segregated under rule 40 and the remainder under rule 42, most because of disruptive behaviour such as threats, fights and damage to property. Cases that we examined showed that segregation had been justified and had been used for short periods of time, with an average of about 12 hours. There was a basic regime that included daily showers, exercise and access to telephones and a small selection of books, but longer-stay detainees had nothing to occupy them.
- 7.28 Relationships between segregation staff and detainees were generally good and custody officers treated detainees courteously. We observed a reasonable level of staff engagement and it was clear that they had knowledge of the personal circumstances of detainees. Detainees we spoke to said that staff were kind and helpful.

- 7.29 Although the length of stay in segregation was generally short, there were some notable exceptions when disturbed detainees had been held for long periods. At the time of the inspection, one detainee had been in the segregation unit for nearly three months because of his challenging behaviour brought about by health problems. Although he said he preferred to stay there and staff managed him well, the unit was clearly not an appropriate place for someone with his needs.
- 7.30 The centre manager carried out a daily review of segregation but planning to return longer-stay detainees to the main centre was weak. The intention was to reintegrate detainees through F wing, a good initiative in principle, but we saw little evidence of rigorous reintegration planning and case management to ensure effectiveness. There was no formal care planning and links between health care and segregation staff were underdeveloped. The centre lacked a multidisciplinary team approach to case management and a structured regime with appropriate interventions.

Further recommendation

- 7.31 Care planning should be developed to ensure that appropriate interventions and activities are put in place for longer-term detainees and those with mental health issues.

Complaints

- 7.32 **Complaint forms should be available in residential units in an area conveniently accessible to detainees at all times. (7.42)**
- Achieved.** Complaint forms were available on each floor of every residential unit and were accessible at most times. They were not in sight of staff offices.
- 7.33 **Managers should regularly establish which languages are most common among detainees, and ensure that complaint and racist incident report forms are available in those languages. (7.43)**
- Achieved.** Complaint forms were available in 11 most common languages used by detainees at the centre.
- 7.34 **All complaints should be thoroughly investigated, with examination of all relevant evidence, including interviews with all parties. (7.44)**
- Achieved.** Examination of complaint forms showed that allegations made by detainees were taken seriously by managers, who investigated them fully and examined all relevant evidence.
- 7.35 **Managers should introduce a separate system of complaint handling on medical issues, and conclusions and follow-up actions should be recorded. (7.45)**
- Not achieved.** A separate system to deal with medical complaints had not been introduced and continued to be dealt with by the complaints clerk with general complaints.
We repeat the recommendation.
- 7.36 **Responses to complaints should be written in the same language as the complaint itself. (7.46)**

Not achieved. All complaints were still answered in English. We were told that the UK Border Agency (UKBA) would provide interpretation on request but we could find no evidence of this. We repeat the recommendation.

7.37 UKBA should provide the centre manager with regular comprehensive monitoring reports on complaints and on performance in responding to complaints. (7.47)

Not achieved. UKBA monitoring reports were not made available to GEO managers. We repeat the recommendation.

Additional information

7.38 The number of formal complaints stood at 358 from January 2011 to date. Many concerned low-level issues such as private cash accounts and access to property and could have been dealt with by custody officers on residential units by a telephone call to the relevant area. The complaints clerk ensured that all complaints were logged and dispatched expeditiously to appropriate managers. The clerk also provided the head of contact management with a detailed report about areas of complaint and timeliness of replies, though this did not include complaints dealt with by UKBA. The report was used to identify short-term problems and trends over time. Confidential complaints by detainees concerning their treatment by staff were given a high priority. All the responses that we examined were respectful and adequately addressed the complaint. Governance of the recording, processing and managing of detainees' complaints was reasonable.

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 **Menus should offer more choice and reflect a more culturally diverse range of options. (8.7)**

Not achieved. Senior managers accepted that the menu required improvement to make it more culturally diverse and negotiations were under way with a new supplier to address this. We repeat the recommendation.

- 8.2 **Culturally themed days, with detainees preparing food from their country of origin, should be introduced. (8.8)**

Not achieved. Culturally themed days had not been introduced. We repeat the recommendation.

- 8.3 **Staff and detainees should be trained about cross-contamination of food. (8.9)**

Partially achieved. Cross-contamination of food was covered in a basic food hygiene course for detainees, but not all staff we spoke to were familiar with the issue.

Housekeeping point

- 8.4 Staff should be trained about cross-contamination of food.

- 8.5 **Detainees employed in the kitchen should be allowed to cook and gain industry standard qualifications. (8.10)**

Not achieved. Detainees were able to prepare ingredients and serve food, but were not able to cook.

We repeat the recommendation.

- 8.6 **Detainees assigned to work in the kitchen or serveries should undergo induction in basic hygiene standards and food handling before starting work. (8.11)**

Achieved. See paragraph 8.3 above.

Additional information

- 8.7 In our survey, 23% of detainees said the food was good or very good against the comparator of 28% and 29% at the previous inspection. A significant number of detainees complained to us about the quantity and quality of food in focus groups and in conversation on the units. The menu was on a four-week cycle and detainees ordered meals a week ahead. Pictures of meals were displayed but they were of very poor quality and made the food look unappetising.

- 8.8 Each house had its own servery and dining area, except for Cedar and Dove houses which shared. Meals were served at reasonable times. Complaint books were available at the serveries which were checked weekly by the head of contact management. There was evidence that issues identified had been discussed with detainees and subsequently acted upon by staff.

Housekeeping point

- 8.9 Good quality pictures accurately representing menu options should be displayed on residential units.

Centre shop

No previous recommendations.

Additional information

- 8.10 Items were reasonably priced. Although the range of toiletries suitable for black and minority ethnic detainees had improved since the previous inspection, the product range was too narrow to meet the needs of such a diverse population and was under discussion with a potential new supplier. Detainees could submit a request for specific items and staff went to good lengths to obtain them, including buying them with petty cash from shops in the community.

Further recommendation

- 8.11 The product range should be improved to meet the needs of a diverse population.

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 **The welfare team should be expanded in order to provide weekend and evening cover, and should see all detainees on the day after arrival. (9.26)**

Not achieved. The welfare team at the time of our previous inspection was no longer in existence, which was a retrograde step. The intention was for welfare to be managed by all detainee custody officers (DCOs), but less than half the residential staff had received welfare training in what was a useful training package. One officer on Fir house was designated welfare officer each day and could be used as a point of contact by officers on other houses. Staff told us that a welfare team would be established in January 2012.

Further recommendation

- 9.2 A welfare service should be available seven days a week.

- 9.3 **A member of the welfare team should carry out this function at all times when it is scheduled to be available. (9.27)**

Not achieved. See further recommendation 9.2.

- 9.4 **Welfare staff should be trained to assist detainees in completing standard forms required for their immigration case. (9.28)**

Not achieved. Welfare staff had not been trained to assist detainees in this way and detainees told us that they primarily asked a buddy for help in completing forms (see paragraph 3.4).

- 9.5 **The outcomes of welfare team work should be monitored. (9.29)**

Not achieved. There was no separate welfare database or recording mechanism. Staff said it was not possible to collate welfare data, including outcomes, unless each electronic case file was interrogated.

We repeat the recommendation.

- 9.6 **Regular surgeries with the London Detainee Support Group and/or similar groups should be facilitated. (9.30)**

Achieved. A range of groups such as Refugee Action, Bail for Immigration Detainees, Detention Action (formerly the London Detainee Support Group) and the Jesuit Refugee Service regularly visited the centre. They provided a range of much valued services such as volunteer visits, emotional support and links and support with legal services.

Telephones

- 9.7 **Managers should research, and if possible implement, measures to improve mobile telephone reception in detainee areas. (9.35)**

Partially achieved. Staff and detainees confirmed that mobile telephone reception remained poor in many parts of the centre, although all phones were from the mobile supplier which provided the strongest signal.

