Report on a full announced inspection of

Tinsley House Immigration Removal Centre

10–14 March 2008

by HM Chief Inspector of Prisons

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

Contents

8 Rules and management of the centre

9 Services

10 Preparation for release

11 Recommendations, housekeeping and good practice

Appendices

Introduction

Tinsley House immigration removal centre at Gatwick airport, run by GSL, holds men, women and children, most of whom are awaiting removal. When we last visited we noted some improvements, but expressed concern about the detention of children in such a setting. On our return, for this full announced inspection, we found conditions for male detainees remained generally satisfactory, but all detainees lacked sufficient activities and appropriate support to prepare for release. Our concerns over provision for children remained, and we now considered that conditions for the much reduced number of single women were unacceptable.

For male detainees, who made up the majority of the population, Tinsley House remained a generally safe and respectful place. Reception and induction arrangements were sound, save for the lack of room sharing risk assessments. Security was not unnecessarily intrusive and there was little recourse to use of force or separation, but the lack of proper furniture in the separation room was excessive. There was little bullying or self-harm, although detainees were inevitably anxious about legal and immigration issues.

Our principal concerns about safety related to children. While staff in the family centre made considerable efforts to support children and their families, they could do little to mitigate the damaging effects of their detention, the length of which often extended into days or even weeks. While support from local social services staff had improved, there was still a lack of appropriate care planning and no formal links with local children's safeguarding arrangements. Not all staff had received child protection training.

While most accommodation was clean and adequate, ventilation remained poor. Staff-detainee relationships were observed to be reasonable, although this was hard to validate as history sheets were not used and there were no care officers. We were disturbed to observe some unprofessional conduct by external escort staff. Healthcare was generally good, but we were concerned to find two recent examples of forced medication applied to detainees threatening self-harm, which had not been subject to thorough review to ensure their appropriateness. Faith services were good, but too little attention was paid to other diversity issues, and interpretation was underused.

We were particularly troubled by the plight of single women. Their numbers had dwindled. At one point during the inspection, there was only one and she lay in bed most of the day avoiding the communal accommodation. The amount and quality of accommodation now afforded to single women had been reduced, and they appeared marginalised and almost forgotten. They were left to share facilities within a mainly male establishment and this could be both embarrassing and intimidating. Their situation should be addressed as a matter of urgency.

Tinsley House, in common with most immigration removal facilities, lacked sufficient activities to occupy detainees, some of whom remained at the centre for many months. There had been improvements in certain areas, for example language classes, but otherwise provision was limited. There was still no voluntary or paid work. While qualified care workers gave good support to young children, it was of particular concern that school-age children were not offered appropriately planned and structured educational opportunities.

Disappointingly, Tinsley House had made little progress in terms of preparing detainees for release. Despite our previous recommendations, no welfare officer had been appointed and this left an over-reliance on the commendable – but stretched – services of voluntary bodies.

Access to phones, including mobiles, was good and visits arrangements were satisfactory, but there was still no access to the internet.

Tinsley House has the difficult task of managing discrete populations of single men, single women and families with or without children. Provision for the majority male population remained adequate, although all detainees had insufficient activities and limited support to prepare for release. However, our principal concerns related to children and single women. Staff did their best to support the care of children, but the centre remained poorly equipped to mitigate the inevitably damaging effects of substantial periods of detention on such a vulnerable population. Moreover, since our last visit, the numbers of single women had fallen and they were now isolated and marginalised. This situation cannot be allowed to continue and, with the opening of the neighbouring Brook House immigration removal centre, Tinsley House should be refurbished and redesigned to become a dedicated facility for families and single women who need, exceptionally, to be detained.

Anne Owers — June 2008
HM Chief Inspector of Prisons

Fact page

Task of the establishment
The detention, care and welfare of people subject to immigration control.

Location
Perimeter Road South, Gatwick RH6 0PQ

Contractor
Global Solutions Ltd (GSL)

Number held
10 March 2008: 129 detainees

Certified normal accommodation (CNA)
139

Operational capacity
152

Main escort provider
G4S

Last inspection
Follow up inspection: 18-20 September 2006

Brief history
Tinsley House opened in May 1996 as the first purpose-built detention centre.

Description of residential units

Family accommodation:	three rooms, each with a capacity of six
Female accommodation:	two rooms with a total capacity of 12
Male accommodation:	116 beds in shared rooms

One room is available for temporary confinement under rule 42, Detention Centre Rules.

Two rooms are available for removal from association under Rule 40.

There is one observation room for detainees requiring staff support.

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 The reception process was good, but there were no formal room sharing risk assessments and we witnessed some unprofessional behaviour by escort staff. Most detainees said they felt safe in the centre. We were concerned about the detention and welfare of children who were often held for over 72 hours. The level of security was appropriate, and there was reasonable dynamic security. Use of force and separation were low, but the use of unfurnished separation rooms was inappropriate.

There was little evidence of bullying or self-harm, but some procedures were underdeveloped. Detainees had limited access to legal advice and, though on-site immigration staff were accessible, communication from caseholders remained variable. The centre was performing reasonably well against this healthy establishment test.

HE.5 We observed generally good relationships between escorts, detainees and centre staff. However, we witnessed an incident involving overseas G4S staff who behaved disrespectfully and resorted to force prematurely. In some cases escort and medical staff explained the removal process to detainees in advance, but this was not done systematically, and there was little use of professional interpretation to explain removal. Some detainees had experienced long journeys and frequent disorientating movements around the estate.

HE.6 The reception area was still cramped and detainees frequently had to wait in queuing escort vehicles as a result. There was no separate, suitable facility for receiving families and children. However, detainees were positive about the welcome from reception staff, and most said they felt safe on arrival. The reception process was quick, with attention to dealing with immediate needs. Although all rooms were shared, and a third of the population were former prisoners, there were no formal room sharing risk assessments and prison files were not checked for risk information. New arrivals were given a basic induction booklet in different languages and a useful tour of facilities. However, those not fluent in English had a poorer experience of induction.

