Report on an announced inspection of

Oakington Immigration Reception Centre

16–20 June 2008

by HM Chief Inspector of Prisons

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Introduction

Oakington Immigration Reception Centre was set up as a place where quick decisions could be made on those subject to a fast-track asylum determination process. All services, including immigration and legal advice, were on site. Detainees, including women and children, spent a very short period there and were usually released pending appeals against negative decisions.

Since then, the function and population of the centre has changed considerably. It now holds only men, few of them subject to fast-track procedures, some of them staying for long periods, and all of them facing the possibility of imminent removal. Legal advice services are limited and under threat, and the immigration casework team has been depleted and downgraded. Added to this is the uncertainty which has been hanging over the centre's future for the past four years, with the ever-present threat of imminent closure.

None of this makes for a stable, secure and positive environment. This inspection found Oakington a very different place from the centre we first inspected in 2002, and indeed from the centre we last inspected three years ago. On three of our four tests of a healthy establishment, we found that the centre was not performing sufficiently well. We had particular concerns about safety and respect. The last inspection noted and warned of a decline in detainees' perceptions of safety and relationships with staff. This inspection found that both had further deteriorated considerably. Half the detainees, compared with a third last time, said that they had felt unsafe. Only 60%, compared with 89% last time, and 94% in 2004, said that most staff treated them with respect. These are significant and troubling slippages.

Detainees' feelings of unsafety were in large part related to the insecurity and uncertainty of their immigration status, and their inability to get detailed advice about it. The temporary immigration staff lacked the experience to be able to provide information; the independent advice service was limited and was under threat of closure. The use of poorly supervised dormitory accommodation added to detainees' fears: they spoke of their fears of being located with strangers, some of whom had served prison sentences. Security, on the other hand, had improved, and had successfully reduced the number of escapes in 2008. The use of the detainee departure unit (DDU) for separation, support and removal continued to cause us concern. Use of force had increased and was inadequately monitored.

In previous inspections, some problems had been mitigated by the very good staff–detainee relationships. This was no longer the case, and reported relationships were significantly worse than in other immigration removal centres. Although we saw some examples of positive engagement, in general, staff were distant and reactive. Neither staff nor managers appeared to take an interest in the individual circumstances and concerns of detainees: for example, they appeared unaware of the fact that they had been holding a Chinese man for nearly two years. Language barriers were clearly a problem, but we saw little evidence of attempts to surmount these. Nor was there any evidence of pride in the environment: the accommodation, lacking necessary investment, was tired and often uncomfortable.

The most positive aspect at Oakington was the open access that detainees had to its extensive grounds. In fine weather, detainees were able to congregate in groups and this undoubtedly defused some of the tensions – although, given the levels of staff supervision and engagement, and the absence of sufficient organised and purposeful activity, it also provided opportunities for bullying. Although activities provision for short-stay detainees had improved, and there were plans to develop this further, there was little for longer-staying men to do, and only 6% of the population could engage in paid work.

Given the increase in the population and its problems, the provision of welfare advice, to assist with settling affairs in the UK and preparing for release or removal, had become much more important. At the time of the inspection, this service was provided by the Refugee Council, outside its contractual obligations, and by voluntary and often financially subsidised help organised through the chaplaincy. The Refugee Council's contract was due to end, and there were no realistic plans to replace it with an effective and supportive service. The visits area remained poor.

This was a disappointing inspection of an establishment which seemed to have lost direction and purpose. The uncertainty about the centre's future was undoubtedly a factor in this, making planning difficult and inhibiting necessary investment in the infrastructure. However, this appeared to have infected managers and staff with a short-term, reactive approach. It is important for the UK Border Agency to clarify the future of the centre as soon as possible – and also to resource and staff it properly for as long as it continues to exist. Whatever these difficulties, however, it is equally important that managers and staff focus on running a safe, supportive and purposeful environment for the detainees in their care.

Anne Owers October 2008
HM Chief Inspector of Prisons

Fact page

Task of the establishment
Oakington IRC is an immigration reception centre

Location
Longstanton, Cambridgeshire

Contractor
Global Solutions Ltd (UK)

Number held
328

Certified normal accommodation (CNA)
352

Operational capacity
352

Escort provider
Group 4 Securicor (G4S)

Last inspection
Announced full inspection: June 2005
Unannounced follow-up inspection: June 2006

Brief history
The centre opened in March 2000, originally for three years plus four six-month extensions. The original role was to accommodate fast-track cases, including single males, single females and families. The current role is to accommodate single male detainees, including a small percentage of fast-track cases, removal cases and lorry drops.

Description of residential units
There are five house blocks, comprising dormitory bedrooms – housing up to 12 single males. There are some single rooms per house block, used for detainees with medical needs.

Healthy establishment summary

Introduction

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

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

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

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

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

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

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

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

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

Safety

HE.4 Although treated kindly by reception staff, detainees often arrived at night and there were concerns about initial first night assessment procedures. The management of bullying and suicide and self-harm procedures had improved but detainees expressed high levels of anxiety, and the advice and support they received from the UK Border Agency (UKBA) teams were insufficient. There had been a significant increase in incidents of self-harm and indiscipline and a subsequent increase in the

use of force and the use of separation in the detainee departure unit (DDU). Overall, the centre was not performing sufficiently well against this healthy establishment test.

HE.5 The majority of detainees arrived during the late shift, and over half of these arrived after midnight. Some had travelled long distances and many had been held in police stations, some for several days without access to information or legal advice, and in generally inadequate conditions. Property was frequently left behind. Information usually accompanied detainees transferring from prisons but this was not the case for ex-prisoners who had transferred from another detention centre or detainees who had been held in police custody. The detention authority often lacked information relevant to risk.

HE.6 We observed efficient and friendly reception procedures but detainees did not report positively on their treatment in reception. New arrivals were given refreshments, a free telephone call and essential personal items. Some written information was available in other languages but a telephone interpreting service was not used to reassure detainees or assess risk, or for healthcare assessments. Fellow nationals were likely to be split up to avoid groups of nationals forming alliances against others, but detainees said that they felt uneasy spending their first night in detention with strangers.

HE.7 The number of age dispute cases arriving at Oakington had risen. Much of the monitoring and referral to social services was undertaken by the Refugee Council and Immigration Advisory Service, based on site, but the former was due to leave the centre and the future of the latter was uncertain. Legal visits were available every day but legal reference materials in the library were poor.

HE.8 The average recorded stay at Oakington was 56 days, although one detainee had been held at the establishment for 20 months so far. Two UKBA teams operated at the establishment – a fast track team and a contact management team – yet detainees complained that it was difficult to see immigration staff. Almost all UKBA staff were temporary because of continuing uncertainty about the future of the centre. There was little evidence that concerns raised about the effects of detention, including by health services staff, were dealt with. Professional interpreters were rarely used and detainees were, at times, served papers they could not understand. Other detainees were sometimes used to interpret.

HE.9 Allegations of bullying were investigated well, and the behaviour of identified bullies was addressed and victims were supported. Arrangements to consult detainees about bullying were weak. Incidents of self-harm had increased significantly during the previous 12 months. Raised awareness support plans were used for detainees needing low level support. Monitoring of detainees on assessment, care in detention and teamwork (ACDT) procedures was good and reviews were multidisciplinary. Interpreting services were not always used to carry out assessments, and care maps were variable in quality. The DDU was used for detainees who required a high level of monitoring, and although it had been recently cleaned and repainted, it remained self-evidently a punishment unit, and its use for those at risk of self-harm was inappropriate. There was no peer supporter scheme or a Samaritans telephone. The safer detention committee considered a range of data about bullying and self-harm, and although there were some gaps, monitoring arrangements were generally good.

HE.10 Meetings of the security committee were well attended and there were arrangements to keep staff informed of security and safer detention matters. The high number of

escapes in 2007 had reduced following the introduction of additional security measures. Security arrangements did not inhibit access to the available regime but restrictions on property which new arrivals could bring into the centre, and arrangements for hospital escorts, were excessive and disproportionate. The rules of the centre were available in a wide range of languages and were given out on induction. Breaches of the rules and acts of indiscipline were dealt with through removal from association and the use of temporary confinement in the DDU. Although this use of the DDU was appropriately authorised and supporting documentation completed to a good standard, overall monitoring and analysis was insufficient. The use of force had increased and there was no overall analysis or monitoring by the safer detention committee.

Respect

HE.11 The living environment was poor, although recreational facilities had been improved. Detainees did not feel well supported by staff and they did not have faith in the complaints system. Catering arrangements and the service provided by the shop did not meet the needs of the detainees. The management of race and diversity was inadequate. Chaplains provided much-needed pastoral support. Health services were generally good but the location of the healthcare centre was unsuitable and there were no counselling services. Overall, the centre was not performing sufficiently well against this healthy establishment test.

HE.12 The accommodation was poor and showed the signs of considerable wear and tear. Facilities in the residential units were limited, although the range of recreational activities had recently been extended and these facilities were well used. Detainees complained about personal property and laundry going missing. The list of permitted possessions was unnecessarily restrictive. Detainees did not attend discussion forums to air their views.

HE.13 Detainees expressed a range of views about their relationship with staff. While some spoke well of staff, there was evidence of a lack of engagement, and terms of address were sometimes discourteous. The tannoy system was a disrespectful and ineffective method of communication.

HE.14 Menus had been reviewed by a dietician and contained healthy options and suitable choice, although the range of meat products was inadequate. Detainees were negative about the quality and quantity of the food. There were food complaints books and meetings to obtain the views of detainees about the catering arrangements but these were not effective. Access to the shop was good but the range of items was too limited.

HE.15 Detainees made few race complaints, although this system was accessible. Attendance at the race relations committee meetings was poor. There was some monitoring by nationality but this did not cover all areas, and little action was taken beyond looking at what the monitoring revealed. All staff had been trained in diversity but consultation with detainees on matters relevant to race, nationality and culture was weak and all aspects of diversity were not sufficiently promoted. Interpretation services were not used widely to ensure that assessments were completed properly and that detainees were fully involved in their own care, or to convey important

information to detainees whose first language was not English. The needs of disabled detainees were not well served.

HE.16 The complaints system was accessible but detainees had little confidence in it, and little use was made of it. Complaints were dealt with efficiently but many replies were impersonal and some were not helpful.

HE.17 All faiths were represented by the multi-faith religious affairs team, and faith facilities were accessible and well used, although the Muslim prayer room was too small for the large Muslim population. The religious affairs team provided very good spiritual, pastoral and practical support to detainees, which they much appreciated.

HE.18 Clinical governance arrangements were generally appropriate, although some areas were underdeveloped. There were well developed links with the local primary care trust. A full health needs assessment had not been undertaken. A telephone interpreting service was used in consultations but not for reception screening, and the quality of healthcare reception screening was variable. Primary healthcare services were good and delivered by a well-qualified team. The physical environment of the healthcare centre was inappropriate, but there were advanced plans to relocate the service to a more appropriate position. Primary mental health services were appropriate and there were good links with mental health services in the local community. Referrals to local psychiatric services were dealt with promptly, with psychiatrists attending the centre to carry out assessments. Efforts had been made to ensure transfer to mental health beds in the community when needed. There were no counselling services, although requests had been made for the contract to be amended to include this service.

Activities

HE.19 Detainees were able to move freely around the site and many spent a good deal of their time using indoor recreational facilities or, during fine weather, mixing in groups in the outdoor grounds. There had been improvements to the range of activities on offer, there was a new fitness suite and the library was a much better resource. The introduction of paid work was a good initiative. However, many initiatives had yet to become properly established and there were still too little for detainees to do. Overall, the centre was performing reasonably well against this healthy establishment test.

HE.20 The change in the education contract had allowed for the development of an improved range of daytime and evening activities. There was a small range of classes, which were popular with detainees, and attendance was good. In the first month of the new contract, 214 detainees had taken part in classes. Activities were well promoted around the centre. The majority of classes were delivered effectively, and relationships between teaching staff and detainees were good. Detainees acted as paid educational mentors and provided effective additional support.

HE.21 There were suitable activities for detainees on short stays and non-English speakers but the range of provision for longer-stay detainees was small and there were no opportunities for accreditation. More able detainees could develop practical skills and increase their learning through skill-based practical classes, such as first aid and food hygiene. There were also opportunities for self-supported study in the study centre.

The internet suite was popular and included evening access. Attendance and appropriate use was efficiently monitored.

HE.22 Paid work had very recently been introduced but was only available to about 6% of the population. There were systematic procedures for application and selection but the scheme was not well established and relevant staff were not sufficiently familiar with it. Pay was given in vouchers, redeemable through the shop.

HE.23 The number of detainees able to access classes at any one time was relatively small and the overall number of places on offer was inadequate to meet the needs of all detainees and keep them purposefully occupied for the majority of the day.

HE.24 There was a newly equipped fitness suite but there were too few places to meet the needs of the population. PE staff supported detainees well but some staff had little more than basic training in how to use the equipment, and PE induction was not systematic. There was an effective booking system during the day but it was not open in the evening and there was little active promotion of physical exercise and health.

HE.25 There were three association rooms, offering a range of informal and recreational activities. Detainees could move around the centre freely for 15 hours each day. In good weather, the outdoor grounds were used as meeting places for groups during the day and early evening. Detainees also organised their own outdoor games, using equipment available from the library.

HE.26 There was good access to the library and it was well used. The book stock had very recently been completely replaced. Some groups were still not sufficiently well served with books, periodicals and foreign national newspapers, and the legal reference materials were inadequate.

Preparation for release

HE.27 Current welfare provision was to be largely lost with the imminent departure of the Refugee Council, at a time when the population and its problems were due to expand. There was an over-reliance on the good will and financial support of the chaplaincy and volunteers. Other staff had limited time and expertise, and this was unlikely to provide an adequate replacement. Visits staff were helpful but the limited facilities were inadequate for the rising population. The introduction of mobile telephones was a positive development but this was not accessible to all. Detainees awaiting discharge were still held in the DDU. Overall, the centre was not performing sufficiently well against this healthy establishment test.

HE.28 Welfare provision was precarious, in that most of the work was undertaken by the Refugee Council, a voluntary organisation, whose contract was to end in September 2008, at a time when the population would expand. There was no realistic strategy to replace this organisation, and well-meaning detention custody officers lacked the necessary expertise. Other provision was provided by the religious affairs team, assisted by volunteers, who provided very good support and practical assistance, often at their own expense. The information centre provided detainees with good opportunities to send and receive faxes.

HE.29 The visits area was too small and could not always cater for demand. Visitors were well treated but it was very difficult to book a visit, owing to ongoing technical problems with the telephone booking line. Detainees could send and receive as many letters and faxes as they needed, free of charge. The introduction of mobile telephones and internet access had improved the ability of detainees to communicate with friends and family members but it was not possible to purchase mobile telephones from the shop, or to buy top-up telephone credit, and detainees had to rely on outside assistance to own and use a mobile telephone, which was not an option for some.

HE.30 People being removed usually had a few days' notice, and friends could deliver baggage for them. The routine of routing them through the DDU, sometimes hours before they were due to leave, made discharge a dismal experience for many and served no purpose with regard to preparing detainees to leave.

Main recommendations

HE.31 Managers should issue guidance describing clearly the role and responsibilities of all staff in supporting detainees. This should be monitored through record keeping and direct observation and the outcomes disseminated regularly to staff.

HE.32 There should be sufficient, suitably trained and competent UKBA staff on site to engage effectively with detainees' needs for explanation and progress.

HE.33 The DDU should not be used to hold detainees in crisis.

HE.34 Interpreting services should be used when required to communicate with detainees in order to complete assessments, in particular healthcare assessments, and convey general information about life in the centre, as well as personal information about their care and immigration status.

HE.35 The centre should ensure that there is sufficient welfare provision, with suitable training, expertise and resources, able to address the needs of the complex population.

HE.36 UKBA should determine the future of Oakington as soon as possible and ensure that, while it remains open, the necessary improvements can be carried out and appropriate services provided for the needs of the population.

HE.37 UKBA casework resource should be increased and there should be sufficient expertise in the workforce to ensure that the complex needs of the detainee population are fully met.

HE.38 There should be sufficient structured activity for all detainees to have access to purposeful activity for the majority of the day.