- 9.8 **Facilities in the information office should be upgraded, so that all incoming faxes are received, printed and made available for issue without delay. (9.36)**

Partially achieved. There were seven new fax/photocopiers in the wing offices and detainees had good access. Incoming faxes still went to a central administrative office and were distributed to wing offices four times a day. However, detainees and staff consistently reported delays in receiving mail and faxes for reasons that were unclear.

Housekeeping point

- 9.9 Reasons for the delay in detainees receiving mail and faxes should be investigated and resolved.

Additional information

- 9.10 Most detainees had good telephone access although, in our survey, only 57% said it was easy or very easy to use the telephone against the comparator of 63%. Stocks of mobile phones, issued to detainees on arrival, were not always sufficient to meet demand. Some detainees reported waiting several days before receiving a phone, leaving them unable to receive incoming calls unless they were moved to Cedar and Dove houses where rooms had integral telephones which could receive incoming calls. Card phones were available for use on each of the wings and cards could be purchased from the shop.

Further recommendation

- 9.11 There should be a sufficient stock of mobile phones to ensure that all detainees requiring a phone receive one on arrival.

Mail

- 9.12 **Internet sites should only be blocked for explicit and defensible reasons. (9.37)**

Achieved. There were computers with internet access on all wings. Legal websites were accessible, including country of origin information reports, Bail for Immigration Detainees, the UK Border Agency and the upper tier tribunal. News sites in different languages were also available. If they wanted to print a document, detainees emailed it to an account and asked a DCO to print it, which could have compromised legal confidentiality. Social networks were blocked.

Housekeeping point

9.13 Detainees should be able to maintain confidentiality when printing legal documents.

9.14 Detainees should be able to send and receive emails on all mainstream networks, and be able to send and open attachments. (9.38)

Achieved. Detainees had access to email and did not report any difficulties in sending or opening attachments.

Visits

9.15 A range of refreshments, including healthy options, should always be available to visitors. (9.31)

Partially achieved. There were vending machines in the visits hall, which dispensed drinks and snacks. A small shop run by detainees had recently opened, but was closed at the advertised opening hours.

We repeat the recommendation.

9.16 Children visiting detainees should not be photographed. (9.32)

Achieved. Children visiting detainees were no longer being photographed.

9.17 Information for visitors should be available in different languages. (9.33)

Not achieved. There was no visitor information booklet in English or any other language.
We repeat the recommendation.

9.18 A telephone number should be advertised in the visits area for confidential reporting of issues or concerns by visitors. (9.34)

Achieved. A number was prominently displayed around the visits hall for confidential reporting of concerns.

Additional information

9.19 The visitors' centre was uninviting, with grubby furniture, graffiti on the walls and occasional long queues. Equipment stored in front of the door prevented the toilet for people with disabilities from being used. In our groups, detainees spoke positively of visits provision and, in our survey, 51% said they had received a visit from family or friends since being in the centre against 40% at the previous inspection, and 65% said they were treated well/very well by visits staff. The previous booking system had been removed and family and friends could visit the centre every day without the need to book, which was welcomed by detainees and visitors. The visits hall had a relaxed atmosphere: detainees could go to the vending machines or visit the play area with their children. However, some rules were not proportionate, such as visitors not being able to leave children with detainees while they went to the toilet.

Further recommendation

9.20 Rules applied in the visits hall should be proportionate to risk.

Housekeeping points

9.21 The visitors' centre should be kept clean and free of graffiti.

9.22 Access to the toilet facilities for disabled people in the visitors' centre should be kept clear.

Removal and release

9.23 An observed charter removal to Afghanistan was well managed. Detainees were moved to Fir house up to four days before removal and were not integrated with the other detainees in the house until immediately before departure. Overseas escorts explained procedures politely, but there were too many of them in a confined space. Detainees were searched in public and escorts adopted risk-averse practices such as handling detainees on to coaches in a secure area. No interpretation was used and we saw one detainee becoming agitated because he did not understand that he was being asked to sign for his money. The name bands that escorts wore on their upper arms were illegible. The unacceptable system of reserves was still being used and detainees on the Afghanistan flight, and a subsequent flight to Pakistan, had not been told that they were reserves (see main recommendation HE.51).

Further recommendation

9.24 Professional interpretation should be used by overseas escorts when needed.

Housekeeping point

9.25 All overseas escort staff should wear legible name badges.

Section 10: Summary of recommendations

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

Main recommendation	To the Chief Executive of UKBA
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- 10.1 Only in exceptional circumstances should mentally ill people be detained and their needs should be fully assessed and met during any such detention. Medical evidence that a detainee's mental health is being adversely affected by continued detention should trigger a prompt review of detention by the UKBA caseworker. (HE.48)

Main recommendation	To UKBA and the escort contractor
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- 10.2 The practice of taking reserve detainees for overseas escort charter flights should cease. (HE.51)

Main recommendation	To UKBA and centre manager
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- 10.3 Detainees should have timely access to good quality legal advice and representation. (HE.47)

Main recommendations	To the centre manager
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- 10.4 The improvements in health care delivery and management should be accelerated to ensure that health care staff deliver respectful, safe, prompt and appropriate services at all times. Service delivery should be on the basis of a full needs analysis. (HE.49)
- 10.5 There should be a sufficient range of well promoted work and education to meet the needs of the population, including long and short stay detainees. (HE.50)

Recommendations	To UKBA
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Escort vans and transfers

- 10.6 Copies of police custody records should be attached to the IS91 authority to detain notification when a detainee is transferred from police custody. (1.2)

Legal rights

- 10.7 The UK Border Agency (UKBA) should consult with the Legal Services Commission about meeting the legal needs of unrepresented detainees passing through the detained fast track (DFT) system. (3.6)
- 10.8 DFT asylum interviews involving unrepresented detainees should be tape recorded and a copy made available to the detainee. (3.8)

Immigration casework

- 10.9 Monthly review letters should be timely and reflect a balanced consideration of all factors relevant to continuing detention. In particular, the review letter should state the reasons for any lack of progress since the last letter. (3.17)
- 10.10 UKBA should adopt a national policy that bail summaries are issued by caseworkers to all detainees, whether they are legally represented or not, at least one day before the hearing. For non-fast track detainees, bail summaries should be sent via the on-site immigration team with a system to monitor their receipt and timeliness. (3.18)
- 10.11 Where there is no prospect of a detainee being removed, the UKBA caseworker should specifically address any continued detention in these circumstances as a matter of law and fact. (3.19)
- 10.12 Telephone interpretation should be used by UKBA contact management officers to induct non-English speaking detainees, and all detainees should be advised of their bail rights and given a bail application form. (3.29)
- 10.13 UKBA staff should attend the residential units to meet detainees face to face when responding to requests for case updates. (3.31)

Childcare and child protection

- 10.14 UKBA should liaise with local social services to ensure that all detainees whose age is in dispute are assessed at the earliest opportunity. Removals should not take place until the assessment is completed and the detainee has been assessed as an adult. (4.28)

Health services

- 10.15 All detainees on formal 'medical hold' should stay at the centre pending a clinical decision on their condition. (5.14)

Complaints

- 10.16 UKBA should provide the centre manager with regular comprehensive monitoring reports on complaints and on performance in responding to complaints. (7.37)

Removal and release

- 10.17 Professional interpretation should be used by overseas escorts when needed. (9.24)

Recommendations

To UKBA and the centre manager

Escorts, vans and transfers

- 10.18 Detainees should be given as much notice as possible of any transfer. (1.6)

- 10.19 Detainees being transferred should be given written information about the centre they are going to. (1.7)
- 10.20 Detainees should only be handcuffed during an escort if a risk assessment indicates a specific increased risk of escape or to the safety of the public or staff. (1.8)