HE.7 Significantly fewer detainees in Tinsley House than in other immigration removal centres said they felt unsafe, and there was no evidence that bullying was an issue. However, little attempt had been made to survey detainees about possible bullying, and anti-bullying committee meetings were irregular.

HE.8 Most staff were trained in assessment, care in detention and teamwork (ACDT) self-harm monitoring, but most documents provided little evidence of staff engagement, and reviews were not multidisciplinary. Immigration staff did not attend reviews, even though immigration concerns were the main reason for opening ACDTs. Detainees were used inappropriately as interpreters in reviews. Some detainees had been held in paper suits without any recorded risk assessment justifying use. There was no dedicated care suite.

HE.9 Family centre staff provided good care for the children and parents. However, they could do little to mitigate the negative consequences of detention for children's welfare. Children were often held for more than 72 hours, and sometimes considerably longer. Children held beyond seven days did not have a care plan based on a comprehensive independent welfare assessment. Support from West Sussex Social Services had improved considerably, but child welfare and protection arrangements had not been formally agreed by the Local Safeguarding Children's Board. Child protection training for new recruits was enhanced by input from the specialist child asylum team, but not all custody officers or healthcare staff had been trained.

HE.10 The physical security of the centre was sound and positive staff-detainee relationships underpinned dynamic security. The level of security was appropriate for the population and detainees had general freedom of movement. Security information

reports (SIRs) were submitted infrequently. SIR and incident report information was not effectively collated and shared for coherent analysis.

HE.11 There was little use of force. Documentation on this provided evidence of appropriate de-escalation, but lacked medical assessments, even when handcuffs had been used. In the sample we examined, duty managers' assessments were poor or absent. There was no discussion or monitoring of use of force at security meetings.

HE.12 Detention centre rules 40 (removal from association in the interests of security or safety) and 42 (temporary confinement) were used infrequently and usually for short periods. Application of both rules had reduced over the previous year, but there was no monitoring or trends analysis to explain why this was the case, and it was not always clear that detainees had been moved out of separation at the earliest opportunity. The separation rooms were reasonably bright but, despite repeated recommendations, remained unfurnished. This was particularly inappropriate as a rule 40 cell was sometimes used for those at risk of self-harm. Separate observation rooms were sometimes used informally to separate detainees, such as those at risk of self-harm, but there was no log to show such use or its reasons.

HE.13 Lack of legal advice was a major concern for detainees. They found it difficult to access the limited stock of legal materials and to obtain adequate legal advice. Twice-weekly Refugee Legal Centre surgeries could not meet the demand, as advisers could take on few cases.

HE.14 Uncertainty about immigration cases was the biggest concern for detainees in our safety interviews (see Appendix III). Some had been detained for prolonged periods, in some cases up to 13 months. The timeliness and the standard of reviews of detention by remote Border and Immigration Agency (BIA)[1] caseworkers were variable. The on-site BIA team was accessible, but had limited ability to progress cases or to correct the shortcomings of caseholders. Not all detainees who had video link bail hearings had received bail summaries, or summaries that were up to date, even though these are crucial to a fair hearing.

Respect

HE.15 The accommodation was reasonably good for most detainees, though it was poorly ventilated. However, there were deteriorating living conditions for the few single women, who were relatively marginalised. Staff-detainee relationships were generally positive. The scope and rigour of diversity systems were inadequate, and there was insufficient use of professional interpretation. Faith provision was good. There was little confidence in the complaints system, but centre staff dealt with complaints appropriately. The standard of catering was good. Health services were good overall, but there were examples of detainees given tranquilisers inappropriately without their consent. The centre was not performing sufficiently well against this healthy establishment test.

HE.16 The residential accommodation for men was of a reasonable standard, but the living conditions for single women had deteriorated significantly since their numbers had reduced. Their accommodation was cramped and claustrophobic. They shared

[1] The name of the Border and Immigration Agency (BIA) was changed to UK Border Agency (BIA) in the month following this inspection

association and dining facilities with single men, and their distinctive needs were generally not taken into account. Family accommodation was adequate for short stays. Communal areas, showers and toilets were reasonably well maintained and clean, but furnishing and carpets were often worn and needed to be replaced.

HE.17 There was an ongoing problem of poor ventilation, and windows could not be opened. Air conditioning had been installed in some areas, but not for the benefit of detainees, who experienced particularly oppressive conditions in the summer. The proximity of the smoking area to the children's play area made it an inappropriate location, as it set a bad example and might have posed health risks.

HE.18 Detainees were unaware of the rewards scheme, but it did not appear to lead to any adverse outcomes. It was questionable whether it had any benefits for the relatively compliant population. Few written complaints were submitted and replies were timely, courteous and informative. There was limited analysis of complaints.

HE.19 Staff-detainee relationships were observed to be positive, but staff did not make enough effort to communicate with detainees who did not speak good English. History sheets were not used at all, and there was no care officer scheme.

HE.20 Detainees were positive about the quality and quantity of food and, though small, the kitchen was well managed. The communal dining room was a good environment for meals, but there was insufficient effort to communicate the menu to people who did not speak English. The shop offered a range of reasonably priced goods, but the stock of skin and hair care products for black detainees was limited.

HE.21 Detainees from different cultural backgrounds lived together relatively harmoniously. There was little attention to diversity beyond race and religion, and inadequate strategic oversight of diversity. Monitoring was inadequate, and there had been no diversity impact assessments. There were few racist incident complaints and investigations were handled reasonably well. The use of the telephone interpreting service was low, including in healthcare. The language barrier was particularly apparent for Chinese detainees, few of whom could speak English.