HE.39 Managers should keep accurate records of the length of time that detainees have spent at the centre, and inform UKBA of all cases where this exceeds a month.

HE.40 There should be comprehensive monitoring and analysis of the use of force, the use of rules 40 and 42, and strip searching, and this should be overseen by the safer detention committee.

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 Most detainees arrived at night, and some after lengthy journeys. A significant number came from police stations which were ill equipped to hold them, had been given little information and had had to leave without their property, contributing to their anxiety. Escorts usually brought prison files for prison transferees but the same was not true for former prisoners who had transferred from another removal centre, and police custody records were not available for detainees who had been held in police stations. Detention authorisation did not usually include information about risk.

1.2 The reception was open 24 hours a day, seven days a week, and more than two-thirds of new arrivals were received during the late shift, between 7pm and 7am, of which more than half arrived between midnight and 5am. As detainees came from all over the country, some had been travelling for many hours before they arrived. Not all reported a comfort break. In the vehicles we checked, a comfort break had been offered on journeys of more than two-and-a-half hours, usually when staff stopped to pick up a new passenger. Many detainees reported spending up to three days in police stations in inadequate conditions, with little information about what was happening to them next, and often without specialist legal advice or adequate opportunity to communicate with the outside world. In addition, they were often in the same clothes they had been wearing for days, and had left property behind at the police station. In our survey, 44% of detainees said that they had been treated well or very well by escort staff, which was significantly worse than the comparator of 51%.

1.3 In our survey, 70% said that they had first been detained in a police station. Some of them would have been under arrest in a police station before a prison sentence; a quarter of the population had arrived direct from police stations. Some of these were 'lorry drops' – men picked up by police or immigration enforcement officers around the country as undocumented recent arrivals, initially lodged in the nearest police station, and then transferred to Oakington for initial processing. Of survey respondents, 29% reported loss of property on transfer, which was significantly worse than the comparator of 23%. The UK Border Agency (UKBA)'s Detainee Escorting and Population Management Unit took account of the establishment's dormitory accommodation and open environment and did not send detainees who were likely to cause problems. Many of the prison transferees were immigration offenders, prosecuted for having a false document. Escorts usually collected the prison file when they brought people from prisons, but they were not always passed on when former prisoners were transferred from another removal centre (see section on security). The UKBA movement notification noted brief details of the offence. The IS91 detention authority often recorded little information relevant to risks. People transferring from police stations rarely brought with them police custody records, hindering recovery of missing property.

Recommendations

1.4 Detainees under escort should be offered comfort breaks if their journey exceeds two and a half hours.

1.5 Transfer between places of detention in the middle of the night should be avoided wherever possible.

1.6 Removal centres should ensure that all relevant information about the detainee accompanies them when they are transferred to another centre.

1.7 Immigration detainees should not be lodged for days in police stations.

1.8 When immigration detainees are lodged in police custody suites, custody records, including any property information, should accompany them on transfer.

Reception and first night

1.9 We observed efficient and friendly reception procedures, although only 54% of surveyed detainees reported being treated well in reception. There was little use of interpretation in reception, even though there was a telephone interpreting service available. This was also the case for healthcare screening, which meant that it was not always possible to complete an assessment. New arrivals were routinely provided with food and drink, a free telephone call, hygiene materials, clean clothing, translated information and a tour of the facilities, but fellow nationals were likely to be split up and detainees expressed anxiety about sharing a room with strangers on their first night. Overall, individual engagement to assess risk or to reassure was limited.

1.10 In the previous three months, an average of 450 detainees had arrived each month, and a similar number left. Detainees also passed through reception on the way to visits, and anyone in the visits room needing to use the toilet also had to be escorted through reception to the nearest toilets.

1.11 In our survey, 54% of respondents said that they were treated well in reception, substantially below the 86% who reported positively in our full inspection survey in 2005. We observed reception during the day and at night and found that it was well organised and efficient, took account of detainees' needs and was generally respectful and friendly. We saw no vans queuing but escort vehicles sometimes coincided. Staff priority was to get people out of the vehicles immediately. Even if they had to wait to be dealt with, detainees were able to use the toilet and get a sandwich and hot drink. Delays were aggravated if several people arrived with a lot of luggage, all of which had to be checked.

1.12 New arrivals were routinely offered a free telephone call in reception, although they sometimes took this the following morning because of the late hour. They were given tea packs, clean bedding, a hygiene pack and, if necessary, a set of basic clothing to change into. They could take a shower when they arrived on their house block. Those arriving with less than £10 were given a £3 free credit, additional to the 71 pence daily rate paid into their shop accounts. People were discouraged from keeping more than £50 in cash with them in the centre.

1.13 There was little use of interpretation in reception, even though staff were aware of the availability of a telephone interpreting service. Some initial assessments, including healthcare screenings, were inadequate to ensure first night safety. We came across some records which indicated that it had not been possible to complete an assessment owing to language difficulties (see main recommendation HE34 and paragraph 5.8). Staff had some translated versions of stock questions. Some notices had been translated into a few languages, and all new arrivals were issued with a booklet about the centre, rules and facilities, and sources of help, with information in more than 20 languages. Various pieces of information in the booklet had been added or altered, in an attempt to keep up with continuous change, and it was not easy to read, although the centre was trying to increase pictorial content (see also section on health services).

1.14 Translated materials alone did not facilitate discussion with troubled new arrivals about their particular needs (see section on health services). Lack of engagement was evident on some of the first night forms we saw. Reception staff, including from the healthcare department, were supposed to note their initial impressions on these; the forms were then passed to the house block, where staff added comments after the first day. When the shift changed, new house block staff checked the forms, and also the office whiteboard, as part of the staff handover, to ensure that they were aware of new arrivals. With few exceptions, people joined shared dormitories. Many detainees found it disturbing to be put in a dormitory with 11 strangers. The allocation policy was to avoid having a large number of any one nationality in any dormitory, so people did not necessarily find themselves sharing a room with anyone who spoke the same language. Indeed, if they arrived with fellow nationals, they were likely to be split up. The rationale underpinning the allocation policy was to avoid confrontation or conflict between organised groups, but it was not supported by practices and procedures to ensure that individuals or small groups felt safe and were not isolated. All dormitories were subject to more than one roll check during the night but the times varied. In our survey, 49% reported feeling safe on the first night, which was on a par with the comparator.

1.15 A custody officer showed people around their block soon after arrival. The following morning they were taken to the amenities block, where they were given a tour of the site facilities. Sometimes bilingual staff or detainees helped those with no English but this was not systematic.

Recommendation

1.16 Detainees spending their first night in custody should be introduced to night staff who offer appropriate support and regularly check on their well-being throughout the night.

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 The grounds were well kept and detainees enjoyed spending time outdoors in good weather. However, the accommodation in large, poorly ventilated dormitories was poor. The units were generally run down and poorly maintained – particularly the showers and toilets. The facilities were limited, although recreational facilities had recently improved. There was plenty of clothing available for those who needed it but laundry arrangements were disorganised and personal property could not always be stored securely. The list of possessions permitted was unnecessarily restrictive. Open forum meetings to discuss concerns did not work well.

Accommodation and facilities

2.2 The residential accommodation comprised five units. The units were brick built on two storeys, and had originally been used as air force accommodation during the Second World War. Each unit comprised 12-person dormitories, with a few single and double rooms, which were used for detainees who were subject to age disputes or for medical reasons. One of the units had smaller dormitories, which could take up to eight individuals. The living areas were poorly decorated and some had graffiti. Many detainees complained about being disturbed by other detainees at night. In our survey, 46% said that it was quiet enough to sleep at night, which was significantly worse than the comparator of 54%. The dormitories were carpeted and had chairs and curtains. Each detainee had a wardrobe. The carpets were worn and badly marked. The security bars which had been installed on the outside of the windows limited the extent to which the windows could be opened, so ventilation in the dormitories was inadequate. Hot and cold water fountains had recently been installed in the units. Although they had only been in place for a short period, some of them were already broken. We received numerous accounts from detainees, both in discussion groups and individually, about how uncomfortable the living conditions were in the dormitories.

2.3 Open forum meetings were held monthly. These meetings were intended to provide detainees with the opportunity of raising any issues they had about their living conditions. The process was ineffective, as detainees did not attend.

2.4 In each of the residential areas, there were posters on display in prominent foreign languages, giving basic information about health and safety procedures and domestic routines.

2.5 Three association rooms offered a range of informal activities, including pool and table tennis, table football and electronic games. In the amenities block, detainees had access to a large television room. At least one television, a freeview box and a DVD player were available in each residential block. Bingo was organised on some afternoons and evenings. These activities were well used by detainees but the pool tables were in a poor state of repair. There was freedom of movement around the site for 15 hours each day.

2.6 The grounds were extensive and well kept. Many detainees spent a good deal of their time outside in the fresh air in good weather.

Clothing and possessions

2.7 Detainees were able to wear their own clothing. Detainees who did not have sufficient clothing of their own were able to obtain suitable items from a well-stocked store. Good quality new and second-hand clothing was available. There were two laundries on each of the residential units, each with a washing machine and tumble dryer, open from 7am until midnight. Detainees had free access and were responsible for washing their own clothing but the laundries were disorganised and we received numerous complaints about clothing going missing. Bedding was laundered weekly. However, this arrangement did not always work efficiently, as it depended on detainees taking the initiative to produce their dirty linen for collection, and not all detainees did this.

2.8 Each detainee had a personal locker, which had a lock and key. However, they were not secure and we received complaints from detainees that items had been stolen from them (see also sections on health services and security). Detainees had recently been issued with plastic storage boxes, which were kept under their beds. This provided useful additional storage space for non-valuable items.

2.9 Detainees were able to hand out and receive personal property during visits. However, the list of prohibited items was unnecessarily restrictive. For example, detainees were not permitted items such as toiletries which they had brought with them in sealed bags from other establishments (see section on security).

Hygiene

2.10 The units were cleaned once a day by an outside contractor. The dormitories, recreational areas, and toilet and shower areas were clean immediately after the contractors had completed their work. However, they quickly became dirty because of their heavy use. This was particularly the case with the toilets and showers, which were in a poor state of repair and which we frequently found dirty. The condition of mats and shower curtains were unsanitary.

2.11 Detainees were issued with basic hygiene items on admission and could obtain further supplies freely on request.

Recommendations

2.12 Worn carpets in the dormitories should be replaced.

2.13 The dormitories should be adequately ventilated.

2.14 More effort should be made to obtain the active participation of detainees in open forum meetings.

2.15 Staff should assist detainees to organise the laundry arrangements to ensure that clothing does not go missing.

2.16 Detainees should be allowed items in possession unless there is clear evidence of a risk.

2.17 A reliable system should be introduced which ensures that bedding is changed weekly.

2.18 Showers should be refurbished and well maintained. Shower curtains and mats should be maintained in a clean condition and replaced regularly.

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.

2.19 Detainees expressed a range of views about relationships with staff. While some spoke well of staff, there was evidence of a lack of engagement, and terms of address were sometimes disrespectful. The public address system was a disrespectful and ineffective method of communication.

2.20 In our survey, 60% of detainees said that most staff treated them with respect, which was significantly worse than the comparator of 69%. It also indicated a significant deterioration in relationships since the previous full inspection, when 89% had said that they were treated with respect by most staff.

2.21 Detainees we spoke to described mixed and polarised views about relationships with staff and levels of respect. Relationships appeared better with English-speaking detainees. Some detainees said that staff treated them well but others described a lack of engagement by staff, bordering on indifference. We observed that residential staff tended to work mainly in the offices on the house blocks, sometimes shouting to detainees out of the window, and although they responded to detainees who came to the office with general queries, the exchange was generally brief and the setting did not lend itself to private discussion or offer detainees the opportunity to share their personal anxieties with staff. However, we also observed some good examples of good quality care by individual staff.

2.22 The public address system was used a great deal to summon detainees to the office when they were needed. It was an ineffective way of trying to make contact, as it could not be heard in all areas and some detainees complained that they had missed important messages as a result. We noted that staff sometimes addressed detainees by their surnames or referred to them by their location and bed numbers, rather than by their first names.

2.23 In our survey, only 44% of detainees said that they had a member of staff that they could go to if they had a problem, which was significantly worse than the comparator of 55%. In our safety interviews with individual detainees, uncertainty and insecurity about their immigration case, and lack of confidence and trust in staff, scored extremely highly as contributing to feelings of lack of safety. In our individual interviews about the quality of relationships, the areas that detainees listed as being of most concern or a problem to them were the things that staff failed to do to assist them, rather than unfair or overtly disrespectful treatment (see main recommendation HE31).

Recommendations

2.24 The public address system should be replaced by a pager system without delay.

2.25 Staff should address detainees by their preferred name.

2.26 Managers should investigate the reasons for the significant decline in relationships between staff and detainees. The results should be used to inform a strategy to improve and maintain relationships. (See also main recommendation HE31).

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 At the time of the inspection, detainees benefited from the presence on site of the Immigration Advisory Service (IAS), which was able to offer a limited service. Legal visits were available every day but legal reference materials in the library were poor.

3.2 Oakington had been set up as a fast-track reception centre with legal service providers on site, to ensure prompt availability of independent legal advice to detainees subject to the fast-track determination processes. A reduced corps of advisers, the IAS, had been retained. Their remit was primarily to advise a smaller group of detainees subject to non-suspensive appeals fast-tracking, who were automatically referred to them soon after arrival if they did not already have a legal adviser. These advisers could see anyone who applied, usually within a few days. However, their contract was due to expire shortly and future arrangements were uncertain.

3.3 Detainees in our survey reported positively on early access to legal advice – only 14% reported problems, which was significantly better than the comparator of 27%. Sixty-six per cent said that they had a legal representative, which was significantly better than the comparator of 59% but lower than in the 2005 survey, when 86% had said that they had a legal adviser. In 2005, there had been more detainees subject to a fast-track process and more legal representatives on site to meet the needs inherent in that process.

3.4 Although detainees could get an interview with the IAS, they complained about the limitations of their services, particularly after long periods in detention without much progress. Early advice was frustrated when people arrived without the expected paperwork, and the IAS had to ask the UK Border Agency for documentation to understand their status. The IAS team had a mixture of level one and level two Legal Services Commission accreditation and were subject to legal aid restrictions in terms of the amount of work they could do for people. In some cases, the IAS made bail applications. Continuing advice could be interrupted when people were transferred to another centre, although it was sometimes possible to refer the case to another IAS office. One of the detainees we met had just arrived after a couple of days in a police station, followed by a couple of days in a short-term holding facility, and was seeking, but not getting, legal advice. He said that he had entered the country lawfully with a work permit but that his employer had failed to renew it. He had applied to see the IAS but had removal directions in a couple of days' time, and did not know if he would succeed in getting legal advice to understand his status before then.

3.5 Legal visits were available between 9am and 9pm, seven days a week, although not all interview rooms had telephones, which inhibited use of a telephone interpreting service. Advisers sometimes wasted time waiting for detainees to arrive because the tannoy summons was not audible everywhere (see paragraph 2.22). Advisers were also not always told when a client was in the detainee departure unit (DDU), about to be transferred or removed (see

paragraph 10.12). They could visit him there but custody staff were sometimes within sight and hearing, inhibiting privacy.

3.6 Legal reference materials in the small library were poor. The only text explaining general immigration law and process was a single Joint Council for the Welfare of Immigrants *Immigration, Nationality and Refugee Law Handbook,* supplemented by some guidance on making a bail application from the voluntary group, Bail for Immigration Detainees (BID). There was no photocopier in the library and it appeared unlikely that a custody officer on duty would have had the time to go elsewhere to photocopy sections of a scarce resource. The collection of Home Office country of origin information reports was incomplete and not kept up to date.

Recommendations

3.7 The library should stock sufficient, up-to-date legal reference materials to meet the needs of the population.

3.8 Legal interview rooms should be equipped with conference telephones to permit access to a telephone interpreting service. If it is necessary to conduct a legal visit in the DDU, the visit should be private.

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.