Residential units

- 10.21 Rooms designed for two detainees should not be used to accommodate three. (2.4)
- 10.22 Detainees on Fir house should have access to a reasonably sized exercise yard. (2.18)

Immigration casework

- 10.23 The detained fast track information advice office should be promoted around the centre, and detainees should be informed of the office during their induction interviews. DFT officers should have hands-on access to detainees' electronic casework files. (3.30)

Health services

- 10.24 Therapeutic day care should be available for detainees. (5.50)

Rewards scheme

- 10.25 If a rewards scheme is reintroduced, it should focus more on incentive and reward than on penalising non-compliance. (7.14)

Recommendation

To UKBA and escort contractor

Escort vans and transfers

- 10.26 Detainees should not be transferred between centres overnight. (1.1)

Recommendation

To the escort contractor

- 10.27 Escorting staff should contact the centre to give advance notice of their arrival time and details of who they are carrying. (1.5)

Recommendations

To the centre manager

Escort vans and transfers

- 10.28 Vans arriving with detainees should be admitted to the centre without delay. (1.10)

Reception, first night and induction

- 10.29 All detainees should be offered a free telephone call on arrival and this should be documented. (1.15)
- 10.30 Staff on the first night unit should interview detainees individually in private to identify any concerns and complete an assessment of risk, including of self-harm and suicide. (1.17)
- 10.31 Reception staff should complete a formal risk assessment covering new arrivals' risk to themselves and others, which takes account of all documentation arriving with detainees, including prison records. (1.29)
- 10.32 Negative detainee perceptions of reception should be investigated by managers and appropriate action taken if necessary. (1.30)
- 10.33 Reception interviews should be private and include thorough risk assessment. (1.31)
- 10.34 Buddies should meet and reassure all new arrivals in reception. (1.32)
- 10.35 New arrivals on Fir house should be provided with adequate clothing and bedding. (1.33)

Residential units

- 10.36 Communal living areas should be less institutional and fitted with comfortable furniture. (2.2)
- 10.37 Staff should be fully aware of the needs of detainees needing assistance during an evacuation. (2.8)
- 10.38 Detainee consultation meetings should be better promoted. Action points should be followed up and reported against at subsequent meetings. (2.9)
- 10.39 A wide range of relevant information in different languages should be displayed. (2.10)
- 10.40 All showers and toilets should be well ventilated, clean and in a good state of repair. (2.12)
- 10.41 All detainees with mobility problems should have access to adapted showers. (2.14)

Staff-detainee relationships

- 10.42 Staff should receive training to enhance their understanding of the experiences and histories of people seeking asylum, refugees and those detained under immigration powers. (2.24)
- 10.43 Staff should communicate and consult with detainees through regular group meetings using professional interpretation wherever necessary. (2.25)
- 10.44 History sheet entries should be regular and substantial, building a meaningful picture of detainees. (2.26)
- 10.45 Staff should have sufficient time to interact regularly with individual detainees, and positive engagement should be a priority. (2.29)

Legal rights

- 10.46 Information about legal rights, including prominent posters and leaflets about legal advice organisations in the centre, should be available to detainees in a range of languages. (3.1)
- 10.47 The library should stock up-to-date legal reference materials, the Bail for Immigration Detainees handbook and country of origin reports in a variety of languages. These should be easily accessible to detainees. (3.3)
- 10.48 A trained member of staff should be available daily to assist detainees completing legal forms. (3.4)
- 10.49 The latest Office of the Immigration Services Commissioner and Legal Complaints Service posters, leaflets and complaints should be prominently displayed and available in a range of languages. (3.5)
- 10.50 The centre should, in consultation with the Legal Services Commission, seek peer review of the current DDAS providers. (3.12)

Immigration casework

- 10.51 If an allegation of torture is made, health care staff should document any scarring, wherever possible providing a professional opinion on the consistency between any scarring and the alleged method of torture, and recording any objective signs of trauma. (3.23)

Bullying

- 10.52 The safer custody group meeting should analyse relevant data for trends. (4.1)
- 10.53 Responses to the safety survey should be analysed and the findings used to inform policy and practice. (4.3)
- 10.54 There should be a clear strategy for reducing violence, supported by a working group with membership across all relevant departments and staff with enough allocated time for the work. The strategy should be communicated to all staff through the training programme. (4.11)

Suicide and self-harm

- 10.55 There should be a buddy/befriending scheme for detainees who are vulnerable and require additional support. (4.13)
- 10.56 All relevant departments should attend the safer custody group meetings. (4.14)
- 10.57 The safer custody group meeting should monitor incidents of self-harm, analyse and respond to any emerging trends, and reflect on any lessons that can be learned from serious incidents of self-harm. (4.15)
- 10.58 All staff should receive regular refresher training on the prevention of suicide and self-harm. (4.18)

- 10.59 Where appropriate, family and friends should be engaged in case reviews. (4.19)
- 10.60 Professional interpreters should be used to interpret during case reviews. (4.20)
- 10.61 The quality of ACDTs and enhanced observation booklets should be checked regularly by a manager and comments reported back. (4.24)

Childcare and child protection

- 10.62 The age dispute policy should be regularly reviewed in consultation with the local safeguarding children board. (4.26)

Diversity

- 10.63 There should be diversity impact assessments of local policies. (4.33)
- 10.64 All relevant departments should attend the race and diversity meetings. (4.36)
- 10.65 Detainees should have access to a range of accurately translated information about the centre. (4.38)
- 10.66 Detainees should be consulted on race, nationality and religious matters. (4.39)
- 10.67 Detainees with disabilities should be identified at the earliest stage and included in regime monitoring. (4.41)
- 10.68 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. (4.42)
- 10.69 There should be a mentoring/carers scheme for detainees who require additional support with daily tasks. (4.43)
- 10.70 The equality meeting should regularly review any trends revealed by diversity monitoring, initiating research and action to resolve potential areas of discrimination. (4.50)
- 10.71 Professional interpretation should be used, by telephone or in person, for any formal interaction requiring confidentiality if a detainee has limited knowledge of English. (4.51)

Faith and religious activity

- 10.72 Separated detainees should be able to attend corporate worship subject to risk assessment. (4.59)
- 10.73 Members of each faith community should be able to meet together from all parts of the establishment for special religious festivals. (4.60)

Health services

- 10.74 A health development plan should be produced which includes health promotion. (5.1)

- 10.75 Detainees with no acute suicide/self-harm needs or identified clinical needs should be returned to the care of detainee custody officers. (5.3)
- 10.76 Detainees with little or no use of English should be offered the use of interpreting services for all healthcare consultations, and other detainees should only be used to interpret for other detainees with clear consent. (5.5)
- 10.77 An infection control audit should be conducted of all health care areas. (5.7)
- 10.78 Chronic disease clinics should be set up to ensure effective monitoring of the health of detainees and audit of their care. (5.8)
- 10.79 A policy on the management of blood-borne viruses with clear indications for testing should be produced. (5.9)
- 10.80 Information on health services for detainees should enable those with literacy as well as language difficulties to understand when and how to access services. (5.11)
- 10.81 All health services staff should be trained in recognising and dealing with torture and its consequences. (5.12)
- 10.82 Rule 35 health care reports should clearly identify whether injuries are likely to have resulted from torture. (5.13)
- 10.83 Clinical supervision should be available and encouraged for all nursing staff. (5.17)
- 10.84 There should be a current training needs analysis for nursing staff. (5.18)
- 10.85 There should be a formal agreement with the local authority/primary care trust for the loan of occupational therapy equipment. (5.20)
- 10.86 Appropriate functional assessments should be made by a trained member of staff for all detainees requiring mobility/daily living equipment. (5.22)
- 10.87 Clinical records should be appropriately and safely managed, with specific reference to their day-to-day storage and a tracking system to ensure fast locating of records for clinical consultations. (5.23)
- 10.88 All duplicate or additional clinical records for the same detainee should be co-located and fastened securely together. (5.24)
- 10.89 Entries in clinical records should be complete, legible and the entry author identifiable by name and designation. (5.25)
- 10.90 There should be a consultation mechanism for detainees to raise health care issues. (5.28)
- 10.91 Links should be developed with the local health and social care community in respect of flu pandemic arrangements. (5.29)
- 10.92 Routine screening for blood-borne viruses should be offered on or soon after arrival. (5.30)
- 10.93 An audit of missed health care consultations, including those attending late, should be undertaken, to identify the reasons and improve detainees' access to health care. (5.35)