HE.22 Most facilities for worship were reasonably good and detainees had good access to organised services, but the quiet prayer room was poorly located between noisy association areas. The chaplaincy team had an appropriately informal and high profile approach on the units, and a very high level of individual contact with detainees. The religious needs of detainees who spoke little English, mainly Chinese detainees at the time of the inspection, were not well met.

HE.23 Feedback from detainees about access to, and care from, health services was largely positive, and they had good access to medical and nursing care. As at previous inspections, the one multipurpose healthcare room did not provide enough space and compromised patients' privacy during consultations. The policy of allowing almost no medicines in possession was unnecessarily restrictive and exacerbated problems of space, as detainees had to attend healthcare every day to collect any medication. Nurses lacked child health expertise, and there was no formal external training on torture issues. There was prompt access to a general psychiatrist and psychologist, but there was a lack of a coordinated healthcare approach to assessing the impact of detention on mental or physical health.

HE.24 Of most concern were two incidents that had taken place in the previous four months. Two young men had been sedated with injectable major tranquilisers after control and restraint following self-harm incidents. The doctor concerned considered that on both occasions the injection was necessary to calm the patients, but there was no suggestion that either detainee lacked the capacity to give consent, or that this action was necessary to enable life-saving treatment. Both detainees had very limited English, yet health staff and officers had not used professional interpreting during these incidents. There was no untoward incident review by healthcare staff or any review in conjunction with the officers involved to improve policy. This was poor practice.

Activities

HE.25 There had been some improvements in a few areas, for example, in the provision of good quality classes in English for speakers of other languages (ESOL). However, there was little available to meet the needs of all detainees, including the significant number of longer stay detainees. There were still no opportunities for detainees to engage in paid or voluntary work. There was no structured, planned educational provision to meet the needs of school-age children. The centre was not performing sufficiently well against this healthy establishment test.

HE.26 There was a satisfactory range of activities for non-English speaking and short-stay adult detainees, including good quality and well attended daily ESOL provision, twice-weekly arts and craft lessons, evening information technology (IT) classes, daily gym and team sports. There were also better arrangements to assure and improve the quality of learning provision. However, there were no opportunities to accredit learning in ESOL or IT studied in previous establishments.

HE.27 There were insufficient planned activities for English speakers and for the growing number of longer stay detainees. A significant weakness was the lack of any paid or voluntary work opportunities for detainees, even though paid work had been possible for more than 18 months. There were no formal arrangements for detainees to use the computer suite in the afternoons.

HE.28 There was some lack of take-up of activities places, particularly by women overall and by men in the gym and sports hall. The library was well organised, welcoming and adequately stocked. The gym and sports facilities were good.

HE.29 There were some good play materials for younger children and good displays of children's work in the family unit. Qualified care workers were sensitive to the needs of the families in the unit. There was a satisfactorily planned day, which included family time, activity time and access to physical activity in the sports hall or outdoors. However, there was no structured or planned educational provision to meet the needs of children and young people, activity materials for older children were underused, and there was no direct access to the outside play areas from the family suite.

Preparation for release

HE.30 There was still no formal welfare provision, which was a fundamental weakness affecting pre-release preparation. Visits facilities were generally good, as was access to phone contact. There was no email or internet access. The centre was not performing sufficiently well against this healthy establishment test.

HE.31 There was still no formal on-site welfare provision and a consequent over-reliance on the Gatwick Detainees Welfare Group, a small charity which supported detainees on a range of issues. However, this was no substitute for a welfare officer post to carry out sustained work consistently within the centre. There was a particular need for detainees to be given assistance to recover property they had not been able to bring with them.

HE.32 The visits room was comfortable and welcoming, though the children's play area needed refurbishment. Staffing arrangements were appropriate and searching was not obtrusive. However, it was costly for visitors to reach the centre from the local train station, and there was no assistance with transport arrangements.

HE.33 Privacy hoods had been installed for pay phones, and most detainees had access to a mobile phone. Those without mobiles could buy them from the centre shop, but these were expensive and a rental scheme would have been more appropriate. There was still no email or internet access to help detainees keep in contact with families.

HE.34 Detainees generally received adequate notice of removal and transfer, but the absence of a welfare officer affected pre-release preparation. Detainees were issued with clothing prior to release as required, but no jackets were available. Staff were not aware of their responsibilities for ex-prisoners who may have been released into community under licence.

Main recommendations

HE.35 If children are to remain at Tinsley House, their detention should be exceptional and only for a few days.

HE.36 If single women are to remain at Tinsley House, their distinct needs should be systematically identified and met.

HE.37 Medicines should not be administered without the informed consent of the patient.

HE.38 Detainees should be able to engage in voluntary or paid work.

HE.39 If children are to remain at Tinsley House, a qualified teacher should be employed to provide structured and planned education to meet the needs of school-age children.

HE.40 The centre should provide a welfare officer or team to help detainees prepare for their discharge.

HE.41 Subject to appropriate controls, detainees should be able to use the internet and email.

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.

1.1 Detainees were subjected to successive, often long-distance, moves around the detention estate, not always accompanied by their property. In one case, overseas escorts showed little grasp of how to de-escalate a charged situation, using control and restraint prematurely. By contrast, Tinsley House reception staff were friendly and reassuring. Reception scored highly in our detainee survey. One-to-one induction helped to inform new arrivals and put them at ease with staff.

Escort vans and transfers

1.2 Group 4 Securicor (G4S) was the main escort contractor. Detainees made few complaints about in-country escorts, and relations with staff were generally efficient and cooperative. Vehicles sometimes had to queue outside Tinsley House because the small reception could accommodate only a few people at a time. Arriving families were prioritised, and no other detainees were admitted at the same time. Detainees going out for flights also took priority over admissions.