3.9 The average recorded stay at Oakington was 56 days, although one detainee had been held at the establishment for 20 months. Two UK Border Agency (UKBA) teams operated at the establishment – a fast track team and a contact management team – yet detainees complained that it was difficult to see immigration staff. Almost all UKBA staff were temporary because of continuing uncertainty about the future of the centre. There was little evidence that concerns raised about the effects of detention, including by health services staff, were dealt with. There was little use of professional interpreters, and detainees were at times served papers that they could not understand. Other detainees were sometimes used to interpret.

3.10 The average stay at the establishment was 56 days. This had been two weeks at the time of the 2005 inspection. However, the average we were given did not include detention elsewhere; in fact, if someone left and returned to the centre, their stay was counted from the most recent date of arrival. No one, including UKBA staff, was able to tell us who had been detained the longest. We came across someone who had been detained for 20 months so far, and he had been at the establishment for the previous nine months. Ten detainees were listed as having been at Oakington for more than six months.

3.11 Two UKBA teams, with different roles, operated at the establishment. Approximately 40 places were taken up by detainees designated as non-suspensive appeal fast track. A special UKBA team was based at the establishment to interview them about their asylum claim within a short timescale; nearly all such applications were refused. Detainees then had no right of appeal before removal. The same team undertook some early processing of 'lorry drops' (see paragraph 1.3).

3.12 The majority of detainees were at, or approaching, the end of the immigration determination process, awaiting removal, with UKBA case owners in various places. Approximately a third of the population were former prisoners awaiting removal, largely the responsibility of UKBA's Criminal Casework Directorate. A temporary, seconded immigration officer visited to help with these cases. A contact management team liaised between detainees and UKBA case owners. Apart from the UKBA contract monitor and two deputies, all were temporary staff. Because of continuing uncertainty about the future of the centre, permanent staff had not been recruited. The assumption was that this was tenable because all they had to do was pass on communications between detainees and case owners. However, there was little understanding of the complexity of individual histories, the anxiety of lengthening detention or the recurrent need proactively to pursue case owners (see recommendation 3.18). Detainees we spoke to were uniformly dismissive of the lack of engagement in respect of both UKBA teams. In our safety survey, uncertainty and insecurity relating to immigration casework received a seriousness score of 79 (the maximum possible score was 80), which was not only far above the rating of other identified problems at the centre, but was also worse than at other immigration removal centres inspected recently. In our survey, when asked if it was easy to see immigration staff, only 19% said that it was, despite the fact that UKBA had two teams on site. We received complaints that, when serving papers, immigration staff often expected detainees either to find another detainee to interpret or simply to put the documents in the internal post, in which case detainees had no explanation if they spoke no English.

3.13 Rule 35 of the Detention Centre Rules requires health services staff to report any concerns that detention may be injurious to health, including if there has been an allegation of torture or suicidal intent, and the UKBA case owner should then review detention. The UKBA fast track team had no central file of rule 35 letters. The second UKBA team, the contact management team, logged minimal information. They had a spreadsheet simply dating when the pro-forma note had been sent and any response received. Since the beginning of 2008, more than 40 had been issued. They had no central file of letters and responses, which would have enabled staff to monitor issues raised, to pay particular attention when a serious concern was raised, and to check that responses were timely and addressed the issues. In addition, we could see no copies in the files sampled. One file contained a copy of a response requesting further information but we could not tell if the further information had been supplied. Health services staff told us that they rarely heard further after issuing the initial letter.

3.14 Casework on some files had stalled, even when detainees appeared to be cooperating. A Chinese man detained for more than 20 months had completed a series of biodata questionnaires for the purpose of getting a travel document for removal. We saw a number of written inquiries from him asking why it was taking so long and when he could go home. The reply said that, according to the Chinese authorities, the small, remote village he named did not exist in that region. After 16 months, a member of the UKBA team at Oakington established through the internet that the village did indeed exist and sent a copy of the map showing the village to the case owner. She also reported to the case owner that he appeared compliant and would like to return as soon as possible. The case owner then issued a notice threatening prosecution for non-compliance. Initially, on-site staff attempted to serve this notice with the help of another detainee before bringing in a professional interpreter, although no copy of the document was left on the file and the instruction for service was unsigned by the server. There was no indication that the detainee had been given appropriate information about getting specialist legal advice in anticipation of criminal prosecution (something that would be expected under Police and Criminal Evidence Act Codes of Practice). He had already served a short custodial sentence for having a false document and was now at risk of a further custodial sentence. His monthly detention review, in English, continued to report that he appeared to have given false information about his address.

Recommendations

3.15 Reasons and reviews of detention should be issued in writing in a language which the detainee understands.

3.16 UKBA staff should use professional interpreters to explain the content and the implications of important documents, such as removal directions or threats to prosecute.

3.17 A central folder of rule 35 letters and responses should be maintained, to enable monitoring of content, reaction and follow up.

3.18 When detainees are threatened with prosecution and a custodial sentence for not cooperating with the removal process, there should be appropriate legal safeguards, including access to specialist legal advice, in line with Police and Criminal Evidence Act Codes of Practice.

Section 4: Duty of care

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

4.1 The safer detention committee considered detailed data relating to bullying and suicide and self-harm prevention but there were some gaps in the monitoring. All departments were represented at the meetings and attended regularly but detainees rarely attended. Overall, bullying was not considered to be a serious problem by centre staff, although our survey and safety interviews highlighted some concerns. The quality of investigations into bullying was good, and the monitoring arrangements, both for perpetrators and for victims, were sound. A bullying survey had not been carried out and consultation with detainees was inadequate. The number of self-harm incidents had increased. All staff had been trained. Assessment, care in detention and teamwork (ACDT) assessor reports and care plans were variable in quality but reviews were generally well attended and staff monitoring was good. The raised awareness support plan (RASP) system worked well for detainees with lower support needs. The detainee departure unit (DDU) was inappropriately used to accommodate those in crisis. There was no peer supporter scheme or Samaritans telephones.

Bullying

4.2 The post of full-time safer detention manager had been recently established. She was a member of the senior management team, and this had effectively raised the profile of safer detention. The post holder's responsibilities included arrangements relating to bullying, suicide and self-harm, as well as general welfare.

4.3 Anti-bullying arrangements were explained in a local policy document, which had become effective in July 2007. Issues relating to bullying were managed through the monthly safer detention meeting. This meeting was chaired by the head of residential and attended by representatives from all relevant departments, the UK Border Agency (UKBA) and the Independent Monitoring Board (IMB). Detainees had not attended any of these meetings for some considerable time; managers told us that they tried to resolve this by publicising these meetings over the tannoy system and by putting up notices in the house blocks.

4.4 Detailed information about bullying incidents that had occurred over the previous month was provided for the safer detention meeting. Trends were also identified for analysis and discussion. Monitoring did not, however, include key information, such as the nationality of perpetrators and victims, or other violence within the centre, such as fights and assaults. A bullying survey had not been carried out, despite the requirement being included in the centre's policy document. Overall, there had been no effective consultation with detainees; the monthly detainees open forum was frequently cancelled owing to their non-attendance. Even in the couple of open forums that had taken place during the previous 12 months, safer detention had not been raised or discussed. This was a missed opportunity to get valuable information to inform local policy.

4.5 In our survey, responses relating to safety were mixed; while many were similar or better than at comparator sites, there were also some worrying findings. For example, 43% of respondents reported that they currently felt unsafe. In addition, 42% of respondents reported that they had been victimised (insulted or assaulted) by other detainees, which was significantly worse than

the comparator of 29%. Significantly more detainees than at comparator centres reported that insulting remarks had been made about them or their families by other detainees.

4.6 During the inspection, we conducted 20 individual safety interviews. Detainees identified a number of areas of concern and rated them in terms of their seriousness. The areas of concern raised by participants did not, however, include traditional bullying or violence within the centre. Their biggest concern was that they felt unsafe because of uncertainty about their immigration case (see section on immigration casework). They were also worried about overcrowding, which they related to the insecurity of the dormitories, healthcare and confidence in staff. These findings were consistent with what detainees told us in our groups.

4.7 The safer detention manager was notified of potential bullying incidents reported in security information reports (SIRs); she was also notified of unexplained injuries and any bullying-related complaints forms. Incidents of stolen property were reported to the security department on a locally devised form but were not passed on to the safer detention manager and were therefore not investigated as potential bullying. Apart from this, there was little evidence of potential under-reporting.

4.8 The majority of reported bullying incidents were not serious. Investigations were completed by the unit managers and were of good quality. A requirement of the investigation process was an interview with the victims to ensure that they were satisfied with the support they were offered. Where necessary, a victim support plan was opened; we looked at some examples which involved referrals to other departments, and these were appropriate and well monitored by staff.

4.9 There had been nine anti-bullying monitoring booklets opened on perpetrators in the last five months of 2007, after new arrangements came into force, and five since the start of 2008. Improvement targets were issued to the perpetrator. Suspected bullies were normally reviewed after seven days, identified bullies after 14 days. Reviews were chaired by the duty centre manager. Persistent bullies could be moved to different units, placed on rule 40 of Detention Centre Rules (removal from association) or, in serious cases, moved to another centre. Information about the anti-bullying strategy and violence reduction was not included in the reception pack issued to all detainees. Some information was publicised around the units, including some anti-bullying posters. Some further anti-bullying training was included in the ongoing safer detention module.

Suicide and self-harm

4.10 There had been no self-inflicted deaths at the centre since it had opened. A policy document for suicide and self-harm prevention had come into effect at the start of July 2007, to coincide with the introduction of the ACDT system. The policy document provided staff with clear guidance on the local arrangements for dealing with prevention of suicide and self-harm and their individual responsibilities to those considered at risk.

4.11 All procedures relating to suicide and self-harm prevention were managed through the safer detention committee and came under the remit of the safer detention manager (see section on bullying). She produced some good monitoring data for the monthly committee meetings relating to self-harm, but no information relating to the nationality of self-harmers and those on open ACDT documents.

4.12 There had been 55 ACDT forms opened in the last five months of 2007 and 141 since the start of 2008, a period of less than six months. This represented a significant increase. Incidents of

self-harm had also increased; there had been none reported in 2007 but 16 in the first four months of 2008. The safer detention committee had considered the rising trends and thought that it may have reflected the change and increase in population. All staff had been trained in ACDT procedures, and refresher training was already underway. Night duties were covered by day staff on a roster basis, so there were no additional training needs for this group. Staff collected an anti-ligature knife at the same time as their UHF radio, and carried it on their person.

4.13 There were three open ACDT documents at the time of the inspection. One of these had been reopened after a detainee had self-harmed by banging his head against a wall. He was being held under constant observation in the close care and observation room, in the detainee departure unit. This unit was used for a variety of purposes, including the segregation of detainees held under rules 40 and 42 (temporary confinement) of Detention Centre Rules (see section on rules of the centre) and those awaiting removal. Although some cosmetic improvements had been made to the room, the DDU remained an inappropriate location for caring for detainees in crisis. Constant observations had been used on eight occasions in the last five months of 2007 and 15 times since the start of 2008.

4.14 We examined a sample of open ACDT documents and others that had recently been closed. The quality of assessor reports was variable; some were of good quality but some had been completed without the assistance of an interpreter when one was clearly required. Written summaries following case reviews sometimes lacked detail. Care plans were generally reasonable but in one case a care map had not been reviewed for a detainee who had recently arrived from Colnbrook IRC. His care map on arrival referred him to counselling services that were not available at Oakington. Health services staff routinely attended case reviews, and monitoring entries confirmed a multidisciplinary approach to the care of those in crisis. The quality of monitoring entries was generally good and we saw evidence that staff tried to engage with the detainee concerned. We also saw many examples where interpreting services had been used to aid effective communication. Night entries were too regular and predictable. The centre's quality assurance system had identified similar shortfalls in ACDT documentation but this was not formalised or reported to the safer detention committee. There were no peer supporter arrangements and no Samaritans telephones for detainees to use. Post-closure interviews were completed and recorded in the closed ACDT documents.

4.15 Raised awareness support plans (RASPs) were used to support detainees who gave some degree of concern but not sufficient to justify the opening of a full ACDT document. Staff we spoke to had a good understanding of the arrangements for managing detainees on open RASPs. The plans we reviewed were good and contained regular monitoring comments that demonstrated engagement by staff. Reviews took place as necessary. A good example of the effectiveness of RASPs was the management of detainees who refused food. Staff monitored such detainees; if all meals were declined in a day, a RASP document was raised and the detainee spoken to. If meals were refused for three consecutive days, an ACDT document was opened. Monitoring of completed ACDT and RASP documents was conducted by the safer detention manager but these arrangements were informal.

Recommendations

4.16 Efforts should be made to encourage and assist detainees to attend safer detention meetings.

4.17 Monitoring information provided to the safer detention committee should include the nationality of perpetrators and victims, and other acts of violence.

4.18 A local bullying survey should be conducted as a priority and its findings used to inform local policy. Subsequent surveys should take place every two years.

4.19 Detainees should be consulted on safer detention matters at least monthly.

4.20 Incidents of stolen property should be investigated as potential bullying incidents.

4.21 Information about safer detention should be included in the reception pack issued to all new arrivals.

4.22 Monitoring data provided to the safer detention committee should include the nationality of self-harmers and those on open ACDT documents.

4.23 The quality of assessor reports, care maps and case reviews should be closely monitored and regular quality reports should be provided to the safer detention committee to ensure a good and more consistent standard.

4.24 Staff monitoring detainees at night should ensure that checks are not so regular that they are predictable.

4.25 Interpreting services should always be used for assessments and case reviews when required.

4.26 Care maps should be routinely reviewed during case reviews.

4.27 A peer supporter scheme should be developed.

4.28 Samaritans telephones should be provided.

Childcare and child protection

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

4.29 The number of age dispute cases arriving at the establishment had risen. Much of the monitoring and referral to social services was undertaken by the Refugee Council and Immigration Advisory Service (IAS), based on site, but the former was due to leave and the future of the latter was uncertain.

4.30 Families with children had not been detained at the establishment since 2005. Some safeguarding structures had been maintained since then. A manager represented the centre on the local safeguarding children board. Non-governmental organisations based on site collaborated with centre staff in identifying and referring to the local authority young detainees whose age was in dispute. They reported continuing effective liaison with Cambridgeshire social services, which usually reacted quickly to age dispute referrals for assessment.

4.31 A large number of young people whose ages were in dispute reached the establishment, which was not their first place of detention or first point of contact with the authorities. This suggested that, in some areas, UKBA staff were not observing their own policy of allowing the benefit of the doubt to possible minors. The Refugee Council, based at the establishment, monitored age dispute cases, and staff were of the opinion that some such cases did not come to their attention. The local authority reported a sharp increase, both in referrals and in the proportion of young detainees assessed to be under the age of 18 (see table below) during the first half of 2008. According to Refugee Council data, the average period they spent in detention was 14 days, up to 63 days in one case. Once the issue was raised, the establishment allocated detainees to be assessed to one of the few single rooms. The local authority confirmed that much of the proactive monitoring and referral was undertaken by the Refugee Council, assisted by the IAS. The Refugee Council was due to leave in three months' time, and the future of the IAS on site was uncertain, so it was not clear that the same level of attention to this priority group would be maintained.

Oakington detainees referred to Cambridgeshire social services for age assessment

Year	Referrals received	Age assessments completed	Under 18	Over 18
2006	47	46	13 (28%)	33 (72%)
2007	52	47	16 (34%)	31 (66%)
2008 (Jan to June inclusive)	134	83	46 (55%)	37 (45%)

Source: Cambridgeshire social services, July 2008 (figures do not include age dispute cases at Oakington referred to other local authorities)

Recommendations

4.32 UKBA should monitor age dispute outcomes to ensure that UKBA staff in all areas observe their policy that young people who could be minors are not detained.

4.33 There should be robust mechanisms to identify on arrival all young people who might be minors and refer them for assessment, legal advice and appropriate care without delay.

Diversity

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

4.34 The centre had an accessible racist incident complaints scheme. There were few racist incident complaints, and these were investigated appropriately. There was some monitoring by nationality, but little action was taken beyond monitoring. Impact assessments had not been completed. The race relations committee meetings were poorly attended and promotion of diversity was inadequate. There was insufficient use of interpreting services in many important areas.