- 10.94 There should be a health promotion strategy. (5.37)
- 10.95 In-possession risk assessments should be completed fully for all detainees who are being considered for provision of medication in possession. (5.40)
- 10.96 An audit of all missed dental appointments should be conducted to identify reasons for non-attendance and enable effective use of sessions. (5.47)
- 10.97 Oral health promotion should be introduced. (5.48)
- 10.98 Care plans should be reviewed regularly, reviews documented and detainees involved wherever possible. (5.49)
- 10.99 Detainees should have access to a counselling service. (5.53)
- 10.100 There should be mental health awareness training for all centre staff. (5.54)
- 10.101 All staff handling controlled drugs should understand and comply with the standard operating procedures. (5.58)
- 10.102 Detainees should receive safe and appropriate administration of medication, and the pharmacy room should provide a secure environment for medication storage and administration. (5.75)
- 10.103 Resuscitation equipment should reflect Resuscitation Council Guidelines and all staff with direct responsibility for the care of detainees should be trained to use it. (5.76)
- 10.104 Dental services should provide a safe service equivalent to NHS community service standards. (5.77)
- 10.105 The inpatient unit should provide a suitable therapeutic environment for physically or mentally ill detainees. (5.78)

Substance use

- 10.106 All health services staff dealing with and administering substance use regimes should be trained to Royal College of General Practitioner (Substance Use) level one. (5.83)
- 10.107 There should be a protocol for the care and admission to the inpatient unit of alcohol dependent detainees. (5.84)
- 10.108 There should be structured support for substance use, including alcohol. (5.85)
- 10.109 There should be a dual diagnosis approach to detainees with both substance use needs and mental health problems. (5.86)
- 10.110 The centre should establish a comprehensive drug and alcohol strategy under the oversight of a committee chaired by a senior manager, with representatives from all relevant departments. (5.90)

Work and learning and skills

- 10.111 The centre should ensure that work induction can be understood by detainees who speak limited English. (6.5)
- 10.112 The times when qualified tutors are staffing education sessions should be advertised, to promote better attendance. (6.6)
- 10.113 Staffing in the ICT room should be sufficient to allow tutors time to coach detainees working towards ICT qualifications. (6.10)
- 10.114 Quality assurance and improvement arrangements should be further developed in education and activities. (6.11)
- 10.115 The centre should further improve the monitoring of attendance to establish more accurately the take up of activities and education, and extend this to the library. Data on attendance should be collated and analysed to ensure access to education and activities is equitable. (6.13)
- 10.116 A wide range of activities should be offered at weekends. (6.15)
- 10.117 The centre should ensure detainees' access to computers on the residential wings is fair and equitable. Suitable arrangements should be made for detainees needing printed copies of confidential legal material. (6.25)
- 10.118 Timetabled education sessions should always be taught by trained tutors. (6.26)
- 10.119 The qualifications offered in ESOL should be reviewed to ensure that they meet the differing needs of short- and long-stay detainees. Detainees seeking external accreditation should be offered ESOL speaking and literacy qualifications rather than qualifications in adult literacy. (6.27)
- 10.120 Arrangements and schedules for education, recreation and library provision in the main spine area should be clear to detainees and staff. (6.28)

Library

- 10.121 Effective systems to monitor book, CD and DVD issues and returns should be introduced to reduce excessive stock loss. (6.29)

Physical education

- 10.122 Information from the health care screening which indicates detainees' fitness to participate in physical activity should be readily available to activity staff. (6.32)
- 10.123 Collation of data on attendance at PE and fitness activity should be sufficiently detailed to establish whether identifiable groups in the centre are attracted or excluded. (6.34)
- 10.124 The centre should provide an induction to detainees before they start using fitness equipment or weights to ensure that they do so safely. (6.39)

- 10.125 The amount of time that detainees have freedom of movement to and within the centre's common recreational and educational facilities should be increased. (6.40)

Security

- 10.126 The centre should develop mechanisms such as staff training and briefings to increase the volume and quality of intelligence reported to the security department. (7.5)
- 10.127 The need for drug dogs should be kept constantly under review and be proportionate to the assessed risk of drug use in the centre. (7.7)
- 10.128 Risk assessments carried out by the security department should be considered when determining security measures such as escort arrangements and accommodation allocation. (7.13)

Use of force and single separation

- 10.129 Care planning should be developed to ensure that appropriate interventions and activities are put in place for longer-term detainees and those with mental health issues. (7.31)

Complaints

- 10.130 Managers should introduce a separate system of complaint handling on medical issues, and conclusions and follow-up actions should be recorded. (7.35)
- 10.131 Responses to complaints should be written in the same language as the complaint itself. (7.36)

Catering

- 10.132 Menus should offer more choice and reflect a more culturally diverse range of options. (8.1)
- 10.133 Culturally themed days, with detainees preparing food from their country of origin, should be introduced. (8.2)
- 10.134 Detainees employed in the kitchen should be allowed to cook and gain industry standard qualifications. (8.5)

Centre shop

- 10.135 The product range should be improved to meet the needs of a diverse population. (8.11)

Welfare

- 10.136 A welfare service should be available seven days a week. (9.2)
- 10.137 The outcomes of welfare team work should be monitored. (9.5)
- 10.138 There should be a sufficient stock of mobile phones to ensure that all detainees requiring a phone receive one on arrival. (9.11)

Visits

- 10.139 A range of refreshments, including healthy options, should always be available to visitors. (9.15)
- 10.140 Information for visitors should be available in different languages. (9.17)
- 10.141 Rules applied in the visits hall should be proportionate to risk. (9.20)

Housekeeping points

Reception, first night and induction

- 10.142 The quality of all translations should be professionally checked and corrected where necessary. (1.20)
- 10.143 Detainees should not spend long periods in reception awaiting assessment or movement to units. (1.34)
- 10.144 Induction should be delivered in a dedicated room with no external distraction and should include a tour of the centre. (1.35)
- 10.145 All rooms should be free of graffiti. (1.36)

Residential units

- 10.146 All toilets should be fitted with toilet seats. (2.19)
- 10.147 All detainees should have a lockable cupboard. (2.22)
- 10.148 Managers should ensure that detainees can obtain clean sheets. (2.23)

Legal rights

- 10.149 Detainees should have a decent waiting area for legal visits. (3.13)

Child care and child protection

- 10.150 Guidance on the statutory responsibility to report a child protection concern should be replicated in the safeguarding policy. (4.31)

Health services

- 10.151 Condoms should be readily available. (5.79)
- 10.152 Stock medicines should be stored, used and administered appropriately. (5.80)
- 10.153 All drug reference books should be up to date. (5.81)

10.154 Refrigerator temperatures should be recorded daily to ensure the integrity of heat-sensitive products. (5.82)

Catering

10.155 Staff should be trained about cross-contamination of food. (8.4)

10.156 Good quality pictures accurately representing menu options should be displayed on residential units. (8.9)

Telephones

10.157 Reasons for the delay in detainees receiving mail and faxes should be investigated and resolved. (9.9)

Mail

10.158 Detainees should be able to maintain confidentiality when printing legal documents. (9.13)

Visits

10.159 The visitors' centre should be kept clean and free of graffiti. (9.21)

10.160 Access to the toilet facilities for disabled people in the visitors' centre should be kept clear. (9.22)

Removal and release

10.161 All overseas escort staff should wear legible name badges. (9.25)

Good practice

Legal rights

10.162 The centre had established a stakeholder forum which met quarterly and involved legal representatives and third sector organisations. The meetings were underpinned by a development action plan. (3.14)