1.3 Reception staff and escorts, as well as detainees, complained about frequent unexplained transfers from one detention centre to another, sometimes involving long journeys. In our detainee survey, a third said they had spent more than four hours in the van. A G4S escort expressed concern that she had transported a detainee from Dungavel in Scotland, setting off at 9.30am that morning and arriving at 10pm. The detainee was tired and confused, and had not had a hot meal.

1.4 We observed a family of four leaving with Geo overseas escorts. Both parents were on self-harm monitoring and only one spoke a few words of English. The family was in obvious distress. The Border and Immigration Agency (BIA) manager had previously explained removal arrangements to them, with an interpreter, but they had a lot of questions about what was happening on the day, and a telephone interpreting service was not used to deal with these. Escorts made attempts to reassure them in English, but some of this was misleading, as it was not within their powers to ensure that nothing untoward would befall them in their home country. The family was split up, and one parent and one child travelled in separate vehicles. Escorts said this was because there were too many to fit into one vehicle and also because, when first detained, the family had not cooperated. However, the risk assessment did not appear to have been revised to take account of their present depressed and debilitated condition, and the impact on the two children. Both vehicles were in need of cleaning.

1.5 A second incident involved G4S overseas escorts who applied rigid handcuffs to a detainee who was unwilling to be removed without his property, which had been left behind at the last removal centre. The use of force was, in the view of GSL reception staff and ourselves, pre-emptive; we believed he would have complied following further discussion. He had not been formally handed over from Tinsley House staff to G4S escorts at the time, and Tinsley House staff later expressed disapproval of the lack of respect for all concerned. The accompanying contracted paramedic seemed unclear about his role. He assisted G4S in processing

paperwork and property, but when the departing detainee called out that he had been hurt, he made no approach to examine him.

1.6 Many detainees were detained initially in police stations, where facilities are designed for a few hours' detention. Reception healthcare staff provided treatment for swollen gums for one detainee who had been held for four days in two police stations without adequate hygiene facilities.

Reception and first night

1.7 Tinsley House operated around the clock, seven days a week. The reception area was very small and cramped, and particularly unsuitable for children. It had dealt with an average of nearly 800 movements a month recently. As there was only one small holding room, only a few detainees at a time could be dealt with. The room was clean and included hot and cold drink facilities and toilets for men and women with baby changing facilities.

1.8 Detainees spoke positively of how they were welcomed and reassured by experienced reception staff. In our survey, 69% of respondents said they were well treated in reception, and responses to related questions – such as access to healthcare, a shower and change of clothing – scored well above the IRC comparator[2]. New arrivals were given a free £3 telephone card, and 92% of survey respondents confirmed that they were allowed a free telephone call on arrival, well above the IRC comparator of 61%. Two detainees who arrived after midnight, having spent all day in an airport short-term holding room, particularly appreciated being taken to the canteen for a hot meal. Although they were due to return to the airport for a flight within 24 hours, the reception and induction processes were not shortened.

1.9 Essential toiletries were provided, as well as a set of basic clothes if detainees arrived with nothing to change into. Detainees could recover what they needed from their luggage and could keep cash, but were discouraged from keeping large sums and valuables. They could only keep their mobile telephone if this had no camera or internet facility, which affected many new arrivals (see also paragraph 10.9).

1.10 An introductory video for new arrivals was on permanent play in the holding room, which also had a stock of written information. The Tinsley House information booklet and compact were available in more than 20 languages. A custody officer showed each new arrival around the accommodation and facilities, usually individually, and gave them the opportunity to ask questions and dispel fears of approaching staff. Detainees valued this, although those who spoke no English benefited less.

1.11 As there was often little spare capacity, new arrivals were usually allocated to shared rooms wherever there was a free bed. There had been improvements in the BIA movement notifications that preceded new arrivals, and these usually included some information about special needs or risks. The IS91 (detention authority) documentation also included some information, although it was usually just a few words. Staff took account of what came to their attention, or any requests from the detainee, but there was no formal room-sharing risk assessment. A third of the single population were former prisoners. This had not caused significant problems to date, and the centre did not accept serious offenders. However, when the prison files accompanied or followed them, these were not routinely considered, but usually just stored.

[2] The comparator figure is calculated by aggregating all survey responses together and so is not an average across establishments.

1.12 Just over half of surveyed detainees said they had felt safe on their first night, similar to the IRC comparator.

Recommendations

1.13 Detainees should not be subjected to frequent, unexplained and disorienting transfers around the detention estate.

1.14 Escorts should use a professional interpreting service to respond to detainees' queries and concerns and to explain, in a language they understand, what is happening to them during transfer and removal. They should not provide false assurances to detainees being transferred or removed.

1.15 Families should not be split up when being transferred or removed unless guided by an up to date risk assessment, which takes into account all relevant information, especially the best interests of children.

1.16 Escort vehicles should be clean.

1.17 In addition to regular training in control and restraint, escorts should receive training and supervision in de-escalation. They should understand the demarcation of responsibility between centres and escorts when collecting detainees from detention centres.

1.18 Paramedics contracted by escorts should receive training and supervision to ensure they understand their role and duties as health professionals.

1.19 Immigration detainees should not be held for long periods in police stations where facilities are designed for short periods of detention.

1.20 There should be a formal room-sharing risk assessment of new arrivals, including consideration of prison security files that accompany former prisoners.

Good practice

1.21 *Each new arrival was shown around the accommodation and facilities by a custody officer, usually individually. This gave detainees the opportunity to ask questions and be made aware that officers were there to advise them.*

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 centre was clean and reasonably well maintained. Living conditions were appropriate for most detainees, but the conditions for single women were extremely poor. They were required to occupy cramped rooms and to share various communal facilities with single male detainees. All the accommodation was still poorly ventilated. Detainees had some problems obtaining their stored property, but had access to well-equipped laundries and essential sanitary items.