4.35 A trained race relations liaison officer worked with four trained assistants, and photographs of the team were displayed in every accommodation block. Each shift had an assistant liaison officer, and a further 38 members of staff had volunteered for training to become assistant liaison officers. Racist incident complaints forms were readily available and all other complaints were screened to see whether they should more appropriately be treated as complaints with a racist element. There were few racist incident complaints (only four in the previous five months) and they were treated seriously and investigated properly. There was evidence of sanctions being taken against members of staff who had been the subject of a racist incident complaint. Three complaints against staff related to racist language and one concerned unfair treatment. Only one complaint had been made against another detainee, and this had been dealt with appropriately.

4.36 A race relations committee meeting was held monthly. The designated membership was appropriate but was often poorly attended, including by members of the centre's senior management team. It was not clear from the minutes who had chaired the meetings but they were rarely attended by the centre manager or deputy. Detainees never attended the meetings, despite some attempts by the centre to ensure that they were invited. However, notices about the meeting were only available in English, as were public address announcements about the meetings. There were no nominated staff or detainee race and diversity champions to promote good race relations and develop an understanding of cultural difference and diversity.

4.37 Monitoring by nationality of removal from association, use of force, temporary confinement, security information reports, bullying, racist incident complaints and safer detention was provided to the meeting each month but the minutes gave little evidence of the data being discussed or trends being identified for further investigation. Monitoring information was not available to detainees. The recent introduction of paid work and improved activities for detainees was not monitored to ensure equal access across nationalities. Impact assessments had not been completed.

4.38 Staff received training in diversity as part of their initial training and there was mandatory annual refresher training. The training focused mainly on race and religion, with less information available to staff on sexuality or disability. The establishment did not accept detainees who used wheelchairs or those with visual or hearing impairments, as there were no facilities to ensure their safety and well-being. Continuing uncertainty about the future of the centre had militated against adaptations to make the centre more suitable for detainees with disabilities. All education activities, as well as the fitness suite, were located on the first floor and there was no lift. Access to corporate worship was also impossible for any detainee who could not use stairs. There were no disabled shower or bathing facilities, and only one disabled toilet in one accommodation block. There were no hearing loops in accommodation blocks and no visual fire alarms. There was no disability equality scheme, no list of detainees with disabilities and no monitoring of access to facilities by detainees with disabilities of any description. It was not clear what training staff received in working with detainees with disabilities.

4.39 Visitors to the centre were able to gain access to the visits area but it was not clear how a visitor who used a wheelchair would access toilet facilities.

4.40 Some notices around the centre had been translated but many other important pieces of information – for example, which day clean bedding was available – were only in English and it was not clear how detainees found out about such essential information.

4.41 Some use was made of Language Line telephone interpreting services, and the centre paid for interpreters to attend for face-to-face interpretation. Even so, insufficient use was made of interpreting services, particularly on initial reception and when immigration cases and concerns were discussed (see sections on reception and first night, and immigration casework). We were not able to find any information about on-site interpreters, even though senior staff believed there was such a list.

4.42 There was no evidence of events to celebrate cultural diversity, other than major religious festivals initiated by the religious team, and no effective consultation with detainees on matters relevant to race, nationality or culture.

Recommendations

4.43 The race relations committee meetings should be chaired by the centre manager or deputy manager, who should monitor attendance by the designated membership and take steps to ensure attendance.

4.44 There should be consultation with detainees to encourage and facilitate their attendance at race relations committee meetings. The race relations committee should investigate concerns identified through their monitoring arrangements and take corrective action. Monitoring information should be available to all staff and detainees.

4.45 Assessments should be made of all facilities to ensure that disabled detainees have equality of access, and a disability equality scheme should be introduced.

4.46 Assessments should be made of all locally implemented policies to determine their impact on detainees with disabilities and people of different nationalities and cultures.

4.47 The race relations committee should broaden its remit to ensure adequate coverage of diversity issues relating to disability and sexuality.

4.48 Access to activities and paid work should be monitored by the race relations committee.

4.49 The centre should provide for the needs of detainees and visitors to at least the level required by the Disability Discrimination Act 2005.

4.50 Notices containing information about daily life at the establishment should be translated into an appropriate range of languages, so that the information is accessible to all detainees.

4.51 Assistant race relations officers should act as diversity 'champions' on their accommodation blocks and consult with detainees regularly on matters of race, nationality, culture and religion. They should support detainee representatives at race relations committee meetings and report back to detainees on the accommodation blocks.

4.52 Regular events involving members of local minority groups should be held to celebrate cultural diversity.

Faith

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

4.53 The centre had a strong multi-faith religious affairs team, which provided good spiritual, pastoral and material support to detainees. All facilities for worship were accessible and well used but the Muslim prayer room was too small for the large Muslim population, and it was difficult to have private conversations with detainees in the small office space available to the religious affairs team.

4.54 Detainees had access to corporate worship and to ministers of their faith. The religious team was led by an Anglican manager of religious affairs, supported by three Anglican, two Muslim, one Roman Catholic, one Russian Orthodox, one Sikh, one Hindu, one Buddhist and one United Reformed Church chaplain. The manager of religious affairs was the only salaried post, with other chaplains being paid by the hour. A cultural and religious affairs meeting for members of the team took place every two months. The space available for the faith team to work in was small for the level of service they provided, making it difficult for one-to-one sessions to be carried out in private.

4.55 All detainees were shown the chaplaincy office and given the opportunity to speak to a chaplain as part of their induction; requests to see a chaplain could be made through staff on accommodation blocks if the detainee did not want to go to the chaplaincy office. The chaplain on duty visited each of the accommodation blocks and the detainee departure unit daily, often with a colleague of a different faith. The centre had a Christian chapel, a Muslim prayer room and a sacred space for use by all other religions. During the inspection, all three rooms were regularly in use. Services were advertised across the centre and detainees were able to visit the chaplaincy office to obtain information whenever they wished. In our survey, 63% of detainees said that they were able to speak to a religious leader of their own faith, which was significantly higher than the 54% comparator for all centres.

4.56 The majority faith within the detainee group was Muslim, with slightly fewer Christians. The Christian chapel was well equipped and was used by a variety of Christian groups for corporate worship and by detainees in general for faith discussion groups. The Muslim prayer room was too small to accommodate the Muslim population, numbering 126 at the time of the inspection. We counted 42 prayer mats in the room, although there was space for a few more. The prayer room had washing facilities attached but no warm water was available. The sacred space was comfortable and was available for private contemplation or for group worship.

4.57 Members of the religious team worked with detainees of all and no faiths to facilitate family links and, with volunteers, offered practical help in the form of clothing, money and useful contacts when detainees left the centre (see paragraph 10.4). They also facilitated telephone calls for detainees with families overseas, which the detainees much appreciated. The religious team had been asked to review the number of hours they attended at the centre; if this were to be reduced, it would diminish the pastoral support being offered to detainees, which was not available from any other source.

Recommendations

4.58 Warm water should be available in the washing facilities attached to the Muslim prayer room.

4.59 The religious affairs team should have adequate office space to work effectively, including room for private interviews.

4.60 The Muslim prayer room should be of adequate size for the population.

4.61 The current levels of pastoral support should be maintained to ensure that the needs of all detainees are met.

Section 5: Health services

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

5.1 Clinical governance arrangements were generally appropriate, although some areas were underdeveloped. The complaints system did not provide confidentiality. There were well developed links with the local primary care trust (PCT). A full health needs assessment had not been undertaken, although there were plans to undertake a mental health needs assessment. The quality of healthcare reception screening was variable, with no interpreting service being used in the reception healthcare room and nowhere to obtain information confidentially. Although detainees told us that they did not consider health services at the centre to be good, and they had particular concerns about emergency responses, we observed an appropriate primary care service provided by a well qualified team. The physical environment of the healthcare centre was inappropriate but there were plans to relocate it. There were primary mental health services, and efforts had been made to ensure transfer to mental health beds in the community when needed. There were no counselling services.

General

5.2 Health services were provided by Primecare Forensic Medical Services (PFMS). A health needs assessment had not been undertaken; there was a possibility of this work being undertaken with support from the local PCT but the PCT was not resourced for this. We were told that there were plans to undertake a mental health needs assessment. The centre appeared to have positive relationships with the local PCT, which included regular meetings. The Healthcare Commission had confirmed that there was no requirement for the centre to register with it.

5.3 Detainees spoke negatively about healthcare, both in our groups and in interviews. Access to the service was hindered by the location of the centre, and detainees were concerned about the length of time it would take for nurses to reach them in an emergency, although the one medical emergency we observed was well managed.

5.4 The healthcare centre was located adjacent to the detainee reception in a building outside the secure area of the centre. There was a small waiting room with some seating, a consulting room and a small interview room a little way along the corridor. Staff described this room as isolated. A large room was used as a treatment room and office area, using medical privacy screens to section off the different areas of the room. Medications were stored in secure cupboards in this room. There were also offices for the head of healthcare, her deputy and the administrator. Detainees were escorted between the secure area and the healthcare centre by detainee custody officers (DCOs), who also supervised the waiting area. The primary care centre was accessible to those with reduced mobility.

5.5 The reception area also had a healthcare consultation room. All areas in which healthcare was delivered were clean and tidy at the time of the inspection, although the fabric was in a poor state of repair in some areas. We were told that there were advanced plans to relocate the healthcare centre to a more appropriate location within the secure area of the centre.

5.6 There were notices and a limited amount of health promotion literature in the waiting room and reception room, some in a variety of languages. The information relating to health services was translated.

5.7 There was a protocol for the clinical management of detainees refusing food and fluids. This included the use of individualised patient care plans for the management of such patients (see paragraph 4.15).

5.8 A telephone interpreting service was used to assist in consultations with detainees who were not able to communicate in English, and the health services staff we spoke to were able to explain when and how this was used. However, there was no telephone in the healthcare room in reception, which meant that some detainees did not receive a proper health screen on the day they arrived at the centre. We were told that if staff were concerned about a newly arrived detainee who was unable to communicate in English, he could be taken to the healthcare centre to use the telephone interpretation service; however, this was not routinely done for all detainees unable to communicate effectively with health services staff. Health services staff were clear that family, friends and other detainees would not be used as interpreters for healthcare interviews (see also main recommendation HE34 and paragraph 1.13).

5.9 Information was displayed in the healthcare centre advising detainees that they could request a second opinion on their care if they wished, and this was in a number of different languages.

5.10 If a detainee was waiting for an external appointment for acute care, the UK Border Agency (UKBA) was informed, with the intention of avoiding the detainee being moved before the completion of any acute treatment. We saw evidence that health services staff made efforts to enable detainees to complete necessary courses of treatment or access mental health beds in the community when necessary.

5.11 There was no palliative and end-of-life policy, and we were told by staff that anyone requiring such care would be returned to the community or moved to a centre that had inpatient facilities.

Clinical governance

5.12 There was a clinical governance infrastructure in place, which included monthly PFMS clinical governance meetings, attended by the healthcare manager. Clinical incidents, near misses and complaints were discussed at the clinical governance committee meeting. Complaints were addressed using the Global Solutions Ltd (GSL) complaints system, which did not offer medical confidentiality. However, we were told that PFMS were developing their own complaints system. The head of healthcare also attended regular meetings with her peers from other immigration removal centres and these meetings provided a forum to discuss practice and current issues.

5.13 The head of healthcare was a registered general nurse (RGN) and she was supported by a deputy who was a registered mental health nurse (RMN). There were an additional seven RGNs and one RMN. One new staff member was due to take up post in the month after the inspection and there was one vacancy. Four bank nurses worked at the centre when required. There was no counsellor at the centre, although requests had been made for the contract to be amended to include this service. The only allied health professional who visited the centre was an optician, who attended once every two months. The wait for this service was long, with some detainees waiting more than four months for an appointment. Those in urgent need were seen on the next visit or taken to an appointment in the local community. If detainees needed

to attend appointments with other health professionals, they attended services in the local community.

5.14 General practitioners (GPs) attended the centre seven days a week. Two GPs attended from a local practice, while the other two GPs were employed by PFMS. Three of the GPs were male and one female. There was information in the detainee reception pack and displayed in the healthcare waiting room notifying detainees that they could ask to be treated by male or female GPs or nurses. This was available in a range of languages, and we observed that detainees' preferences were observed. However, in our survey, only 29% of the detainees stated that they could see a doctor of their own gender, against a comparator of 38%. Out-of-hours arrangements were with the same doctors providing the GP clinics, and they provided telephone advice or visited as necessary.

5.15 Pharmacy services were provided by the PFMS pharmacy provider, located near Liverpool, with regular deliveries made by courier. The PFMS pharmacist visited the centre every three months. A local community pharmacy provided medications that were not held as stock items and were needed imminently. The community pharmacist visited the centre monthly to check stock. There also appeared to be a good relationship between the centre and the pharmacist from the PCT, who had recently checked planned patient group directions (PGDs) to ensure that they were in line with local practice. Most staff had been trained to use the PGDs, although they were not yet in use at the time of the inspection.

5.16 Staff had access to training through PFMS, GSL and the local PCT. Although all staff had received resuscitation training, most staff had not refreshed it in the previous 12 months. The deputy head of healthcare had completed a masters degree in transcultural psychiatry, and her dissertation had focused on the effects of torture. She was in the process of developing a programme of internal training on the effects of torture, which she planned to deliver to health services staff. Staff were encouraged to attend clinical supervision, and there was a policy relating to this, although take-up for formal supervision was poor. Staff met regularly to discuss practice informally.

5.17 The emergency bag, portable oxygen and an automated external defibrillator were located in the treatment room and were checked regularly, with records maintained. There were good relationships with the local general hospital, which loaned the centre aids to daily living and also repaired medical equipment when required. We were told that if detainees attended external medical appointments, they returned to the centre with any necessary equipment.

5.18 Clinical records were stored in filing drawers in the healthcare centre. They were filed by room number and we were able to locate all the records we looked for. There was no electronic system for storing clinical information. In some cases, entries in the hand-written records were difficult to read, signatures were difficult to read, and not all staff included their designation or printed their names. All entries were dated and timed. If a detainee returned to the centre, their previous clinical notes could be retrieved. Records from GPs in the community were not routinely requested by the centre unless the doctor identified a specific need for this.

Primary care

5.19 All detainees arriving at or returning to the centre were seen by a nurse in reception; however, those unable to communicate effectively in English did not always receive a proper initial health screen (see main recommendation HE34 and paragraphs 1.13 and 5.8). Self-completion screening questionnaires were available in 36 different languages. These were generally used to good effect. However, we saw an example of a detainee who spoke very

little English self-completing a questionnaire and indicating on it that he had had previous thoughts of harming himself. When this response was noted by the nurse, she told the detainee that he would be able to talk to the doctor about this the following morning, using the telephone interpretation service. There was no further effort to explore the detainee's level of need or risk at the initial health screen. The healthcare reception process was better for those able to communicate effectively in English. Detainees were asked if they had experienced torture, in which case a pro-forma letter was forwarded to the centre manager and transmitted to UKBA. However, health services staff told us that they received little information on the outcome of this reporting (see also section on immigration casework). A copy was retained in the patient's clinical record and the healthcare department kept a log of all notifications reported.

5.20 The door to the healthcare room in the reception area remained open throughout healthcare screening interviews, for security reasons. The open door did not afford the detainee an acceptable level of confidentiality and also meant that there was a lot of background noise. DCOs also came into the room while detainees were receiving their health screening.

5.21 Detainees did not receive a healthcare information leaflet in reception, although there was a section about healthcare in the general detainee induction book issued by the DCOs in reception. The induction information also included a section outlining health services in the community. We saw a draft copy of a healthcare information leaflet intended for issue to detainees in reception but not yet available. This told detainees how to access healthcare appointments and offered them an appointment with one of the visiting GPs for the day following their arrival.

5.22 Detainees could not access the healthcare centre independently but had to make appointments through their house block office. Access to GPs was through nurse triage. Triage algorithms were in use. Most people were given an appointment within two days. Some detainees told us that they had waited significantly longer than this but this was not reflected on the waiting lists reviewed. Appointment lists were sent to the house blocks, and the DCOs generated pictorial slips with a medical symbol and a clock showing the appointment time, as well as written information. We were told that these slips were put under bedroom doors the night before an appointment, to advise people to attend. Detainees were expected to be at the house block office 15 minutes before the scheduled time of their appointment to be escorted to the healthcare centre.