Diversity

10.163 Excellent confidential support was provided by a liaison officer for gay and bisexual detainees, who demonstrated sensitivity to different cultural attitudes to gay lifestyles. (4.52)

Appendix I: Inspection team

Nick Hardwick	Chief Inspector
Hindpal Singh Bhui	Team leader
Colin Carroll	Inspector
Martin Kettle	Inspector
Beverley Alden	Inspector
Gordon Riach	Inspector
Andrew Rooke	Inspector
Nicola Rabjohns	Health care inspector
Paul Roberts	Substance use inspector
Chloe Flint	Researcher
Jessica Broughton	Researcher
Vincent Delbos	Observer, Controleur General des Lieux de Privation de Liberte
Cedric de Torcy	Observer, Controleur General des Lieux de Privation de Liberte

Appendix II: Detainee population profile

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

Population breakdown by:

(i) Age	No. of men	No. of women	No. of children	%
Under 1 year	0			
1 to 6 years	0			
7 to 11 years	0			
12 to 16 years	0			
16 to 17 years	0			
18 years to 21 years	59			10
22 years to 29 years	237			40
30 years to 39 years	181			30
40 years to 49 years	94			16
50 years to 59 years	18			3
60 years to 69 years	6			1
70 or over	0			0
Total	595			100

(ii) Nationality Please add further categories if necessary	No. of men	No. of women	No. of children	%
Afghanistan	66			11.09
Albania	11			1.85
Algeria	24			4
Angola	5			0.84
Bangladesh	44			7.39
Belarus				
Cameroon	4			0.67
China	14			2.35
Colombia				
Congo (Brazzaville)				
Congo Democratic Republic (Zaire)	7			1.17
Ecuador				
Estonia				
GEORGIA	1			0.16
Ghana	14			2.35
India	75			12.6
Iran	14			2.35
Iraq	10			1.68
Ivory Coast				
Jamaica	12			2
Kenya	2			0.33

Kosovo	1			0.16
Latvia				
Liberia	1			0.16
Lithuania				
Malaysia	3			0.16
Moldova				
Nigeria	44			7.39
Pakistan	89			15
Russia	3			0.5
Sierra Leone	3			0.5
Sri Lanka	27			4.5
Trinidad and Tobago				
Turkey	10			1.68
Ukraine	4			0.67
Vietnam	9			1.5
Yugoslavia (FRY)				
Zambia	1			0.16
Zimbabwe	8			1.34
Other (please state)	89			14.95
Somalia	10			1.68
Gambia	7			1.17
Uganda	7			1.17
Eritrea	5			0.84
Brazil	4			0.67
Egypt	3			0.5
Morocco	3			0.5
Malawi	3			0.5
South Africa	2			0.33
Mauritius	2			0.33
USA	1			0.16
Kuwait	1			0.16
Guyana	1			0.16
Botswana	1			0.16
Guinea	1			0.16
Namibia	1			0.16
Syria	1			0.16
Sudan	1			0.16
Ethiopia	1			0.16
Other (as recorded here)	34			5.71
Total	595			100

(iv) Religion/belief Please add further categories if necessary	No. of men	No. of women	No. of children	%
Buddhist	14			2.5
Roman Catholic	44			7.5
Orthodox				
Other Christian religion	101			17

Hindu	35			6
Muslim	318			53.5
Sikh	51			8.5
Agnostic/atheist	21			3.5
Unknown	7			1
Other (please state what)	4 (3 x Rastafarian) (1 x Jewish)			0.5
Total	595			100

(v) Length of time in detention in this centre	No. of men	No. of women	No. of children	%
Less than 1 week	82			14
1 to 2 weeks	82			14
2 to 4 weeks	136			23
1 to 2 months	124			21
2 to 4 months	72			12
4 to 6 months	38			6
6 to 8 months	21			3.5
8 – 10 months	21			3.5
10 + months	19			3
Total	595			100

(vi) Detainees' last location before detention in this centre	No. of men	No. of women	No. of children	%
Community	57			9.5
Another IRC	224			38
A short-term holding facility (e.g. at a port or reporting centre)	192			32
Police station	83			14
Prison	39			6.5
Total	595			100

*percentages rounded to nearest 0.5%, except in nationality breakdown.

Appendix III: Summary of detainee survey responses

Detainee survey methodology

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

Choosing the sample size

The baseline for the sample size was calculated using a robust statistical formula provided by a government department statistician. Essentially, the formula indicates the sample size that is required and the extent to which the findings from a sample of that size reflect the experiences of the whole population.

At the time of the survey on the 14 - 15 November 2011, the detainee population at Harmondsworth Immigration Removal Centre was 592. The sample size was 295. Overall this represented 50% of the detainee population.

Selecting the sample

Questionnaires were offered to a sample of detainees available at the time of the visit. A liaison officer, supplied to us by the IRC, provided a list of all detainees in the centre and a sample was selected at random.

Completion of the questionnaire was voluntary. If a detainee was not bilingual, an interpreter was used via a telephone to communicate the purpose and aims of the survey.

Questionnaires were offered in 22 different languages.

Interviews were carried out with any respondents with literacy difficulties. In total, seven respondents were interviewed.

Methodology

Every attempt was made to distribute the questionnaires to each respondent individually. 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, 146 respondents completed and returned their questionnaires. This represented 25% of the detainee population. The response rate was 49%. In total 149 questionnaires were refused, not returned or returned blank. One hundred and one questionnaires (70%) were returned in English, eight (5%) in Bengali, six (4%) in Chinese and Urdu, four in Tamil and Farsi (3%), three (2%) in Turkish and Pashto, two (1%) in Spanish and Hindi and one (1%) each in French, Portuguese, Arabic, Albanian, Vietnamese, Russian and Punjabi.

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 2011 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 2009.
- The current survey responses in 2011 against the responses of detainees surveyed at IRC in 2010.
- A comparison within the 2011 survey between the responses of non-English-speaking detainees with English-speaking detainees.
- A comparison within the 2011 survey between the responses of detainees who consider themselves to have a disability and those who do not consider themselves to have a disability.

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures, i.e. the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by 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 that of the previous survey, both sets of data have been coded in the same way. This may result in percentages from previous surveys looking higher or lower. However, both percentages are true of the populations they were taken from, and the statistical significance is correct.

Summary

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

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

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

Survey results

Section 1: About you

Q1	Are you male or female?	
	Male.....	146 (100%)
	Female	0 (0%)
Q2	What is your age?	
	Under 18.....	1 (1%)
	18-21.....	9 (6%)
	22-29.....	63 (44%)
	30-39.....	52 (36%)
	40-49.....	12 (8%)
	50-59.....	6 (4%)
	60-69.....	1 (1%)
	70 or over.....	0 (0%)
Q3	What region are you from? (Please tick only one.)	
	Africa.....	41 (30%)
	North America	1 (1%)
	South America.....	6 (4%)
	Indian subcontinent (India, Pakistan, Bangladesh, Sri Lanka).....	53 (38%)
	China	7 (5%)
	Other Asia	10 (7%)
	Caribbean	6 (4%)
	Europe.....	4 (3%)
	Middle East.....	10 (7%)
Q4	Do you understand spoken English?	
	Yes	109 (76%)
	No	34 (24%)
Q5	Do you understand written English?	
	Yes	99 (70%)
	No	43 (30%)
Q6	What would you classify, if any, as your religious group?	
	None	8 (6%)
	Church of England	8 (6%)
	Catholic	13 (9%)
	Protestant.....	6 (4%)
	Other Christian denomination	11 (8%)
	Buddhist.....	5 (4%)
	Hindu	9 (6%)
	Jewish	0 (0%)
	Muslim.....	73 (52%)
	Sikh	7 (5%)