Accommodation and facilities

2.2 The accommodation for most detainees was adequate. There were mainly three- and four-bed rooms, with a few larger rooms. All rooms had single beds, lockable wardrobes, chairs and curtains. Living areas were reasonably equipped, well maintained and clean. Communal areas were also clean, though furnishing and carpeting in the association areas showed signs of heavy use.

2.3 There were two rooms for single women, one with seven beds and one with five beds. The smaller of these rooms had only one shower, toilet and sink. This had recently been occupied by five women and was grossly inadequate for their needs. Male detainees were not allowed in the small female section of the centre, and female detainees were not allowed in the male bedroom areas. The dining room, laundries, Muslim prayer room and other communal rooms were usually shared between males and females, although there had been some attempts to provide separate times for access.

2.4 The family unit was a self-contained area consisting of four large rooms, which could accommodate between five and seven family members. The family unit had its own TV, dining room and play areas. There was also a store of suitable equipment for babies and children. Like the rest of the centre, the facilities within the family unit were functional and adequate for short stays.

2.5 Ventilation was a long-standing problem. Detainees could not open windows in their rooms. Air conditioning had been installed in the kitchen and in some managers' offices, but not in any of the residential areas. We were told that the situation was so bad during the summer that detainees were permitted to sleep in the corridor because the rooms became so stuffy.

2.6 The centre was subject to regular inspection by a specialist fire safety inspector from the Crown Premises Inspection Group.

2.7 There were no alarm bells in the rooms, but detainees were not locked in at night and there were always staff on duty who could be called for assistance. Detainees had no access to hot water after 9.30pm once the canteen had closed, and could not use flasks or a hot water urn.

2.8 Notices of general interest were displayed throughout the centre. Many of these were translated into the principal foreign languages.

2.9 Detainees were consulted about their views at the race relations, catering and recreation committee, which took place quarterly. Discussions at these meetings covered some aspects of residential living, but matters raised were not dealt with in any depth. There was little evidence that issues were followed through from one meeting to the next.

2.10 Outside space was limited to a small, grassed square and adjacent concrete meeting area, which smokers tended to dominate. This space was untidy and constantly smelled of stale tobacco. Its proximity to the children's play area made it an inappropriate location for smoking, setting a bad example as well as potentially posing health risks. We were also concerned about poor role modelling by some staff who rolled or smoked cigarettes in front of children.

Clothing and possessions

2.11 Detainees could wear their own clothes, and could store their possessions in the reception area. We received some complaints from detainees about the delay in access to stored possessions. Although this was partly due to the size of the reception area, there was also a lack of consistency from officers in dealing with such requests. Some treated them as a priority, while others did not. In our survey, 20% of respondents said they had experienced problems with the loss of property on arrival, which was in line with the comparator (see also paragraph 10.14).

Hygiene

2.12 Paid cleaners cleaned the centre regularly and, although heavily used, the communal and living areas were kept clean. Freshly laundered bedding was provided for each new arrival. Bedding and towels were changed at least weekly, although more frequently in the family unit.

2.13 There was a well-equipped laundry with industrial-grade washers and heavy-duty dryers. Adequate ironing facilities were also provided. There were separate opening times for male and female detainees and for families. Use of the equipment and detergent was free.

2.14 Detainees were supplied with free toiletries and sanitary products on admission and could obtain fresh supplies on request.

Recommendations

2.15 Residential units should be properly ventilated, and detainee living areas should receive priority for the installation of air conditioning units.

2.16 The worn carpets and chairs in the association areas should be replaced.

2.17 Single women should have adequate accommodation, and access to their own dining and association facilities.

2.18 Detainees should have access to hot water at night.

2.19 Smokers should be restricted to a properly maintained discrete external area, which does not intrude on non-smokers and is not visible to children.

2.20 Discussions at the consultative committee should be more in depth, and issues raised should be followed up between meetings.

2.21 Detainees should be able to obtain property from the reception store expeditiously.

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.

2.22 Detainees said most staff treated them with respect, and that there was a member of staff they could turn to if they had a problem. Detainee history sheets were not used.

2.23 Staff addressed detainees politely and by their preferred names. In our survey, 70% of respondents said that most staff treated them with respect, which was in line with the comparator. Similarly, in our group interviews, most detainees reported that most staff were approachable and helpful.

2.24 However, staff made little effort to communicate with those who spoke little or no English. In particular, the large group of Chinese detainees felt that they had relatively distant relationships with staff. There was no care officer scheme, and detainee history sheets contained virtually no entries.

Recommendations

2.25 More use should be made of the professional interpreting services or, when appropriate, detainee or staff interpreters to communicate with detainees who do not speak English.

2.26 A care officer scheme should be implemented.

2.27 History sheets should be used to record and develop knowledge and understanding of detainees.

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 Lack of specialist legal advice was a concern, particularly in the case of long-term detainees. Legal visits hours were good, but few detainees had been visited by an adviser.

3.2 Lack of access to suitably qualified legal advice and representation was a concern for many detainees. In our survey, only 52% of respondents said they had a legal representative, and only 35% said they were assisted under the legal aid scheme, both well below the comparators of 63% and 52% respectively. Only 22% of detainees surveyed had been visited by their representative, against a comparator of 37%. Many detainees had been detained cumulatively for months, and some had complex histories that required detailed advice and help with bail to challenge prolonged detention.

3.3 We were particularly concerned that two young men, aged 18 and 19, who had recently harmed themselves and spoke little English were unable to find a legal representative. One had written to say he wanted to appeal and was simply advised by the national enforcement casework office, just before he was removed, that he should 'seek legal advice or lodge a formal appeal', without further explanation.

3.4 The centre facilitated twice-weekly visits by the Refugee Legal Centre (RLC), when an adviser was available to give brief advice, usually to a list of several people. The advisers were of varying accreditation levels, and RLC resources limited their ability to take cases on. These surgeries took place in the library, which was accessible but not private. This was especially problematic if the adviser needed an interpreter, and had to use the telephone on the librarian's desk. The legal visits rooms were available from 9am to 9pm seven days a week.