5.23 If detainees did not attend their booked appointments, the house block was contacted to find out why, and information received was entered in the clinical record. Appointments were rebooked, with encouragement to attend. An audit of non-attendance had been carried out to try to identify any patterns but it had not been possible to identify any specific cause. Non-attendance of between 56 and 121 detainees a month had been recorded.

5.24 Detainees with life-long conditions were recorded in a healthcare register and allocated to a nurse trained in that condition when they arrived. Such detainees received individualised care, as the small number of people with each condition and the short stay of some detainees meant that running clinics for specific conditions was not practical.

5.25 Barrier protection was not available to detainees.

5.26 When a detainee left the centre, he was provided with a discharge summary to take to his GP. He was also provided with any medication that was currently being prescribed.

Pharmacy

5.27 The prescription charts we reviewed were clearly written. There was a policy and risk assessment for issuing medication in-possession, and the majority of detainees had their medication in-possession at the time of the inspection. Although detainees had lockable storage facilities in their rooms, these were not secure, as we were told that keys were not exclusive and that they could be easily broken into (see section on security). There was no formal arrangement for detainees to have direct contact with a pharmacist. Patient information leaflets were only available in English. Patients taking medication that was not held in-possession had to be escorted to the healthcare centre to collect it.

5.28 Detainees could obtain soluble paracetamol from the house block offices at any time. Custodial staff rang the healthcare centre to check for any contraindications to the medication being given, and also to enable health services staff to record it.

5.29 There was no medicines and therapeutics committee. The local PCT formulary was in use. Pharmacy stock levels and dates were regularly checked by a pharmacist and a report provided to the head of healthcare. We found all medicine cupboards to be in good order.

Dentistry

5.30 There were no facilities for the provision of dental treatment at the centre, and detainees attended a dental access centre in the local community if they required treatment. Appointments for detainees were offered at the beginning or end of a session, to reduce waiting time. The waiting list was not long, with the longest wait for an appointment being around four weeks.

Inpatient care

5.31 If a detainee had an outstanding medical appointment when he arrived at the centre from the community, this was rebooked. If an appointment had been made by another centre, efforts were made either for the detainee to attend the appointment from Oakington or to be returned to the original establishment to keep the appointment.

5.32 If a detainee was identified as requiring an external appointment, this was arranged, and up-to-date information was available for all appointments in the administrator's systems and also in the patient's clinical record. There was a system for booking appointments with the local hospital, and fast-track arrangements for some services, such as the genito-urinary medicine clinic. Once appointments had been made, detainees were not told of the date of their appointment until the day they were due to attend. This approach was contrary to Detention Service Order 1/2008, issued by UKBA to contractors.

Mental health

5.33 There were two full-time RMNs on the nursing team. The RMNs spent the majority of their time on mental health work, only being allocated to generic nursing duties if they had capacity. They received referrals from anyone and conducted initial assessments in a timely manner.

5.34 Good relationships appeared to have been developed with mental health services in the local community, and referrals to local psychiatric services were dealt with promptly, with

psychiatrists attending the centre to carry out assessments. There had been two referrals to local psychiatric services in the previous 12 months, and a third patient was receiving inpatient assessment at a local psychiatric hospital at the time of the inspection. We saw evidence of a high level of concern for detainees with mental health problems, with clear documentation of assessments and action taken in clinical notes, and in one case robust action to ensure that a patient was directed to a psychiatric hospital rather than to an inpatient unit at another immigration removal centre.

Recommendations

5.35 The planned relocation of the healthcare centre should be expedited.

5.36 A full health needs assessment should be undertaken.

5.37 A professional interpreting service should be used for all healthcare consultations, including the initial reception health screen, for all detainees not able to communicate confidently in English.

5.38 If a detainee is registered with a GP or any relevant care agencies, they should be contacted at the beginning of detention, with the detainee's consent, to provide relevant information to ensure continuity of care.

5.39 All healthcare consultations, including reception screening, should be conducted in private.

5.40 The frequency of optician sessions should be reviewed with a view to reducing the waiting time for this service to a more acceptable level.

5.41 All health services staff should receive resuscitation training at least annually, and records of this should be maintained.

5.42 Detainees should have direct access to advice from appropriately trained pharmacy staff, and information about the benefits and risks of medicines and the self-administration of medication.

5.43 A medicines and therapeutics committee should be established.

5.44 All nurses should receive clinical supervision, and records of this should be maintained.

5.45 A comprehensive, accurate healthcare information leaflet, which is accessible to all detainees, should be given to detainees in reception.

5.46 Detainees should be informed of forthcoming medical appointments.

5.47 Detainees should be able to obtain barrier protection without charge and without asking a member of staff.

5.48 Patient information leaflets should be provided in a language that detainees can easily read.

5.49 There should be a system which allows for medical complaints to be made in confidence.

5.50 A counselling service should be available within the centre.

Housekeeping points

5.51 A telephone should be available in the healthcare room in reception.

5.52 An electronic clinical records system should be introduced.

Section 6: Substance use

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

6.1	Substance use problems were rare at the centre, and there were few services available to detainees who arrived at the centre requiring support in this area.

6.2 We were told that substance use problems were rare at the centre, and there were few services available to detainees who arrived at the centre requiring support in this area. There was no specific protocol for first night symptomatic relief for those experiencing withdrawal, and there were no specialist substance use staff at the centre. If a detainee required detoxification, he would not be accepted at the centre. If short-term support was required to manage a detainee with substance use problems, there were links with a local community drugs service, which was available 24 hours a day and would offer advice.

Section 7: Activities

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

7.1 Despite a recent increase in provision, there was still insufficient activity. There was a range of structured activity for non-English-speaking and short-stay detainees, which had improved since the previous inspection. Some paid work opportunities were available, a new internet suite had opened and there was a small range of classes. The range of structured purposeful activity for longer stay detainees or English speakers was small. There were no accredited programmes. Access to the library was good and it was well used. The library had been refurbished very recently and the book stock expanded, although there were still gaps in provision. A fitness suite, equipped with two new multi-gyms and other fitness equipment, had been set up but was insufficient to meet the needs of the current detainee population. Freedom of movement around the site was available for 15 hours each day.

Work

7.2 The opportunity to undertake paid work had very recently been made available to detainees. Twenty-one detainees had started working as educational mentors, residential block orderlies, and to collect litter and clean tables in the canteen. This represented around 6% of the current detainee population. However, some of these jobs were not well established or widely known about by relevant staff. A further 11 detainees had been accepted for, and were awaiting, painting and decorating and gardening work. They were paid at a rate of £1 an hour in vouchers, redeemable as cash through the shop. There were clear and systematic procedures for application and selection for work.

Education and skills

7.3 In May 2008, a new provider (Opal Education Ltd) had acquired the contract for education classes for detainees. Most of the education staff who had been formerly employed at the centre under the previous contract were retained but under contracts of employment which were less volatile. This had brought stability and continuity to the staffing of the education department and had supported the development of an improved range of activities and systems for monitoring and managing the provision. However, much of the programme of activities was still in its infancy and had yet to become properly established, and there were still too few places to provide activity for the whole of the detainee population for the majority of their day. A new internet suite, opened around five weeks before the inspection, was equipped with 20 computer terminals. It was open each morning, afternoon and evening and was available to all detainees. An effective advance booking system promoted equality of access. Detainees made good use of this facility. The suite was staffed by custody officers, who had received basic training for the role. Attendance and appropriate use were effectively monitored.

7.4 The range of structured purposeful activity for longer stay detainees or English speakers was small. A small range of classes was offered by an education company subcontracted to Global Solutions Ltd. These were well promoted around the centre and good use was made of pictures and images to convey relevant information. The registration process for classes took place every afternoon. This process included a basic assessment of detainees' literacy levels

and a simple self-assessment of information technology (IT) skills. Detainees were then guided to the most appropriate learning programmes for their individual needs and given a simple but useful individual learning plan to direct their learning. No accredited learning programmes were offered, but on completion of a course detainees received an internal certificate of achievement detailing their skills development and learning.

7.5 The study centre offered supported self-study and basic IT classes each morning and afternoon. An IT class was also provided each evening. These classes were staffed by a number of different teachers, with a range of IT- and English-related qualifications and experience. The study centre was equipped with 19 networked computers (more than at the previous inspection), a printer and some software programmes. The computing equipment was old but effectively maintained. In IT and self-study sessions, detainees followed self-directed programmes in word processing, English for speakers of other languages (ESOL), web art, spreadsheets and databases. They were well supported by their teachers and by the pre-prepared and easily accessible individual study packs in filing cabinets in the classroom. Additional support was provided by detainees paid to work as educational mentors.

7.6 English and skills-based classes, including introductory courses in first aid and food hygiene, were available in the evenings. Classes were well planned and good teacher–detainee relationships promoted learning. Teaching and learning focused on functional English to help detainees to develop language skills to cope in the centre and outside. The skills-based courses were used to develop the English skills of those detainees with a better knowledge of English. An arts and crafts class had recently been introduced with a well qualified teacher, and the proposed scheme of work was wide ranging and well planned. However, this class had not yet been located in a suitable classroom with appropriate equipment, storage and display space. To date, only a few detainees had been involved in this class, producing a mural as part of a joint working project.

7.7 Classes were popular and well attended. Attendance was monitored effectively. Information about participation was analysed against nationality, subject area and hours attended. Records showed that in the first month of the new education contract, 214 detainees had attended education classes for an average of 15 hours each. The contract was at too early a stage for this information to have been used to manage and plan future provision. Arrangements for monitoring and improving the quality of the provision had not yet been established. The quality of the teaching and learning varied but most was good. In some instances, different teachers taught the same class on different nights. This interrupted the continuity of the learning. Some peer observation had recently taken place but the results of this had not yet been used to improve practice.

Library

7.8 A small library was open in the mornings, afternoons and evenings each weekday and at weekends. It was staffed by detainee custody officers and recently had received additional voluntary support from a qualified librarian. The library was not well promoted but it was accessible to detainees and used as a focal point to book out games, DVDs and equipment for outside activities, as well as to borrow books. Staff used a simple, but effective, system for lending.

7.9 The library had been refurbished very recently and the old, mainly donated, book stock had been replaced by 3,500 new fiction and non-fiction books. A detainee survey had been carried out to determine the range of books to be purchased, and there was a wider range of fiction and non-fiction books, dictionaries, newspapers and other reference materials for many groups

of detainees. However, some groups were still not sufficiently well served with appropriate books and periodicals, and the legal reference materials were inadequate (see section on legal rights). No formal budget had been made available to update stock in the future. Although the range of foreign language newspapers had been increased to around 13 and was better aligned to the nationalities of the detainee population, this was insufficient to meet the needs of some of the detainees, and there were no magazines. There were insufficient chairs and tables for detainee use in the library.

Physical education

7.10 A fitness suite, equipped with two new multi-gyms and other fitness equipment, had been set up in an upstairs room. This provided around 24 spaces each day for detainees, which was more than at the previous inspection. However, it remained insufficient to meet the needs of the current detainee population. There was an effective booking system. Sessions were available each morning and afternoon but there were no evening sessions. An outside area was well used by detainees for football, cricket, volleyball and badminton, organised by the detainees themselves.

7.11 The six PE staff supported detainees well but some detainees had had only very basic training in how to use the equipment in the fitness suite. During periods of staff absence, it was not always possible to provide PE staff cover to supervise organised outdoor sports activities. Detainees received a basic induction to the multi-gym equipment but there was no system formally to check whether this induction had taken place, and no formal process for health services staff to inform PE staff of any concerns they had about particular detainees. There were no barriers to prevent detainees from participating in PE but there was little active promotion of physical exercise and health. Insufficient use was made of stimulating display materials in the fitness suite. Information for detainees about the availability of the fitness suite and the outdoor sports area was not always conveyed in visual as well as written form.

7.12 A clothing assessment was carried out soon after arrival, and detainees were issued with tracksuits, trainers and other essential sports clothing if required. They had free access to showers in their residential blocks, and kit and a towel were changed weekly. Satisfactory records of sports-related accidents and injuries were maintained. These were regularly monitored.

Recommendations

7.13 Opportunities for voluntary or paid work should be further promoted and extended.

7.14 Wages for detainees undertaking work should be in cash, rather than vouchers.

7.15 There should be a wider range of structured purposeful activities and learning opportunities to suit the needs of the longer-stay and English-speaking detainees. This should include opportunities for accreditation.

7.16 The suitability of the book stock should be monitored against the detainee population profile with expert advice.

7.17 The fitness suite should be available to detainees during the evenings.

7.18 Formal processes should be established to ensure that all detainees receive an effective induction to fitness equipment and that PE staff are informed of those detainees who are advised by health services staff not to participate in PE.

7.19 PE staff should undertake updating and development training.

7.20 Visual displays should be better used to promote physical exercise.

7.21 The arts and crafts class should be located in a suitable classroom with appropriate equipment, storage and display space.

7.22 Arrangements for monitoring and improving the quality of the activity provision should be established.

7.23 The range of foreign language newspapers should be extended to meet the needs of all detainees.

Housekeeping points

7.24 The library should be better promoted.

7.25 There should be more chairs and tables for detainee use in the library.

7.26 A suitable range of magazines should be included as part of the library stock.

7.27 Recreational equipment should be properly maintained.

Section 8: Rules and management of the centre

Expected outcomes:
Detainees feel secure in a predictable and ordered environment.

8.1 The rules of the centre were available in a wide range of languages and were given out on induction. The high number of escapes in 2007 had reduced following the introduction of additional security measures. Security did not inhibit access to the regime but restrictions on the property which new arrivals could bring into the centre and arrangements for hospital escorts were excessive and disproportionate. Security information reports (SIRs) were processed efficiently and there were good arrangements for briefing staff. The recently introduced rewards scheme inappropriately applied sanctions and was not sufficiently motivational. Rule 40 was appropriately authorised and supporting documentation completed to a good standard. The use of force and of rule 40 had risen significantly and there was no overall analysis of the use of force. Rule 42 was used infrequently but some of the uses were for unjustifiably long periods. There was insufficient monitoring and analysis overall of the use of the detainee departure unit (DDU) and the use of force. Detainees had little confidence in the formal complaints system, and little use was made of it.

Rules of the centre

8.2 Copies of the centre rules were explained in the reception booklet and the compact issued to all new arrivals, both of which had been translated into a wide range of languages. Rules were applied consistently, although the rules about property entering the centre were restrictive, with new arrivals not being allowed to retain the in-possession hygiene items they brought with them (see also section on clothing and possessions).

Security

8.3 The security committee met monthly and was chaired by the head of security and operations. Attendance at these meetings was good.

8.4 Following the change of role, the centre had experienced a significant increase in the number of escapes, from 19 in 2006 to 63 in 2007; there was a similar increase in the number of attempted escapes. In response to these incidents, security at the centre had been increased, with the installation of additional razor wire on the fence and the introduction of dog patrols each evening and overnight. These measures had made the perimeter more secure, and consequently the number of successful escapes had reduced to 14 since the start of 2008.

8.5 Staff told us that the increase in former prisoners was one of the main reasons for the rise in the number of incidents occurring at the centre. The centre monitored the percentage of former prisoners, which fluctuated significantly, ranging between 26% in August 2007 to 46% in February 2008. At the time of the inspection, former prisoners represented approximately 33% of the population of the centre.

8.6 When a former prisoner arrived at the establishment, the security officer attended detainee reception to review available documentation on the individual concerned. This was then entered onto the local system. Prison security records did not always accompany the detainee

and often arrived several weeks later, and security staff were not routinely notified when the documentation was received. The security department received approximately 27 SIRs each week. Most were purely observational, and referred to detainees apparently acting suspiciously, although a small number were based on information provided by detainees. The number of drug-related SIRs was very low. All SIRs had been processed and evaluated effectively.

8.7 Staff were kept advised of security matters through a daily briefing sheet and a monthly intelligence assessment, which was disseminated through line managers. These arrangements worked well. Staff did not carry any defensive weapons.