Q7	Do you have a disability?	
	Yes	27 (19%)
	No	112 (81%)

Section 2: Immigration detention

Q8	When being detained, were you told the reasons why in a language you could understand?	
	Yes	96 (71%)
	No	39 (29%)
Q9	Including this centre, how many places have you been held in as an immigration detainee since being detained (including police stations, airport detention rooms, removal centres, and prison following end of sentence)?	
	One to two.....	84 (63%)
	Three to five.....	43 (32%)
	Six or more.....	7 (5%)
Q10	How long have you been detained in this centre?	
	Less than 1 week.....	23 (16%)
	More than 1 week less than 1 month.....	27 (19%)
	More than 1 month less than 3 months	52 (37%)
	More than 3 months less than 6 months	17 (12%)
	More than 6 months less than 9 months	7 (5%)
	More than 9 months less than 12 months.....	6 (4%)
	More than 12 months.....	10 (7%)

Section 3: Transfers and escorts

Q11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	
	Yes	40 (30%)
	No	79 (60%)
	Do not remember	13 (10%)
Q12	How long did you spend in the escort vehicle to get to this centre on your most recent journey?	
	Less than one hour.....	13 (9%)
	One to two hours	39 (28%)
	Two to four hours.....	40 (29%)
	More than four hours	38 (28%)
	Do not remember	7 (5%)
Q13	How did you feel you were treated by the escort staff?	
	Very well.....	28 (21%)
	Well	42 (31%)
	Neither.....	29 (21%)
	Badly.....	11 (8%)
	Very badly.....	18 (13%)
	Do not remember	8 (6%)

Section 4: Reception and first night

Q15	Were you seen by a member of healthcare staff in reception?	
	Yes	105 (76%)
	No	25 (18%)
	Do not remember	8 (6%)
Q16	When you were searched in reception, was this carried out in a sensitive way?	
	Yes	77 (56%)
	No	45 (33%)
	Do not remember/not applicable	15 (11%)
Q17	Overall, how well did you feel you were treated by staff in reception?	
	<i>Very well</i>	22 (16%)
	<i>Well</i>	45 (32%)
	<i>Neither</i>	32 (23%)
	<i>Badly</i>	18 (13%)
	<i>Very badly</i>	17 (12%)
	Do not remember	6 (4%)
Q18	On your day of arrival did you receive information about what was going to happen to you?	
	Yes	29 (21%)
	No	98 (72%)
	Do not remember	9 (7%)
Q19	On your day of arrival did you receive information about what support was available to you in this centre?	
	Yes	37 (27%)
	No	86 (63%)
	Do not remember	14 (10%)
Q20	Was any of this information given to you in a translated form?	
	Do not need translated material	32 (24%)
	Yes	23 (17%)
	No	81 (60%)
Q21	On your day of arrival did you get the opportunity to change into clean clothing?	
	Yes	71 (51%)
	No	64 (46%)
	Do not remember	4 (3%)
Q22	Did you feel safe on your first night here?	
	Yes	65 (46%)
	No	66 (47%)
	Do not remember	9 (6%)
Q23	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)	
	Not had any problems	25 (18%)
	<i>Loss of property</i>	19 (14%)
	<i>Contacting family</i>	29 (21%)

Access to legal advice.....	33 (24%)
Feeling depressed or suicidal	58 (42%)
Health problems	48 (35%)

Q24	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	
	<i>Not had any problems</i>	25 (20%)
	Yes	29 (23%)
	No	74 (58%)

Section 5: Legal rights and immigration

Q26	Do you have a lawyer?	
	<i>Do not need one</i>	4 (3%)
	Yes	90 (63%)
	No	49 (34%)

Q27	Do you get free legal advice?	
	<i>Do not need legal advice</i>	9 (6%)
	Yes	55 (40%)
	No	75 (54%)

Q28	Can you contact your lawyer easily?	
	Yes	47 (34%)
	No	33 (24%)
	<i>Do not know/not applicable</i>	60 (43%)

Q29	Have you had a visit from your lawyer?	
	<i>Do not have one</i>	53 (39%)
	Yes	46 (34%)
	No	38 (28%)

Q30	Can you get legal books in the library?	
	Yes	47 (35%)
	No	43 (32%)
	<i>Do not know/not applicable</i>	45 (33%)

Q31	How easy or difficult is it for you to obtain bail information?	
	<i>Very easy</i>	9 (7%)
	<i>Easy</i>	27 (21%)
	<i>Neither</i>	19 (15%)
	<i>Difficult</i>	31 (24%)
	<i>Very difficult</i>	39 (30%)
	<i>Not applicable</i>	5 (4%)

Q32	Can you get access to official information reports on your country?	
	Yes	28 (21%)
	No	79 (59%)
	<i>Do not know/not applicable</i>	27 (20%)

Q33	How easy or difficult is it to see the centre's immigration staff when you want?	
	<i>Do not know/have not tried</i>	23 (17%)

Very easy.....	10 (7%)
Easy.....	18 (13%)
Neither.....	14 (10%)
Difficult	23 (17%)
Very difficult.....	49 (36%)

Section 6: Respectful detention

Q35	Can you clean your clothes easily?	
	Yes	97 (67%)
	No	47 (33%)
Q36	Are you normally able to have a shower every day?	
	Yes	129 (91%)
	No	13 (9%)
Q37	Is it normally quiet enough for you to be able to relax or sleep in your room at night time?	
	Yes	84 (59%)
	No	58 (41%)
Q38	Can you normally get access to your property held by staff at the centre if you need to?	
	Yes	54 (39%)
	No	61 (44%)
	Do not know	24 (17%)
Q39	What is the food like here?	
	Very good.....	4 (3%)
	Good.....	29 (20%)
	Neither.....	25 (18%)
	Bad.....	24 (17%)
	Very bad	60 (42%)
Q40	Does the shop sell a wide enough range of goods to meet your needs?	
	Have not bought anything yet	12 (9%)
	Yes	45 (32%)
	No	82 (59%)
Q41	Do you feel that your religious beliefs are respected?	
	Yes	91 (66%)
	No	32 (23%)
	Not applicable	14 (10%)
Q42	Are you able to speak to a religious leader of your faith in private if you want to?	
	Yes	69 (50%)
	No	37 (27%)
	Do not know/ Not applicable	33 (24%)
Q43	How easy or difficult is it to get a complaint form?	
	Very easy.....	23 (17%)
	Easy.....	38 (27%)
	Neither.....	14 (10%)
	Difficult	15 (11%)

Very difficult..... 20 (14%)
Do not know 29 (21%)

Q44 Have you made a complaint since you have been at this centre?
 Yes 43 (31%)
 No 79 (56%)
Do not know how to..... 18 (13%)

Q45 If yes, do you feel complaints are sorted out fairly?
 Yes 8 (6%)
 No 34 (24%)
Not made a complaint..... 97 (70%)

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.

Q47 Do you have a member of staff at the centre that you can turn to for help if you have a problem?
 Yes 86 (61%)
 No 54 (39%)

Q48 Do most staff at the centre treat you with respect?
 Yes 88 (65%)
 No 48 (35%)

Q49 Have any members of staff physically restrained you (C and R) in the last six months?
 Yes 22 (17%)
 No 107 (83%)

Q50 Have you spent a night in the separation/isolation unit in the last six months?
 Yes 25 (19%)
 No 110 (81%)

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.