3.5 Information about possible sources of legal advice was available on notice boards and in the library, although the immigration law practitioners' list was incomplete and partly out of date. The librarian attempted to meet need and had put some reference materials on to a computer terminal on his desk. Although this meant that the information was accessible and could be updated, it was not possible to print out this material, and the facility was no substitute for direct internet access for detainees to conduct their own research. The computer could also only be used when the librarian was present, which was only on weekday mornings. The library was not always supervised at other times and, as some reference materials had been lost, the librarian locked away some of the remaining materials. These included the sole remaining textbook encompassing immigration law and procedures, an out of date version of the Joint Council for the Welfare of Immigrants *Handbook*.

3.6 A free fax service for enquiries and documents to solicitors or courts was available in the detainee information office. The inappropriate practice of charging 10p a sheet for bundles of more than 20 pages in any one day ceased during the inspection.

Recommendations

3.7 In consultation with the Legal Services Commission, the centre should seek ways of improving access to specialist legal advice and representation for detainees.

3.8 The centre library should improve and update legal reference materials, which should be generally accessible.

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 Uncertainty about immigration casework was the greatest source of anxiety revealed in our safety interviews. The on-site immigration liaison team was efficient, but Border and Immigration Agency (BIA) case owners elsewhere were less diligent. Prolonged detention was not adequately explained or reviewed. When detainees made bail applications for independent review of detention by a court, BIA disclosure was sometimes prejudicially late and inaccurate.

3.10 The average duration of detention at Tinsley House had increased to 40 days from the three weeks at our 2006 inspection. Eight detainees had been at Tinsley House for more than six months. Although information about cumulative periods of detention was not available, we met people who had been detained overall for up to 13 months, including some who were not removable for substantial periods, such as Zimbabweans.

3.11 One of the Zimbabwean detainees had written to request temporary release three months previously, but had still not had a reply from the case owner, despite pursuit by the on-site immigration staff. He had some enduring health problems, which meant he regularly attended the local hospital. The lack of response was increasing his anxiety.

3.12 A further shortcoming came to light when we visited the recently installed video court link for detainees. In theory, detainees could have 10 minutes to confer with any representative at the court before the hearing. The solicitor we spoke to said he sometimes struggled to get this and, if an interpreter was involved, it was not enough time.

3.13 One of the two detainees awaiting bail hearings had not received his bail summary, which should be issued no later than the preceding day to give the detainee time to check and respond to the content. Bail summaries are essential to the hearing since they explain why BIA is opposing release or querying sureties, and summarise the detainee's history according to the BIA file.

3.14 The second detainee had received a bail summary, faxed at 3.38pm the previous day, but it inaccurately stated that he had no appeal pending, whereas a separate document showed that he did. He had just heard that the Home Office representative had handed a different bail summary to his representative in the court. He had not seen it, was left with no time to produce any new evidence required, and he relied on his volunteer representative, whom he had not met, to spot any errors. He had no solicitor and had been detained for 13 months.

3.15 The failure to give detainees accurate and timely bail summaries could frustrate the hearing, wasting the time and money of detainees, sureties and representatives, as well as the court.

3.16 In our safety interviews (see Appendix III), uncertainty and insecurity about immigration cases was by far the biggest problem cited. In a number of cases, on-site BIA staff had to remind BIA case holders to issue monthly detention reviews. There had been some improvement in timeliness of these reviews, although they continued to be in English only, were generally repetitive – listing pro forma negative factors only.

3.17 Detainee relationships with on-site immigration staff were more positive. However, the team included some new, inexperienced recruits, and their role was limited to conveying information between BIA case owners elsewhere and detainees. Nonetheless, in our survey, 33% of respondents said it was easy to see immigration staff, well above the comparator of 23%. Centre files showed prompt reaction to detainee inquiries, and the BIA manager was well known around the centre. Detainees and immigration staff were often on first-name terms. All detainees were seen within a couple of days of arrival, although this precluded some who left quickly. Detainees' inquiries usually received a response within a day, and documents faxed by case owners to Tinsley House were usually served personally. Immigration staff used a professional interpreting service.

3.18 A log of rule 35 letters was kept by the healthcare department. Detention centre rule 35 requires notification to the BIA case owner if a detainee reports a history of torture, has suicidal intent, or if detention might be injurious to health. In the previous three months, 43 notifications and 10 BIA responses were logged, all maintaining detention. Copies were not filed with the log to check if they revealed further consideration by the case owner.

Recommendations

3.19 Reviews of detention should be issued in good time, in a language the detainee can understand, and should reflect balanced consideration of all factors relevant to continuing detention.

3.20 Boarder and Immigration Agency (BIA) case owners should consider and respond promptly and fully to detainee applications for temporary release.

3.21 Detainees should have sufficient time to confer with representatives before hearings that use the video link facility.

3.22 Bail summaries prepared by BIA case owners should be issued no later than the day before the hearing, with a copy faxed to the detainee as well as to the representative, if any.

3.23 The central log of rule 35 notifications and BIA case owner responses (relevant to fitness to detain), to be maintained either by the healthcare department or the on-site BIA office, should include a copy of the notifications and responses.

Section 4: Duty of care

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

Bullying and suicide and self-harm

4.1 Detainees in Tinsley House felt safer than those in other centres. There was no evidence that bullying was a significant concern, but procedures to identify and manage it were underdeveloped. The incidence of self-harm was low, and some staff engaged well with detainees at risk. Most vulnerable detainees were anxious about immigration issues. Self-harm monitoring documentation was of a generally poor standard. Reviews were not always carried out on time and were rarely multidisciplinary. Peer translators were sometimes used when professional interpretation was appropriate. Detainees at risk were sometimes placed in the separation unit, occasionally in paper suits. The suicide prevention committee did not meet regularly, and there was no analysis of incidents of self-harm to inform the suicide prevention strategy.