8.8 Apart from roll checks, detainees were able to come and go from their house blocks between 7am and 10pm each day. Internal security arrangements did not unnecessarily inhibit detainee access to the regime. Arrangements for hospital escorts were, however, both excessive and disproportionate. All detainees attending hospital appointments were escorted by three detainee custody officers, all trained in control and restraint. Risk assessments were conducted to determine handcuffing arrangements, but we found that, since the start of 2008, in only 7% of cases had the detainee not been handcuffed. While this had improved slightly since the start of May 2008, we saw a number of risk assessments suggesting that cuffing had been unnecessary.

8.9 In the event of a detainee having items of property lost or stolen, staff were responsible for reporting it to the security department by means of a locally produced form. There had been 82 submitted since the start of 2008; a handful of these referred to property being stolen from personal lockers that had been broken into. These lockers were wooden and not sufficiently secure. Staff also told us that the keys to these lockers were not unique, which meant that each key was likely to open several other lockers in the centre (see also paragraph 2.8).

8.10 Bed spaces were searched when they became vacant or if such action was determined through intelligence received. There was no routine searching, apart from of communal areas.

8.11 Routine searching involved a pat-down search only. A strip search log was held in the DDU; there had been 18 authorised strip searches in 2007 and seven since the start of 2008. This figure seemed high, although strip searching was only conducted after it had been authorised following a risk assessment.

Rewards scheme

8.12 As part of the procedures, a rewards scheme policy had been published in October 2007. Before the recent introduction of paid work and access to the internet, it had been considered that there were insufficient positive options to make such a scheme workable. As a result, the scheme had only been operating for two weeks before the inspection.

8.13 Everyone admitted to the centre was placed on the enhanced level of the scheme, entitled to access all of the available facilities and resources Failure to follow the centre rules or disruptive behaviour were grounds for being demoted to the standard regime. This meant that restrictions could be imposed on the use of mobile telephones and access to paid work, the internet and the fitness suite. At the time of the inspection, there were three individuals on the lower regime. This was the highest number since the scheme had been introduced. On arrival, detainees were required to sign a compact outlining the centre rules. The compact explained the warning procedure, which involved up to two verbal warnings followed by a written warning. After a written warning had been given, there was a review to consider demotion.

Review meetings had only recently been introduced. They were chaired by the safer detention manager and were normally attended by a representative from the residential area, the security department and the shift manager. Detainees did not attend these meetings.

The use of force and single separation

8.14 There had been 53 use of force incidents in 2007 and 34 in the six months since the start of 2008. This appeared to be increasing. However, responses in our survey were in line with those from other immigration removal centres. There was no overall analysis of the use of force and it was not monitored by the safer custody committee.

8.15 Following each incident, use of force documentation was collated and stored in the deputy centre manager's office. The quality of the documentation was generally good; in all cases detainees had been examined by health services staff and a report filed with the original documentation. Individual staff statements gave a full account of the circumstances leading up to the incidents and their involvement. Force appeared to have been used as a last resort. We also noted that not all incidents resulted in use of control and restraint, and that attempts had been made to de-escalate situations.

8.16 Planned use of force incidents were video-recorded and evidence tapes were stored in the security department. The tape was only changed when it was full, so several incidents were stored on each one. The police had taken one tape for evidential purposes following an alleged assault on staff during a use of force incident. This meant that the other incidents recorded on the same tape were no longer immediately available to the centre, and could possibly be lost. Incidents we reviewed were dealt with well by staff.

8.17 Detainees who were 'violent and refractory' were placed on rule 42 of Detention Centre Rules (temporary confinement) and moved to room 6 in the DDU. The room was clean, with natural light and had a call bell for alerting staff, although it was unfurnished, with no sanitation or running water.

8.18 Detainees placed on rule 42 were not routinely strip searched but they were required to change into a sterile set of normal clothing. There was no published regime for those held under rule 42. The regime provided was basic, although detainees had access to showers, exercise, telephones and a small selection of library books, including some in foreign languages. Prayer mats and copies of the Bible and the Qu'ran were available on request.

8.19 Rule 42 had been used seven times in 2007 and just once since the start of 2008. Managers had to make a case to use rule 42 to UK Border Agency (UKBA) staff; all uses had been appropriately authorised. Detainees were given written reasons for their confinement but these were in English only. Detainees held under these arrangements were visited daily by a senior manager and a representative from UKBA, healthcare department, chaplaincy and the Independent Monitoring Board (IMB). An accommodation log was opened on each detainee and regular entries were made. While the quality of entries was good, it was not always clear that detainees had not been removed from rule 42 at the earliest opportunity. Of the eight occasions that rule 42 had been used since the start of 2007, three of them had involved overnight stays. The longest period was 21 hours 40 minutes, and none of the stays were for less than three hours 25 minutes. We found examples where the monitoring entries indicated that the detainee had calmed down several hours before being removed from rule 42.

8.20 Detainees on rule 40 of Detention Centre Rules (removal from association) for breach of centre rules or acts of indiscipline were normally held in one of four designated rooms in the

DDU. All these rooms were fitted with bunks, although they were rarely used for double occupancy. The rooms were identical and had natural light, an emergency bell, a table and a chair. There were no toilets, running water or electric wall sockets in any of these rooms. Whenever detainees wished to use the toilet they had to press the emergency call bell. Although the unit had been cleaned and painted since the previous inspection, resulting in an improvement in its appearance, the environment remained stark and unwelcoming. The two television rooms in particular were grimy.

8.21 In our survey, only 12% of respondents, against the 20% comparator, reported that they had spent a night in the segregation unit in the previous six months. Records showed that rule 40 had been used 328 times in 2007 and 220 times since the start of 2008 – a significant increase. Documentation that we examined was maintained appropriately and included the initial request by a centre manager, the authorisation from UKBA and the accommodation monitoring log from the DDU. The standard of documentation was good in all the cases we reviewed, and it appeared that separation had ended at the earliest opportunity. The rule 40 register recorded the date that separation started and the date that it finished but it lacked detailed timings. In addition, the records did not indicate the reasons for the use of rule 40 and there was no overall monitoring or analysis of the practice. Detainees placed on rule 40 were issued with written reasons but in English only. All completed documentation was collated and regularly quality assured by the deputy centre manager.

8.22 There was no published regime for rule 40 detainees. Detainees were allowed to watch the television, and use the exercise yard or smoking area, providing that these areas were not being used by other detainees awaiting removal. This inevitably meant that the regime was unpredictable. They also had access to the telephone and the unit's library.

8.23 Detainees on rule 40 were visited daily by statutory visitors, including the duty manager and a representative from UKBA, the healthcare department, the chaplaincy and the IMB. Accommodation observation logs were completed by staff; frequent entries were made and the quality was good. Monitoring entries also demonstrated that staff were flexible in their management of those held under rule 40. We saw examples where detainees had been allowed to use the smoking area and have a hot drink at night.

Complaints

8.24 There was a central complaints box, containing forms in a range of languages, located inside the amenities building. The box was situated opposite the information room and allowed detainees discreet and easy access. Envelopes and forms were also provided for confidential complaints.

8.25 The complaints box was emptied daily by a member of UKBA staff. The complaints were divided into service complaints and those concerning staff-related misconduct. The UKBA manager determined how these complaints were dealt with .The service complaints were normally referred back to centre managers, and the misconduct complaints, which tended to be of a more serious nature, were referred out to the professional standards department.

8.26 The arrangement whereby UKBA staff initially sifted all complaints had been introduced in February 2008 and had been designed to give detainees more confidence that their complaints would be dealt with impartially. However, we found that detainees had a very low level of confidence in the handling of their complaints. Survey results showed that only 4% of detainees believed that their complaints were sorted out fairly, which was significantly worse than the comparator of 10% in other immigration removal centres. Similarly, only 3% of

detainees thought that their complaints were dealt with promptly, which was significantly worse than the comparator of 8%. These findings were reinforced by comments made by detainees in our discussion groups.

8.27 The actual number of complaints made was low – on average around nine a month. There was a widespread perception among detainees that making a complaint might result in an adverse reaction. This belief may well have been reinforced by the knowledge that four out of the 12 detainees who had made complaints about staff over the previous four months had subsequently been transferred out, although we were assured by managers that their transfers were unrelated to the complaint.

8.28 The complaints that we examined concerned issues relating to property, food or healthcare. Generally, they were dealt with in a business-like way. Replies provided sufficient detail and were mostly on time. There were some delays caused as a result of the recent change in procedure, which occasionally resulted in a complaint being referred out and then being returned to be dealt with by the centre. The replies we examined were efficient but impersonal and some were unhelpful. Since the changes in the complaints procedure, people working at the centre did not always receive information about the outcomes of the complaints. This meant that they were unable to analyse any identifiable patterns or trends.

Recommendations

8.29 Staffing levels and handcuffing arrangements for hospital escorts should be proportionate to the risks posed by the individual detainee.

8.30 Detainees' lockers should be secure and each should have its own unique key.

8.31 Detainees should be invited to attend review meetings following warnings that their reward level is to be reviewed.

8.32 The rewards scheme should offer incentives and not include sanctions. Removal of the use of personal mobile telephones and access to work should not be used as a punishment.

8.33 Standards of cleanliness in the DDU television rooms should be improved and maintained at a good standard.

8.34 Detainees on rule 40 should be provided with written reasons for their separation and a copy of the regime in a language that they can understand.

8.35 Detainees on rules 40 and 42 should be provided with a predictable regime.

8.36 Multiple planned use of force incidents should not be recorded on the same video tape. Used tapes should be stored in tamper-proof evidence bags.

8.37 Detainees placed on rule 42 should be provided with written reasons and a copy of the regime in a language that they can understand.

8.38 Detainees should be removed from rule 42 at the earliest opportunity and this should be fully documented.

8.39 UKBA and the centre manager should examine the relatively low use of the complaints system and find ways of increasing detainees' confidence in using it.

8.40 Information about the nature of complaints dealt with by the professional standards department should be relayed to the centre, to enable analysis of any emerging patterns and trends.

Housekeeping points

8.41 The security department should be notified when prison security files arrive for former foreign national prisoners.

8.42 The rule 40 register should include timings of when restrictions are authorised and removed.

Section 9: Services

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

9.1 Menus had been reviewed by a dietician and contained suitable choice and healthy options. Detainees were negative about the quality and quantity of the food at the centre. With the exception of liver, all meat was halal. There were procedures to consult with detainees about catering arrangements and the shop but meetings were poorly attended. Access to the shop was good, but the range of items available was too limited.

Catering

9.2 The atmosphere in the dining room appeared to be relaxed. Meals were provided on a four-week menu cycle. Boiled eggs, cereal and toast were offered for breakfast each weekday, with a more substantial cooked breakfast available at weekends. There were hot meals at lunchtime and in the evening each day, except for Wednesday lunchtime, when the only menu options were assorted baguettes, chips, a salad bowl, bread and butter, and fruit. Many detainees told us that they did not like the Wednesday lunch options; however, catering staff told us that these lunches were popular. All meat (with the exception of liver), pies and sausages were halal, which is not acceptable to some religions. Pork – popular with Chinese detainees - was not included in the menu.

9.3 Detainees received daily 'brew packs' and a snack, such as a chocolate biscuit, for the evening. Although the brew packs meant that they could make hot drinks at the time of their choosing, some detainees told us that the hot water boilers on the house blocks were unreliable and so hot water was not always available to make drinks. Vegetarian, healthy choice and halal options were offered at each meal and were indicated on the pictorial information above each dish; however, if a dish ran out and a substitution was made, the labelling was not always changed part-way through the service of the meal. There was a supply of fresh fruit, salad and drinks. A local dietician had recently visited the centre to review the menu.

9.4 In our survey, only 14% of respondents thought that the food was good, which was significantly worse than the 23% comparator. Both in our groups and when talking to individual detainees, we received complaints about the quality and quantity of the food. When we tasted the food during the inspection we found portion sizes to be generous but the quality of the food was variable and some dishes were bland and unappealing.

9.5 Food complaints books were available, and changes had been made to menus as a result of some comments. Complaints made in languages other than English were not always translated and considered. There were regular food consultation meetings but detainee attendance fluctuated greatly, with some meetings being held without any detainee representation.

9.6 The kitchen and servery were clean but there were insufficient detainees employed in the dining hall to clean tables (see paragraph 7.2). There were no designated preparation or serving utensils for halal food.

Centre shop

9.7 The centre shop was open each morning and afternoon from 9am to noon and from 2.30pm to 4.30pm; detainees had easy access to this facility. Stock mainly consisted of confectionery items and drinks. The only substantial food items available were noodles. There were no canned products and only two items were available in glass containers. There was a reasonable range of hygiene items, although items preferred by black and minority ethnic detainees had to be ordered specially and could take up to two weeks to arrive. If detainees requested items which were permitted, such as a different brand of toothpaste, these could be added to the shop stock. However, many of the items requested by detainees were food items, such as cereals, which were not permitted by the centre. We were told that detainees were not permitted to store such food items in the accommodation units, in the belief that it encouraged vermin. The only clothing items available for purchase in the centre shop were underwear and socks, and there was no opportunity to purchase any items from catalogues.

9.8 Profits from the centre shop were kept in a fund and used for the benefit of detainees – for example, additional picnic tables had recently been purchased for the communal field area from the fund.

Recommendations

9.9 A full range of meat products, including halal and non-halal meat, should be available.

9.10 More work should be done with detainees to identify the reasons for the high levels of dissatisfaction with the food, and action taken to address these issues.

9.11 There should be designated utensils for the preparation and serving of halal food.

9.12 The range of products available in the shop should be increased to meet the needs of detainees.

9.13 Detainees should have the opportunity to purchase items from catalogues.

Housekeeping point

9.14 Food labelling should remain accurate throughout food service, including when substitutions are made part-way through service.

9.15 Tables should be cleaned promptly throughout the service of meals.

Section 10: Preparation for release

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

10.1 Welfare provision was precarious, in that most of the complex work was undertaken by the Refugee Council, whose contract was to end in September 2008. There was no realistic replacement strategy. Some other provision was provided by the chaplaincy or volunteers at their own expense. The visits area was too small and could not always cater for the demand. Visitors were well treated but it was difficult to book a visit owing to long-standing problems with the telephone booking line. The introduction of mobile telephones and internet access had improved the ability of detainees to communicate with friends and family members. People being removed usually had a few days' notice, and friends could deliver baggage for them. The routine of routing them through the detainee departure unit (DDU), sometimes hours before they were due to leave, made discharge a grim experience for many.

Welfare

10.2 Welfare provision at the establishment was in a state of flux. The Refugee Council, whose professional expertise and developed referral mechanisms had benefited the detainee population and been a resource for others working on site, was due to leave at the end of its contract in September 2008. The small team had provided, on average, nearly 300 advice sessions each month, on 240 different issues. These included sessions on obtaining support for those released from the centre or making bail applications which depended on these support arrangements.

10.3 To replace this service, the centre was seeking willing staff to take on a welfare role. Oversight of this large area had been added to the safer detention manager's role. As yet, there was no job description or training plan covering the same scope of work. Custody staff who already staffed the information office described no additional training. Apart from sending faxes and making telephone calls for detainees, they frequently referred more complex queries to the Refugee Council and Immigration Advisory Service. The chaplaincy team contributed significantly to welfare provision, largely voluntarily and at their own expense, but in certain areas only. The latter also relied on the Refugee Council to advise and help with many problems.

10.4 Volunteers associated with the chaplaincy team supplied and staffed an extensive clothing store, distributed weekly to detainees. On numerous occasions, the team had also arranged the recovery and delivery of detainees' property before removal. They paid for couriers and made other small donations from their own charitable fund to destitute detainees facing removal.

Visits

10.5 The centre ran its own minibus service between the local station and the centre. There was a small visitors' centre at the entrance to the centre but this was effectively just a waiting area. Apart from toilets, there were no facilities there. On arrival, visitors were required to produce

tamper-proof photographic identification. We observed visitors being dealt with efficiently and courteously by staff when they arrived. Searching was carried out sensitively and visitors were given helpful advice about the visits procedure by the staff on duty. The results of survey questionnaires conducted by UK Border Agency staff also showed that visitors were satisfied with the way they were treated. Although visitors could obtain hot and cold drinks from vending machines, it was not possible for them to purchase food.