Q52 Do you feel unsafe in this centre?
 Yes 62 (44%)
 No 78 (56%)

Q53 Has another detainee or group of detainees victimised (insulted or assaulted) you here?
 Yes 49 (37%)
 No 84 (63%) **If No, go to question 55**

- Q54 If you have felt victimised by a detainee/group of detainees, what did the incident(s) involve? (Please tick all that apply to you.)**
- Physical abuse (being hit, kicked or assaulted)*..... 8 (6%)
 - Because of your nationality* 15 (11%)
 - Having your property taken* 11 (8%)
 - Drugs* 10 (8%)
 - Because you have a disability*..... 6 (5%)
 - Because of your religion/religious beliefs* 9 (7%)
- Q55 Has a member of staff or group of staff victimised (insulted or assaulted) you here?**
- Yes 35 (28%)
 - No 92 (72%) **If No, go to question 57**
- Q56 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.)**
- Physical abuse (being hit, kicked or assaulted)*..... 10 (8%)
 - Because of your nationality* 13 (10%)
 - Drugs* 4 (3%)
 - Because you have a disability*..... 1 (1%)
 - Because of your religion/religious beliefs* 6 (5%)
- Q57 If you have been victimised by detainees or staff, did you report it?**
- Yes 20 (17%)
 - No 21 (18%)
 - Not been victimised** 74 (64%)
- Q58 Have you ever felt threatened or intimidated by another detainee/group of detainees in here?**
- Yes 34 (28%)
 - No 89 (72%)
- Q59 Have you ever felt threatened or intimidated by a member of staff in here?**
- Yes 22 (18%)
 - No 101 (82%)

Section 9: Health care

- Q61 Is health information available in your own language?**
- Yes 33 (24%)
 - No 69 (50%)
 - Do not know** 37 (27%)
- Q62 Is a qualified interpreter available if you need one during healthcare assessments?**
- Do not need an interpreter/do not know** 58 (43%)
 - Yes 21 (16%)
 - No 56 (41%)
- Q63 Are you currently taking medication?**
- Yes 55 (40%)
 - No 81 (60%)
- Q64 What do you think of the overall quality of the health care here?**
- Have not been to health care** 16 (12%)

Very good.....	5 (4%)
Good.....	28 (20%)
Neither.....	21 (15%)
Bad.....	21 (15%)
Very bad.....	48 (35%)

Section 10: Activities

Q66	Are you doing any education here?	
	Yes.....	13 (10%)
	No.....	123 (90%)
Q67	Is the education helpful?	
	Not doing any education	123 (92%)
	Yes.....	7 (5%)
	No.....	4 (3%)
Q68	Can you work here if you want to?	
	Do not want to work	40 (30%)
	Yes.....	60 (45%)
	No.....	32 (24%)
Q69	Is there enough to do here to fill your time?	
	Yes.....	44 (33%)
	No.....	88 (67%)
Q70	How easy or difficult is it to go to the library?	
	Do not know/do not want to go	23 (17%)
	Very easy.....	28 (21%)
	Easy.....	33 (24%)
	Neither.....	11 (8%)
	Difficult.....	19 (14%)
	Very difficult.....	22 (16%)
Q71	How easy or difficult is it to go to the gym?	
	Do not know/ Do not want to go	22 (16%)
	Very easy.....	38 (28%)
	Easy.....	41 (30%)
	Neither.....	11 (8%)
	Difficult.....	11 (8%)
	Very difficult.....	12 (9%)

Section 11: Keeping in touch with family and friends

Q73	How easy or difficult is it to use the phone?	
	Do not know/have not tried	11 (8%)
	Very easy.....	44 (32%)
	Easy.....	34 (25%)
	Neither.....	17 (12%)
	Difficult.....	11 (8%)
	Very difficult.....	20 (15%)

Q74	Have you had any problems with sending or receiving mail?	
	Yes	55 (41%)
	No	49 (36%)
	<i>Do not know</i>	31 (23%)
Q75	Have you had a visit since you have been here from your family or friends?	
	Yes	69 (51%)
	No	66 (49%)
Q76	How did staff in the visits area treat you?	
	<i>Not had any visits</i>	36 (28%)
	<i>Very well</i>	21 (17%)
	<i>Well</i>	38 (30%)
	<i>Neither</i>	20 (16%)
	<i>Badly</i>	2 (2%)
	<i>Very Badly</i>	10 (8%)

Main comparator and comparator to last time



Detainee survey responses: Harmondsworth 2011

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

Key to tables

		Harmondsworth 2011	IRC comparator	Harmondsworth 2011	Harmondsworth 2010
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		146	1008	146	108
SECTION 1: General information					
1	Are you male?	100%	86%	100%	100%
2	Are you aged under 21 years?	7%	11%	7%	6%
4	Do you understand spoken English?	76%	75%	76%	63%
5	Do you understand written English?	70%	69%	70%	59%
6	Are you Muslim?	52%	38%	52%	54%
7	Do you have a disability?	19%	16%	19%	26%
SECTION 2: Immigration detention					
8	When being detained, were you told the reasons why in a language you could understand?	71%	71%	71%	65%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	5%	10%	5%	20%
10	Have you been detained in this centre for more than one month?	65%	60%	65%	
SECTION 3: Transfers and escorts					
11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	30%	34%	30%	29%
12	Did you spend more than four hours in the escort van to get to this centre?	28%	24%	28%	34%
13	Were you treated well/very well by the escort staff?	52%	55%	52%	55%
SECTION 4: Reception and first night					
15	Were you seen by a member of health care staff in reception?	76%	86%	76%	83%
16	When you were searched in reception was this carried out in a sensitive way?	56%	67%	56%	72%
17	Were you treated well/very well by staff in reception?	48%	59%	48%	58%
18	Did you receive information about what was going to happen to you on your day of arrival?	21%	34%	21%	35%
19	Did you receive information about what support was available to you in this centre on your day of arrival?	27%	44%	27%	
For those who required information in a translated form:					
20	Was any of this information provided in a translated form?	22%	22%	22%	35%
21	Did you get the opportunity to change into clean clothing on your day of arrival?	51%	59%	51%	44%
22	Did you feel safe on your first night here?	46%	50%	46%	57%
23a	Did you have any problems when you first arrived?	82%	68%	82%	74%
23b	Did you have any problems with loss of transferred property when you first arrived?	14%	19%	14%	21%
23c	Did you have any problems contacting family when you first arrived?	21%	20%	21%	15%