Bullying

4.2 In our survey, 36% of detainees said that they felt unsafe in the centre, which was significantly lower than the comparator of 47%. Detainees in our focus groups and safety interviews said they had no concerns about bullying, but survey responses indicated that there was some victimisation, mainly insulting remarks. There were no regular surveys to monitor the incidence of bullying.

4.3 The anti-bullying policy set out clearly how bullying in the centre should be tackled, but there was little staff awareness of it. Only two incidents of bullying had been reported in 2006, and none had been reported in 2007 or in the first two months of 2008.

4.4 The anti-bullying committee included all relevant departments, but no detainee representatives. Anti-bullying committee meetings were irregular; several had been cancelled in the previous six months following notification from the anti-bullying coordinator that no incidents of bullying had been reported. However, this removed the main opportunity for relevant departments to share information about any aspects of bullying, including the possibility that it took place without being reported.

4.5 The anti-bullying committee had not considered the potential for intimidation or harassment of the small number of women in the centre. There was no refresher training for staff in bullying awareness and anti-bullying procedures, and there were no staff champions to ensure that anti-bullying was an important consideration.

Suicide and self-harm

4.6 There was a comprehensive policy setting out how detainees at risk of self-harm should be managed through the assessment, care in detention and teamwork (ACDT) self-harm

monitoring process. However, several important elements of the policy were not properly implemented.

4.7 In the sample of ACDT files we examined, there was little evidence of multidisciplinary input into reviews or care plans. The majority of reviews were attended by the detainee, a detainee custody officer, and a case manager. The senior custody officer on the relevant residential unit on duty at the time acted as the case manager, so there was an absence of continuity of case management in almost all cases. Significantly, the assessor was not present in all first reviews, and there was a lack of healthcare input in general. Boarder and Immigration Agency (BIA) staff did not attend reviews, even though anxiety about immigration concerns and the need for a meeting with BIA were frequently mentioned in care maps. Reviews were not always carried out on time.

4.8 Most care plans that we examined were inadequate in that action points were not time-bound or assigned to ensure accountability, and two ACDT files did not have care plans. There were some excellent examples of engagement between staff and detainees, recorded in detail, and it was common for staff to note the need for extra vigilance when appeals failed or removal directions were issued. However, most entries suggested that staff were merely observing detainees rather than engaging with them. One detainee had complained of the regularity and predictability of observations, stating that he would know exactly when to inflict harm on himself if he wanted to.

4.9 Most detainees subject to ACDT monitoring were managed on normal location, but there were several examples where detainees had been moved to removal-from-association rooms. There was no log to record the number of times that these rooms were used for detainees at risk of self-harm, but we found seven detainees on ACDTs in a sample of 39 detainees held on rule 40. We were also told by staff that occasionally detainees deemed to be at high risk of self-harm had their clothing removed and were given paper suits. This was inappropriate, especially as there was no evidence of risk assessment to justify this extreme measure. In one such case, the detainee said that this experience had reminded him of his time spent in a prison in Turkey, which had added considerably to his distress.

4.10 There was no care suite and no formal peer support scheme. We were told that it was difficult to organise a formal scheme because of the short stay of most detainees. Other detainees and the Gatwick Detainees Welfare Group provided support informally. Detainees were used as interpreters for ACDT reviews, which was inappropriate given the sensitive information sought from such meetings and the importance of accurate interpretation.

4.11 Most staff had been trained in ACDT and there was a timetable of refresher training. However, there were no records to show that healthcare staff had been trained.

4.12 The membership of the suicide prevention committee included all relevant departments. Detainees were included in the designated membership, but minutes for the previous six months indicated that half of the meetings had been cancelled and detainees had not attended the meetings that had taken place. There had been no ACDT coordinator since the scheme had been introduced.

4.13 Forty-eight detainees had been subject to ACDT monitoring procedures in 2007 and seven in the first two months of 2008. The centre did not carry out any analysis of the nature of the ACDT cases to identify patterns or trends. Our own sampling exercise indicated that incidents of self-harm were low, and the majority of detainees had been subject to monitoring because of staff concerns. There were examples of some detainees placed on ACDT monitoring because they refused to eat.

4.14 There was a Samaritans telephone in one of the residential corridors. Detainees could access the telephone at night by asking a member of staff to allow them through the locked gates. The telephone had been fitted with a hood to allow some privacy, but its location still meant that a detainee could not call the Samaritans in confidence.

Recommendations

4.15 Regular surveys should take place to monitor detainees' perceptions of bullying and, in particular, establish the concerns of single women.

4.16 The anti-bullying committee should include detainee representatives and take place regularly to enable sharing and discussion of information about all aspects of bullying.

4.17 Staff should receive training to ensure that they can recognise and respond to potential bullying.

4.18 There should be effective multi-agency input into reviews and care plans for managing detainees at risk of self-harm, including BIA staff when appropriate.

4.19 There should be continuity of case management, and reviews should be scheduled to facilitate this.

4.20 Care plans should be prepared with input from the detainee, using interpreters if required. Actions identified in care plans should be assigned to an individual to ensure accountability.

4.21 Records of observations should describe interaction between staff and the detainee, and observations should not be predictable.

4.22 There should be a care suite to enable peer support to detainees in crisis.

4.23 Peer interpreters should only be used in assessment, care in detention and teamwork (ACDT) reviews to support detainees, not to replace professional interpreters.

4.24 Healthcare staff should be trained in ACDT procedures.

4.25 Detainees should be encouraged to attend suicide prevention committee meetings.

4.26 There should be an ACDT coordinator to ensure the safe and efficient management of the ACDT process and that meetings of the suicide prevention committee take place regularly.

4.27 The ACDT coordinator should develop an effective database of incidents of self-harm so that patterns or trends are identified and preventative measures taken.