10.6 Domestic visits took place from 10–11.30am on Saturdays and Sundays and on weekdays from 2–5pm and 7–9pm. Detainees who were due to be removed were always granted permission for a final visit. Visits had to be booked 24 hours in advance. All of the visitors we spoke to complained about the length of time it took to make a telephone booking. Although it appeared that this may have been due to technical problems, this was a serious shortcoming and had remained unresolved for too long.

10.7 The visits area itself had capacity for up to eight detainees to receive three visitors each, and the centre was not always able to meet demand, particularly at the weekend. In our survey, 31% of detainees said that they had had a visit from their family or friends, which was significantly worse than the comparator of 46%. The visits room was bright and clean but cramped.

10.8 Only 5% of detainees said that they had had a visit from a volunteer visitor, which was significantly below the 22% comparator, and volunteers described great difficulty in booking visits in the over-subscribed visits room. The volunteer visitor scheme was extremely well advertised and we were told that there were over 20 volunteers visiting detainees. However, there was insufficient capacity to facilitate more visits.

Telephones

10.9 There were telephones located throughout the centre for paid outgoing calls and free incoming calls. The tannoy system was used to notify detainees of incoming calls and they complained that they did not always hear announcements of an incoming call. In our survey, 36% of detainees said that it was easy/very easy to receive incoming calls, which was significantly worse than the comparator of 51%. Since the previous inspection, detainees had been granted permission to keep mobile telephones in their possession. This had made it significantly easier for them to maintain contact with friends and family in the community. For security reasons, only certain types of mobile telephone were permitted. This created difficulties for some detainees because it was not possible to purchase these items from the shop. It was also not possible to buy top-up telephone credit from the shop, and all detainees had to rely on outside assistance to own and use a mobile telephone, which was not an option for some.

Mail

10.10 Detainees could send and receive as much mail as they needed, free of charge. A resource centre known as the information room was located in building 31. It was staffed during the day and detainees could send and receive faxes there without charge. Now that internet access had been installed, detainees were able to contact people by email.

Removal and release

10.11 In the preceding three months, of 1,344 people leaving the establishment, 39% had been removed, 29% transferred, 27% granted temporary release subject to conditions and 4%

released on bail. As some people were only at the centre for a day or two, not everyone had a chance to consult either immigration staff or the Immigration Advisory Service.

10.12 People being removed generally had at least a few days' notice of removal directions. Friends could delivery property to the centre. Priority for visits was given to those with removal directions. People being transferred were sometimes only told to pack just before the van arrived. The routine was to escort detainees and their property to the DDU to await collection. We followed a group taken to the DDU at night, a couple of hours before their vehicle was due. One of them, marked down for transfer to Colnbrook IRC, said that he had only just been told to pack but no one had told him where he was going. The accompanying staff declined to hold any conversation with him, issuing solemn instructions. The DDU was newly painted, but remained austere and forbidding and the communal rooms were unkempt. It was likely to increase detainees' apprehension about discharge, rather than to prepare them for it.

10.13 The centre provided a free bus service to Cambridge station for those detainees being released who had no other transport arranged, and these people were given sandwiches to take with them.

Recommendations

10.14 Visitors should be able to purchase a range of refreshments during visits.

10.15 Visits capacity should be increased in order to meet demand.

10.16 Problems associated with the visits' booking line should be remedied.

10.17 Detainees should be able to purchase mobile telephones and top-up cards from the shop.

10.18 People being transferred or removed should not routinely be taken to the detainee departure unit.

10.19 People being transferred should receive adequate notice and explanation of where they are going, with the opportunity to contact someone to pass on the change of address.

Section 11: Recommendations, housekeeping and good practice

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

Main recommendation

To UKBA

11.1 There should be sufficient, suitably trained and competent UKBA staff on site to engage effectively with detainees' needs for explanation and progress. (HE32)

Main recommendations

To the centre manager

11.2 Managers should issue guidance describing clearly the role and responsibilities of all staff in supporting detainees. This should be monitored through record keeping and direct observation and the outcomes disseminated regularly to staff. (HE31)

11.3 The DDU should not be used to hold detainees in crisis. (HE33)

11.4 Interpreting services should be used when required to communicate with detainees in order to complete assessments, in particular healthcare assessments, and convey general information about life in the centre, as well as personal information about their care and immigration status. (HE34)

11.5 The centre should ensure that there is sufficient welfare provision, with suitable training, expertise and resources, able to address the needs of the complex population. (HE35)

11.6 UKBA should determine the future of Oakington as soon as possible and ensure that, while it remains open, the necessary improvements can be carried out and appropriate services provided for the needs of the population. (HE36)

11.7 UKBA casework resource should be increased and there should be sufficient expertise in the workforce to ensure that the complex needs of the detainee population are fully met. (HE37)

11.8 There should be sufficient structured activity for all detainees to have access to purposeful activity for the majority of the day. (HE38)

11.9 Managers should keep accurate records of the length of time that detainees have spent at the centre, and inform UKBA of all cases where this exceeds a month. (HE39)

11.10 There should be comprehensive monitoring and analysis of the use of force, the use of rules 40 and 42, and strip searching, and this should be overseen by the safer detention committee. (HE40)

Recommendations — To UKBA

11.11 Transfer between places of detention in the middle of the night should be avoided wherever possible. (1.5)

11.12 Removal centres should ensure that all relevant information about the detainee accompanies them when they are transferred to another centre. (1.6)

11.13 Immigration detainees should not be lodged for days in police stations. (1.7)

11.14 When immigration detainees are lodged in police custody suites, custody records, including any property information, should accompany them on transfer. (1.8)

11.15 UKBA staff should use professional interpreters to explain the content and the implications of important documents, such as removal directions or threats to prosecute. (3.16)

11.16 UKBA should monitor age dispute outcomes to ensure that UKBA staff in all areas observe their policy that young people who could be minors are not detained. (4.32)

Recommendation — To UKBA and the centre manager

11.17 UKBA and the centre manager should examine the relatively low use of the complaints system and find ways of increasing detainees' confidence in using it. (8.39)

Recommendations — To the centre manager

Arrival in detention

1.17 Detainees under escort should be offered comfort breaks if their journey exceeds two and a half hours. (1.4)

1.18 Detainees spending their first night in custody should be introduced to night staff who offer appropriate support and regularly check on their well-being throughout the night. (1.16)

Environment and relationships

11.18 Worn carpets in the dormitories should be replaced. (2.12)

11.19 The dormitories should be adequately ventilated. (2.13)

11.20 More effort should be made to obtain the active participation of detainees in open forum meetings. (2.14)

11.21 Staff should assist detainees to organise the laundry arrangements to ensure that clothing does not go missing. (2.15)

11.22 Detainees should be allowed items in possession unless there is clear evidence of a risk. (2.16)

11.23 A reliable system should be introduced which ensures that bedding is changed weekly. (2.17)

11.24 Showers should be refurbished and well maintained. Shower curtains and mats should be maintained in a clean condition and replaced regularly. (2.18)

11.25 The tannoy system should be replaced by a pager system without delay. (2.24)

11.26 Staff should address detainees by their preferred name. (2.25)

11.27 Managers should investigate the reasons for the significant decline in relationships between staff and detainees. The results should be used to inform a strategy to improve and maintain relationships. (2.26)

Casework

11.28 The library should stock sufficient, up-to-date legal reference materials to meet the needs of the population. (3.7)

11.29 Legal interview rooms should be equipped with conference telephones to permit access to a telephone interpreting service. If it is necessary to conduct a legal visit in the DDU, the visit should be private. (3.8)

11.30 Reasons and reviews of detention should be issued in writing in a language which the detainee understands. (3.15)

11.31 A central folder of rule 35 letters and responses should be maintained, to enable monitoring of content, reaction and follow up. (3.17)

11.32 When detainees are threatened with prosecution and a custodial sentence for not cooperating with the removal process, there should be appropriate legal safeguards, including access to specialist legal advice, in line with Police and Criminal Evidence Act Codes of Practice. (3.18)

Duty of care

11.33 Efforts should be made to encourage and assist detainees to attend safer detention meetings. (4.16)

11.34 Monitoring information provided to the safer detention committee should include the nationality of perpetrators and victims, and other acts of violence. (4.17)

11.35 A local bullying survey should be conducted as a priority and its findings used to inform local policy. Subsequent surveys should take place every two years. (4.18)

11.36 Detainees should be consulted on safer detention matters at least monthly. (4.19)

11.37 Incidents of stolen property should be investigated as potential bullying incidents. (4.20)

11.38 Information about safer detention should be included in the reception pack issued to all new arrivals. (4.21)

11.39 Monitoring data provided to the safer detention committee should include the nationality of self-harmers and those on open ACDT documents. (4.22)

11.40 The quality of assessor reports, care maps and case reviews should be closely monitored and regular quality reports should be provided to the safer detention committee to ensure a good and more consistent standard. (4.23)

11.41 Staff monitoring detainees at night should ensure that checks are not so regular that they are predictable. (4.24)

11.42 Interpreting services should always be used for assessments and case reviews when required. (4.25)

11.43 Care maps should be routinely reviewed during case reviews. (4.26)

11.44 A peer supporter scheme should be developed. (4.27)

11.45 Samaritans telephones should be provided. (4.28)

11.46 There should be robust mechanisms to identify on arrival all young people who might be minors and refer them for assessment, legal advice and appropriate care without delay.(4.33)

11.47 The race relations committee meetings should be chaired by the centre manager or deputy manager, who should monitor attendance by the designated membership and take steps to ensure attendance. (4.43)

11.48 There should be consultation with detainees to encourage and facilitate their attendance at race relations committee meetings. The race relations committee should investigate concerns identified through their monitoring arrangements and take corrective action. Monitoring information should be available to all staff and detainees. (4.44)

11.49 Assessments should be made of all facilities to ensure that disabled detainees have equality of access, and a disability equality scheme should be introduced. (4.45)

11.50 Assessments should be made of all locally implemented policies to determine their impact on detainees with disabilities and people of different nationalities and cultures in the centre. (4.46)

11.51 The race relations committee should broaden its remit to ensure adequate coverage of diversity issues relating to disability and sexuality. (4.47)

11.52 Access to activities and paid work should be monitored by the race relations committee. (4.48)

11.53 The centre should provide for the needs of detainees and visitors to at least the level required by the Disability Discrimination Act 2005. (4.49)

11.54 Notices containing information about daily life at the establishment should be translated into an appropriate range of languages, so that the information is accessible to all detainees. (4.50)

11.55 Assistant race relations officers should act as diversity 'champions' on their accommodation blocks and consult with detainees regularly on matters of race, nationality, culture and religion. They should support detainee representatives at race relations committee meetings and report back to detainees on the accommodation blocks. (4.51)

11.56 Regular events involving members of local minority groups should be held to celebrate cultural diversity. (4.52)

11.57 Warm water should be available in the washing facilities attached to the Muslim prayer room. (4.58)

11.58 The religious affairs team should have adequate office space to work effectively, including room for private interviews. (4.59)

11.59 The Muslim prayer room should be of adequate size for the population. (4.60)

11.60 The current levels of pastoral support should be maintained to ensure that the needs of all detainees are met. (4.61)

Health services

11.61 The planned relocation of the healthcare centre should be expedited. (5.35)

11.62 A full health needs assessment should be undertaken. (5.36)

11.63 A professional interpreting service should be used for all healthcare consultations, including the initial reception health screen, for all detainees not able to communicate confidently in English. (5.37)

11.64 If a detainee is registered with a GP or any relevant care agencies, they should be contacted at the beginning of detention, with the detainee's consent, to provide relevant information to ensure continuity of care. (5.38)

11.65 All healthcare consultations, including reception screening, should be conducted in private. (5.39)

11.66 The frequency of optician sessions should be reviewed with a view to reducing the waiting time for this service to a more acceptable level. (5.40)

11.67 All health services staff should receive resuscitation training at least annually, and records of this should be maintained. (5.41)

11.68 Detainees should have direct access to advice from appropriately trained pharmacy staff, and information about the benefits and risks of medicines and the self-administration of medication. (5.42)

11.69 A medicines and therapeutics committee should be established. (5.43)

11.70 All nurses should receive clinical supervision, and records of this should be maintained. (5.44)

11.71 A comprehensive, accurate healthcare information leaflet, which is accessible to all detainees, should be given to detainees in reception. (5.45)

11.72 Detainees should be informed of forthcoming medical appointments. (5.46)

11.73 Detainees should be able to obtain barrier protection without charge and without asking a member of staff. (5.47)

11.74 Patient information leaflets should be provided in a language that detainees can easily read. (5.48)

11.75 There should be a system which allows for medical complaints to be made in confidence. (5.49)

11.76 A counselling service should be available within the centre. (5.50)

Activities

11.77 Opportunities for voluntary or paid work should be further promoted and extended. (7.13)

11.78 Wages for detainees undertaking work should be paid in cash, rather than vouchers. (7.14)

11.79 There should be a wider range of structured purposeful activities and learning opportunities to suit the needs of the longer-stay and English-speaking detainees. This should include opportunities for accreditation. (7.15)

11.80 The suitability of the book stock should be monitored against the detainee population profile. (7.16)

11.81 The fitness suite should be available to detainees during the evenings. (7.17)

11.82 Formal processes should be established to ensure that all detainees receive an effective induction to fitness equipment and that PE staff are informed of those detainees who are advised by health services staff not to participate in PE. (7.18)

11.83 PE staff should undertake updating and development training. (7.19)

11.84 Visual displays should be better used to promote physical exercise. (7.20)

11.85 The arts and crafts class should be located in a suitable classroom with appropriate equipment, storage and display space. (7.21)

11.86 Arrangements for monitoring and improving the quality of the activity provision should be established. (7.22)

11.87 The range of foreign language newspapers should be extended to meet the needs of all detainees. (7.23)

Rules and management of the centre

11.88 Staffing levels and handcuffing arrangements for hospital escorts should be proportionate to the risks posed by the individual detainee. (8.29)

11.89 Detainees' lockers should be secure and each should have its own unique key. (8.30)

11.90 Detainees should be invited to attend review meetings following warnings that their reward level is to be reviewed. (8.31)

11.91 The rewards scheme should offer incentives and not include sanctions. Removal of the use of personal mobile telephones and access to work should not be used as a punishment. (8.32)

11.92 Standards of cleanliness in the DDU television rooms should be improved and maintained at a good standard. (8.33)

11.93 Detainees on rule 40 should be provided with written reasons for their separation and a copy of the regime in a language that they can understand. (8.34)

11.94 Detainees on rules 40 and 42 should be provided with a predictable regime. (8.35)

11.95 Multiple planned use of force incidents should not be recorded on the same video tape. Used tapes should be stored in tamper-proof evidence bags. (8.36)

11.96 Detainees placed on rule 42 should be provided with written reasons and a copy of the regime in a language that they can understand. (8.37)

11.97 Detainees should be removed from rule 42 at the earliest opportunity and this should be fully documented. (8.38)

11.98 Information about the nature of complaints dealt with by the professional standards department should be relayed to the centre, to enable analysis of any emerging patterns and trends. (8.40)

Services

11.99 A full range of meat products, including halal and non-halal meat, should be available. (9.9)

11.100 More work should be done with detainees to identify the reasons for the high levels of dissatisfaction with the food, and action taken to address these issues. (9.10)

11.101 There should be designated utensils for the preparation and serving of halal food. (9.11)

11.102 The range of products available in the shop should be increased to meet the needs of detainees. (9.12)

11.103 Detainees should have the opportunity to purchase items from catalogues. (9.13)

Preparation for release

11.104 Visitors should be able to purchase a range of refreshments during visits. (10.14)

11.105 Visits capacity should be increased in order to meet demand. (10.15)

11.106 Problems associated with the visits' booking line should be remedied. (10.16)

11.107 Detainees should be able to purchase mobile telephones and top-up cards from the shop. (10.17)

11.108 People being transferred or removed should not routinely be taken to the detainee departure unit. (10.18)

11.109 People being transferred should receive adequate notice and explanation of where they are going, with the opportunity to contact someone to pass on the change of address. (10.19)