Main comparator and comparator to last time

Key to tables

		Harmondsworth 2011	IRC comparator	Harmondsworth 2011	Harmondsworth 2010
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 4: Reception and first night continued					
23d	Did you have any problems accessing legal advice when you first arrived?	24%	20%	24%	22%
23e	Did you have any problems with feeling depressed or suicidal when you first arrived?	42%	31%	42%	25%
23f	Did you have any health problems when you first arrived?	35%	26%	35%	41%
For those who had problems on arrival:					
24	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	28%	32%	28%	44%
SECTION 5: Legal rights and immigration					
26	Do you have a lawyer?	63%	69%	63%	53%
For those who have a lawyer:					
28	Can you contact your lawyer easily?	59%	78%	59%	
29	Have you had a visit from your lawyer?	55%	51%	55%	65%
27	Do you get free legal advice?	40%	40%	40%	48%
30	Can you get legal books in the library?	35%	36%	35%	28%
31	Is it easy/very easy for you to obtain bail information?	28%	32%	28%	20%
32	Can you get access to official information reports on your country?	21%	16%	21%	25%
33	Is it easy/very easy to see this centre's immigration staff when you want?	20%	29%	20%	
SECTION 6: Respectful detention					
35	Can you clean your clothes easily?	67%	81%	67%	
36	Are you normally able to have a shower every day?	91%	95%	91%	89%
37	Is it normally quiet enough for you to be able to sleep in your room at night?	59%	57%	59%	60%
38	Can you normally get access to your property held by staff at the centre if you need to?	39%	55%	39%	61%
39	Is the food good/very good?	23%	28%	23%	29%
40	Does the shop sell a wide enough range of goods to meet your needs?	32%	36%	32%	31%
41	Do you feel that your religious beliefs are respected?	67%	68%	67%	73%
42	Are you able to speak to a religious leader of your own faith if you want to?	50%	52%	50%	75%
43	Is it easy/very easy to get a complaint form?	44%	55%	44%	42%
44	Have you made a complaint since you have been at this centre?	31%	31%	31%	33%
For those who have made a complaint:					
45	Do you feel complaints are sorted out fairly?	19%	22%	19%	27%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	Harmondsworth 2011	IRC comparator	Harmondsworth 2011	Harmondsworth 2010
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 7: Staff					
47	Do you have a member of staff you can turn to for help if you have a problem?	61%	60%	61%	56%
48	Do most staff treat you with respect?	65%	72%	65%	73%
49	Have any members of staff physically restrained you in the last six months?	17%	14%	17%	12%
50	Have you spent a night in the segregation unit in the last six months?	19%	15%	19%	17%
SECTION 8: Safety					
52	Do you feel unsafe in this centre?	44%	35%	44%	
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	37%	24%	37%	22%
54a	Have you been hit, kicked or assaulted since you have been here? (By detainees)	6%	7%	6%	1%
54b	Have you been victimised because of your nationality since you have been here? (By detainees)	11%	8%	11%	6%
54c	Have you ever had your property taken since you have been here? (By detainees)	8%	6%	8%	4%
54d	Have you been victimised because of drugs since you have been here? (By detainees)	8%	3%	8%	2%
54e	Have you ever been victimised here because you have a disability? (By detainees)	5%	3%	5%	4%
54f	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	7%	4%	7%	4%
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	28%	20%	28%	23%
56a	Have you been hit, kicked or assaulted since you have been here? (By staff)	8%	5%	8%	4%
56b	Have you been victimised because of your nationality since you have been here? (By staff)	10%	8%	10%	6%
56c	Have you been victimised because of drugs since you have been here? (By staff)	3%	2%	3%	2%
56d	Have you ever been victimised here because you have a disability? (By staff)	1%	2%	1%	2%
56e	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	5%	3%	5%	2%
For those who have been victimised by detainees or staff:					
57	Did you report it?	49%	50%	49%	46%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	28%	19%	28%	17%
59	Have you ever felt threatened or intimidated by a member of staff in here?	18%	17%	18%	11%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	Harmondsworth 2011	IRC comparator	Harmondsworth 2011	Harmondsworth 2010
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 9: Health services					
61	Is health information available in your own language?	24%	37%	24%	31%
62	Is a qualified interpreter available if you need one during health care assessments?	16%	13%	16%	17%
63	Are you currently taking medication?	41%	45%	41%	45%
For those who have been to health care:					
64	Do you think the overall quality of health care in this centre good/very good?	27%	37%	27%	36%
SECTION 10: Activities					
66	Are you doing any education here?	10%	25%	10%	26%
For those doing education here:					
67	Is the education helpful?	64%	85%	64%	94%
68	Can you work here if you want to?	45%	54%	45%	59%
69	Is there enough to do here to fill your time?	33%	39%	33%	55%
70	Is it easy/very easy to go to the library?	45%	74%	45%	78%
71	Is it easy/very easy to go to the gym?	59%	72%	59%	72%
SECTION 11: Keeping in touch with family and friends					
73	Is it easy/very easy to use the phone?	57%	63%	57%	
74	Have you had any problems with sending or receiving mail?	41%	20%	41%	20%
75	Have you had a visit since you have been in here from your family or friends?	51%	46%	51%	40%
For those who have had visits:					
76	Do you feel you are treated well/very well by staff in the visits area?	65%	66%	65%	63%



Key questions (non-English speakers) Harmondsworth IRC 2011

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

Key to tables

		Non-English speakers	English speakers
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		34	109
8	When being detained, were you told the reasons why in a language you could understand?	50%	77%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	0%	7%
10	Have you been in this centre for more than one month?	81%	62%
11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	30%	30%
13	Were you treated well/very well by the escort staff?	42%	55%
17	Were you treated well/very well by staff in reception?	43%	50%
18	Did you receive information about what was going to happen to you on your day of arrival?	12%	24%
19	Did you receive information about what support was available to you on your day of arrival?	22%	28%
22	Did you feel safe on your first night here?	37%	50%
23	Did you have any problems when you first arrived?	84%	81%
26	Do you have a lawyer?	53%	66%
33	Is it easy/very easy to see the centre's immigration staff when you want?	19%	21%
35	Can you clean your clothes easily?	62%	70%
36	Are you normally able to have a shower every day?	94%	90%
43	Is it easy/very easy to get a complaint form?	33%	47%
44	Have you made a complaint since you have been at this centre?	20%	33%
47	Do you have a member of staff you can turn to for help if you have a problem?	70%	59%
48	Do most staff treat you with respect?	65%	65%
52	Do you feel unsafe in this centre?	50%	43%
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	47%	34%

Key to tables

		Non-English speakers	English speakers
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	29%	26%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	11%	33%
59	Have you ever felt threatened or intimidated by a member of staff in here?	12%	20%
61	Is health information available in your own language?	19%	26%
62	Is a qualified interpreter available if you need one during health care assessments?	19%	14%
66	Are you doing any education here?	3%	12%
68	Can you work here if you want to?	41%	47%
69	Is there enough to do here to fill your time?	37%	32%
70	Is it easy/very easy to go to the library?	38%	47%
71	Is it easy/very easy to go to the gym?	52%	60%
73	Is it easy/very easy to use the phone?	50%	59%
74	Have you had any problems with sending or receiving mail?	44%	40%
75	Have you had a visit since you have been in here from your family or friends?	23%	60%



Diversity Analysis - Disability

Key questions (disability analysis) Harmondsworth IRC 2011

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

Key to tables

	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		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		27	112
4	Do you understand spoken English?	73%	76%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	14%	3%
10	Have you been in this centre for more than one month?	64%	64%
13	Were you treated well/very well by the escort staff?	46%	53%
15	Were you seen by a member of health care staff in reception?	74%	78%
16	When you were searched in reception was this carried out in a sensitive way?	40%	60%
17	Were you treated well/very well by staff in reception?	46%	48%
22	Did you feel safe on your first night here?	21%	53%
23	Did you have any problems when you first arrived?	92%	78%
23f	Did you have any health problems when you first arrived?	44%	31%
26	Do you have a lawyer?	64%	63%
33	Is it easy/very easy to see this centre's immigration staff when you want?	23%	21%
35	Can you clean your clothes easily?	52%	71%
36	Are you normally able to have a shower every day?	85%	92%
43	Is it easy/very easy to get a complaint form?	42%	45%
44	Have you made a complaint since you have been at this centre?	50%	26%
47	Do you have a member of staff you can turn to for help if you have a problem?	48%	64%
48	Do most staff treat you with respect?	48%	70%
49	Have any members of staff physically restrained you in the last six months?	33%	13%
50	Have you spent a night in the segregation unit in the last six months?	23%	17%

Diversity Analysis - Disability

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		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
52	Do you feel unsafe in this centre?	60%	40%
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	40%	35%
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	44%	22%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	56%	20%
59	Have you ever felt threatened or intimidated by a member of staff in here?	25%	15%
62	Is a qualified interpreter available if you need one during health care assessments?	26%	13%
63	Are you currently taking medication?	68%	34%
66	Are you doing any education here?	14%	9%
69	Is there enough to do here to fill your time?	23%	36%
70	Is it easy/very easy to go to the library?	29%	48%
71	Is it easy/very easy to go to the gym?	60%	57%
73	Is it easy/very easy to use the phone?	48%	58%
74	Have you had any problems with sending or receiving mail?	56%	38%
75	Have you had a visit since you have been in here from your family or friends?	58%	51%