Housekeeping points

Health services

11.110 A telephone should be available in the healthcare room in reception. (5.51)

11.111 An electronic clinical records system should be introduced. (5.52)

Activities

11.112 The library should be better promoted. (7.24)

11.113 There should be more chairs and tables for detainee use in the library. (7.25)

11.114 A suitable range of magazines should be included as part of the library stock. (7.26)

11.115 Recreational equipment should be properly maintained. (7.27)

Rules and management of the centre

11.116 The security department should be notified when prison security files arrive for former foreign national prisoners. (8.41)

11.117 The rule 40 register should include timings when restrictions are authorised and removed. (8.42)

Services

11.118 Food labelling should remain accurate throughout food service, including when substitutions are made part-way through service. (9.14)

11.119 Tables should be cleaned promptly throughout the service of meals. (9.15)

Appendix I: Inspection team

Anne Owers	Chief Inspector
Fay Deadman	Team leader
Eileen Bye	Inspector
Ian Macfadyen	Inspector
Lucy Young	Inspector
Mandy Whittingham	Healthcare inspector
Catherine Nichols	Researcher
Michael Skidmore	Researcher
Laura Nettleingham	Researcher
Linda Truscott	Ofsted inspector

Appendix II: Detainee population profile

(i) Age	No. of men	No. of women	No. of children	%
Under 1 year				
1 to 6 years				
7 to 11 years				
12 to 16 years				
16 to 17 years				
18 years to 21 years	66			20.1
22 years to 29 years	125			38.1
30 years to 39 years	90			27.4
40 years to 49 years	41			12.5
50 years to 59 years	6			1.8
60 years to 69 years	0			0
70 or over	0			0
Total	328	0	0	99.9

(ii) Nationality	No. of men	No. of women	No. of children	%
Afghanistan	36			10.98
Albania	2			0.61
Algeria	8			2.44
Bangladesh	6			1.83
Belarus	1			0.31
Brazil	3			0.92
Cameroon	2			0.61
China	20			6.10
Congo (Brazzaville)	2			0.61
Ecuador	1			0.31
Eritrea	22			6.71
Ethiopia	3			0.92
Gambia	3			0.92
Ghana	7			2.14
India	28			8.54
Iran	13			3.97
Iraq	9			2.75
Jamaica	8			2.44
Kenya	7			2.14
Kosovo	4			1.22

Lebanon	1			0.31
Liberia	2			0.61
Libya	1			0.31
Malawi	3			0.92
Malaysia	2			0.61
Mauritius	1			0.31
Moldova	1			0.31
Mongolia	1			0.31
Morocco	3			0.92
Nepal	3			0.92
Niger	1			0.31
Nigeria	35			10.67
Pakistan	11			3.36
Palestine	1			0.31
Portugal	1			0.31
Serbia	1			0.31
Sierra Leone	7			2.14
Somalia	12			3.66
South Africa	1			0.31
St Lucia	1			0.31
Sudan	1			0.31
Syria	1			0.31
Turkey	11			3.36
Uganda	2			0.61
Ukraine	1			0.31
Vietnam	5			1.53
Zimbabwe	5			1.53
Total	328			100

(iii) Religion/belief	No. of men	No. of women	No. of children	%
Buddhist	12			3.66
Roman Catholic	12			3.66
Orthodox	3			0.92
Other Christian religion	93			28.31
Hindu	32			9.76
Muslim	129			39.34
Sikh	13			3.97
Agnostic/atheist	24			7.32
Unknown	7			2.14
Rastafarian	2			0.61

Mormon	1			0.31
Total	328			100

(iv) Length of time in detention in this centre	No. of men	No. of women	No. of children	%
Less than 1 week	103			31.41
1 to 2 weeks	55			16.78
2 to 4 weeks	48			14.66
1 to 2 months	59			17.99
2 to 4 months	36			10.98
4 to 6 months	16			4.88
6 to 8 months	5			1.53
8 to 10 months	5			1.53
More than 10 months	1 (since 9/08/2007, NGA - 30/6)			0.31
Total	328			100

(v) Detainee's last location before detention in this centre	No. of men	No. of women	No. of children	%
Community	26			7.93
Another detention centre	130			39.63
A short-term holding facility (e.g. at a port or reporting centre)	71			21.64
Police station	79			24.09
Prison	22			6.71
Total	328			100

Appendix III: Summary of survey responses

Detainee survey methodology

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

Choosing the sample size

At the time of the survey on 9–10 June 2008, the detainee population at Oakington was 327. The questionnaire was offered to all detainees.

Selecting the sample

Questionnaires were offered to all adult detainees available at the time of the visit. Detainees were approached in the amenities building and main outdoor area. Questionnaires were also distributed over the lunch period, in the dining room, which ensured that all detainees were approached by the Inspectorate.

Completion of the questionnaire was voluntary.

Questionnaires were offered in 23 different languages.

Methodology

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

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

- to 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

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

Response rates

In total, 104 respondents completed and returned their questionnaires. This represented 32% of the detainee population. The response rate was 55%. In total, 84 questionnaires were not returned or returned blank. Sixty-one questionnaires (59%) were returned in English, two (2%) in Albanian, Somali and Turkish, five (5%) in Arabic, nine (9%) in Chinese and Tamil, four (4%) in Kurdish Sorani and Pushtu, and one each in Farsi, French, Punjabi, Spanish, Vietnamese and Urdu.

Comparisons

The following document details the results from the survey. All missing responses are excluded from the analysis. All data from each establishment have been weighted, in order to mimic a consistent percentage sampled in each establishment.

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

In all the above documents, statistically significant differences are highlighted. Statistical significance merely indicates whether there is a real difference between the figures – that is, that 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 a blue background, and where there is no significant difference, there is no shading.

Detainee Survey Responses: Oakington IRC 2008

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

Key to tables

		Oakington IRC	IRC Comparator
	Any numbers highlighted in green are significantly better than the IRC comparator		
	Any numbers highlighted in blue are significantly worse than the IRC comparator		
	Numbers which are not highlighted show there is no significant difference between the 2008 survey and the IRC comparator		
SECTION 1: General Information (not tested for significance)			
Number of completed questionnaires returned		**104**	**915**
1	Are you male?	**98%**	**81%**
2	Are you aged under 21 years?	**18%**	**14%**
5	Is English your first language?	**20%**	**30%**
6	Do you understand spoken English?	**68%**	**75%**
7	Do you understand written English?	**64%**	**70%**
8	Are you Muslim?	**37%**	**36%**
9	Do you consider yourself to have a disability?	**18%**	**18%**
10	Do you have any children under the age of 18?	**29%**	**44%**
SECTION 2: Immigration Detention (not tested for significance)			
11	When being detained, were you told the reasons why in a language you could understand?	**76%**	**67%**
12	Following detention, were you given written reasons why you were being detained in a language you could understand?	**58%**	**57%**
13	Were you first detained in a police station?	**70%**	**62%**
14	Including this Centre, have you been held in six or more places as an immigration detainee since being detained?	**12%**	**10%**
15	Have you been here for more than one month?	**64%**	**65%**
SECTION 3: Transfers and Escorts			
16	Did you know where you were going when you left the last place where you were detained?	**38%**	**42%**
17	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	**37%**	**29%**
18	Did you spend more than four hours in the escort van to get to this centre?	**31%**	**29%**
19	Were you treated well/very well by the escort staff?	**44%**	**51%**

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SECTION 4: Reception and First Night			
21	Were you seen by a member of healthcare staff in reception?	**78%**	**87%**
22	When you were searched in reception was this carried out in a sensitive way?	**55%**	**66%**
23	Were you treated well/very well by staff in reception?	**54%**	**58%**
24a	Did you receive information about what was going to happen to you on your day of arrival?	**42%**	**29%**
24b	Did you receive information about what support was available to people feeling depressed or suicidal on your day of arrival?	**27%**	**25%**
24c	Did you receive information about how to make applications on your day of arrival?	**28%**	**27%**
24d	Did you receive information about healthcare services at the Centre on your day of arrival?	**42%**	**38%**
24e	Did you receive information about the religious team on your day of arrival?	**33%**	**30%**
24f	Did you receive information on how to make a bail application on your day of arrival?	**28%**	**20%**
24g	Did you receive information about how people can visit you on your day of arrival?	**44%**	**39%**
25	Was any of this information provided in a translated form?	**36%**	**20%**
26a	Did you receive something to eat on your day of arrival?	**63%**	**70%**
26b	Did you get the opportunity to make a free telephone call on your day of arrival?	**65%**	**60%**
26c	Did you get the opportunity to have a shower on your day of arrival?	**56%**	**55%**
26d	Did you get the opportunity to change into clean clothing on your day of arrival?	**46%**	**48%**
27	Did you feel safe on your first night here?	**49%**	**49%**
28a	Did you have any problems when you first arrived?	**79%**	**79%**
28b	Did you have any problems with loss of transferred property when you first arrived?	**29%**	**23%**
28c	Did you have any housing problems when you first arrived?	**9%**	**14%**
28d	Did you have any problems contacting employers when you first arrived?	**9%**	**6%**
28e	Did you have any problems contacting family when you first arrived?	**19%**	**21%**
28f	Did you have any problems ensuring dependents were being looked after when you first arrived?	**14%**	**10%**
28g	Did you have any problems accessing your phone numbers when you first arrived?	**13%**	**16%**
28h	Did you have any problems accessing legal advice when you first arrived?	**14%**	**27%**

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SECTION 4: Reception and First Night continued			
28i	Did you have any problems getting access to your immigration case papers when you first arrived?	**17%**	**24%**
28j	Did you have any money/debt worries when you first arrived?	**10%**	**16%**
28k	Did you have any problems with feeling depressed or suicidal when you first arrived?	**24%**	**33%**
28l	Did you have any drug problems when you first arrived?	**8%**	**4%**
28m	Did you have any alcohol problems when you first arrived?	**2%**	**4%**
28n	Did you have any health problems when you first arrived?	**35%**	**33%**
28o	Did you have any problems with needing protection from other detainees when you first arrived?	**10%**	**8%**
29	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	**27%**	**23%**
SECTION 5: Legal Rights and Immigration			
31	Do you have a solicitor or legal representative?	**66%**	**59%**
32	Do you get legal aid (free advice under the legal aid scheme)?	**53%**	**47%**
33	Is it easy/very easy to communicate with your solicitor or legal representative?	**28%**	**24%**
34	Are you able to send a fax to your legal representative free of charge?	**59%**	**58%**
35	Are you able to send letters to your legal representative free of charge?	**43%**	**39%**
36	Have you had a visit from your solicitor/legal representative?	**40%**	**33%**
37	Can you get access to books about your legal rights?	**22%**	**31%**
38	Is it easy/very easy for you to obtain bail information?	**25%**	**24%**
39	Can you get access to official information reports on your country?	**19%**	**18%**
40	Is it easy/very easy to see immigration staff when you want?	**19%**	**23%**
41	Have you had a review of your detention every month?	**35%**	**35%**
42	Was the review written in a language you could understand?	**30%**	**28%**

Key to tables

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SECTION 6: Respectful Detention			
44	Are you normally offered enough clean, suitable clothes for the week?	**49%**	**50%**
45	Are you normally able to have a shower every day?	**88%**	**92%**
46	Is it normally quiet enough for you to be able to sleep in your room at night?	**46%**	**54%**
47	Can you normally get access to your property held by staff at the Centre, if you need to?	**45%**	**50%**
48	Is the food good/very good?	**14%**	**23%**
49	Does the shop sell a wide enough range of goods to meet your needs?	**23%**	**31%**
50	Do you feel that your religious beliefs are respected?	**68%**	**67%**
51	Are you able to speak to a religious leader of your own faith if you want to?	**63%**	**54%**
52	Is it easy/very easy to contact the Independent Monitoring Board?	**19%**	**15%**
53	Is it easy/very easy to get a complaint form?	**44%**	**49%**
54	Have you made a complaint since you have been at this Centre?	**31%**	**33%**
55a	Do you feel complaints are sorted out fairly?	**4%**	**10%**
55b	Do you feel complaints are sorted out promptly?	**3%**	**8%**
SECTION 7: Staff			
57	Do you have a member of staff you can turn to for help if you have a problem?	**44%**	**55%**
58	Do most staff treat you with respect?	**60%**	**69%**
59	Do staff speak to you most of the time/all of the time?	**24%**	**19%**
60	Have any members of staff physically restrained you in the last six months?	**15%**	**17%**
61	Have you spent a night in the segregation unit in the last six months?	**12%**	**20%**
SECTION 8: Safety			
63	Have you ever felt unsafe in this Centre?	**50%**	**49%**
64	Do you feel unsafe in this Centre at the moment?	**43%**	**45%**
65	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	**42%**	**29%**
66a	Have you had insulting remarks made about you, your family or friends since you have been here? (By detainees)	**15%**	**10%**
66b	Have you been hit, kicked or assaulted since you have been here? (By detainees)	**5%**	**6%**

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SECTION 8: Safety continued			
66c	Have you experienced unwanted sexual attention here from another detainee?	**7%**	**2%**
66d	Have you been victimised because of your cultural or ethnic origin since you have been here? (By detainees)	**8%**	**7%**
66e	Have you been victimised because of your nationality since you have been here? (By detainees)	**6%**	**8%**
66f	Have you ever had your property taken since you have been here? (By detainees)	**5%**	**7%**
66g	Have you ever been victimised because you were new here? (By detainees)	**2%**	**5%**
66h	Have you been victimised because of drugs since you have been here? (By detainees)	**0%**	**2%**
66i	Have you been victimised here because of your sexuality? (By detainees)	**2%**	**3%**
66j	Have you ever been victimised here because you have a disability? (By detainees)	**1%**	**3%**
66k	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	**1%**	**6%**
67	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	**28%**	**28%**
68a	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	**10%**	**9%**
68b	Have you been hit, kicked or assaulted since you have been here? (By staff)	**2%**	**5%**
68c	Have you experienced unwanted sexual attention here from staff?	**2%**	**3%**
68d	Have you been victimised because of your cultural or ethnic origin since you have been here? (By staff)	**7%**	**7%**
68e	Have you been victimised because of your nationality since you have been here? (By staff)	**5%**	**8%**
68f	Have you ever been victimised because you were new here? (By staff)	**8%**	**5%**
68g	Have you been victimised because of drugs since you have been here? (By staff)	**1%**	**1%**
68h	Have you been victimised here because of your sexuality? (By staff)	**3%**	**2%**
68i	Have you ever been victimised here because you have a disability? (By staff)	**0%**	**3%**
68j	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	**2%**	**8%**
69	If you have been victimised by detainees or staff, did you report it?	**14%**	**18%**
70	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	**21%**	**22%**
71	Have you ever felt threatened or intimidated by a member of staff in here?	**27%**	**27%**

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SECTION 9: Healthcare			
73	Is health information available in your own language?	**27%**	**30%**
74	Do you know whether counselling is available at this Centre?	**22%**	**24%**
75	Are you able to see a doctor of your own gender?	**29%**	**38%**
76	Is a qualified interpreter available if you need one during healthcare assessments?	**24%**	**13%**
77	Are you currently taking medication?	**41%**	**44%**
78	Are you allowed to keep possession of your medication in your own room?	**27%**	**19%**
79	Do you think the overall quality of health care in this Centre good/very good?	**21%**	**33%**
SECTION 10: Activities			
81	Do you have unrestricted access to the Centre facilities for at least 12 hours each day?	**46%**	**37%**
82	Are you doing any education here?	**37%**	**32%**
83	Is the education helpful?	**28%**	**24%**
84	Can you work here if you want to?	**43%**	**35%**
85	Is there enough to do here to fill your time?	**38%**	**36%**
86	Is it easy/very easy to go to the library?	**75%**	**58%**
87	Is it easy/very easy to go to the gym?	**54%**	**53%**
SECTION 11: Keeping in Touch with Family and Friends			
89	Is it easy/very easy to receive incoming calls?	**36%**	**51%**
90	Is it easy/very easy to make outgoing calls?	**34%**	**48%**
91	Have you had any problems with sending or receiving mail?	**5%**	**25%**
92	Have you had a visit since you have been in here from your family or friends?	**31%**	**46%**
93	Have you had a visit since you have been here from volunteer visitors?	**5%**	**22%**
94	Do you feel you are treated well/very well by visits staff?	**25%**	**35%**