4.28 Separation and strip conditions should not be used to manage the risk of self-harm.

4.29 All ACDT files should be regularly quality assured by managers, with specific attention to the quality of care plans and observation records, and also the timeliness and appropriate multidisciplinary input at reviews.

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.

4.30 A large number of children and their families passed through Tinsley House, and many stayed longer than the 72 hours that was intended to be the maximum. Working arrangements between the centre and local children's services were developing well with the introduction of a specialist child asylum team. However, despite the efforts of centre staff, the family unit was not adequate to provide for the complex needs of children and families.

Childcare

4.31 A large number of children were detained with their parents at Tinsley House. The centre did not analyse data held on the throughput of children, but we were able to ascertain from the records that 411 children had been detained between April 2007 and February 2008. This suggested that the detention of children was not exceptional.

4.32 The family unit had four family rooms and one room for couples without children. There were two communal rooms – one for young children and one for older children (see also paragraph 7.14). Staff did their best to support families and generally treated them well, but the environment was inappropriate for children and families.

4.33 Care staff completed a family group risk assessment pro forma when a family arrived on the unit. This very basic assessment required the assessor to state any evidence of risk or vulnerability, and rate the risk as high, medium or low. However, detainees rarely arrived with sufficient information to properly inform a risk assessment, which was solely reliant on information that staff were able to glean from the detainees themselves. Such risk assessments seemed to serve no useful purpose.

4.34 There were three qualified childcare workers in the family unit, supported by detainee custody officers (DCOs). The childcare workers had been trained in child protection, and child protection awareness training was included in initial DCO training and enhanced by specialist input from the asylum team. However, some staff had worked in the centre before it held children and had not had this training, and there were no records to confirm that healthcare staff had been trained. The childcare workers worked day shifts and night cover was provided by one DCO. Families sometimes arrived when there was no specialist childcare cover. We spoke to three DCOs who had not been trained in child protection who had previously worked on the family unit on their own at night. All staff had had enhanced level Criminal Records Bureau (CRB) checks, and these were regularly updated.

4.35 We observed the arrival of one family who had been picked up from their home in Leeds at 7.45am. They arrived at the centre at 1pm, but had to wait in the van outside the reception area for about an hour as eight detainees were about to be removed, one under restraint. Both parents were in a distressed state when they arrived, and force had been used to remove them from their home in the presence of their three children – two sons aged seven and two, and a daughter aged nine.

4.36 We spoke to the children, who had been given colouring books by reception staff to occupy them while their mother tried to organise their property and their father made telephone calls. The two older children described tearfully how their parents had been restrained and how their mother had been brought to the centre in her pyjamas and without shoes, and had cut her feet. They said that the escort staff had been kind to them, but the girl had been sick in the van several times with the journey continuing regardless. The children spoke of their fear of returning to Yemen, saying that they would all be killed. They had many questions, including whether they would be staying at the centre that night and when they would be returning to school. There was no childcare specialist staff on hand in reception to deal with them.

Child protection

4.37 Records of the length of stay of children and families did not include any previous periods of detention, for example at Yarl's Wood, and it was not possible to discover the accumulated period of detention in individual cases. We were told that few children stayed at Tinsley House for more than 72 hours, but our analysis of the data held by the centre showed that, while this was true in most cases, 99 children had been held beyond 72 hours in the previous 11 months, with three held beyond 28 days. Those three children, aged 12, six and three, had also been held previously at Yarl's Wood for over 28 days.

4.38 BIA had introduced weekly multidisciplinary telephone conferences to discuss any concerns about the welfare of children in detention. The discussions also informed the submissions to ministers for approval for continued detention at the 28-day point. In the main, children were only detained for lengthy periods at Yarl's Wood and, until the recent transfer from Yarl's Wood of the three children previously held there, Tinsley House had not had any direct involvement in telephone conference discussions. The weekly meetings were not minuted. A 28-day review was due to take place during the week of the inspection, but the family was temporarily readmitted to the community on the day that the telephone conference was scheduled. Surprisingly, the social worker from the Gatwick asylum team who had carried out assessments on the children was not due to take part in the telephone conference, nor had she attended any of the weekly welfare discussions.

4.39 The working relationship between the centre and West Sussex County Council had improved considerably recently, with a shift in responsibilities for children held at Tinsley House from a generic child protection team based in Crawley to a specialist child asylum team covering Gatwick Airport. The manager of the specialist team attended the centre's quarterly safeguarding children welfare group, which was well attended by relevant departmental representatives. The child protection policy statement had been reviewed and there was regular discussion about individual cases.

4.40 A sub-group of the Local Safeguarding Children Board (LSCB) was about to be introduced, which would be more focused on the needs of asylum-seeking children. The centre was included in the designated membership of the LSCB, but the planned sub-group was due to feed into the overall business of the LSCB.

4.41 The centre had recently introduced a system to make a referral to BIA of any child who had remained there for five days. BIA in turn contacted the Gatwick child asylum team at the seven-day point to enable a welfare assessment to take place. However, there had been no agreement with the Gatwick team covering the process or timescales within which assessments would be undertaken. At the time of our inspection, the only seven-day assessments that had been carried out were on the three children who had been held for 28 days.

4.42 The recently revised safeguarding children policy statement included the welfare assessment referral system and also outlined procedures for making a child protection referral. Although the policy statement had been discussed at the most recent safeguarding children welfare group meeting, there was no formal agreement between the centre and the LSCB or West Sussex County Council, other than for the provision of age assessments.

4.43 Only one child protection referral was made in 2007 and three referrals had been made in the first two months of 2008. The child protection log was up to date and the three referrals were sufficiently detailed and appropriate. Only one referral had been investigated because the children had been removed before an investigation could be undertaken in the other cases.

4.44 The referral that had been investigated related to one of the children held for over two months having previously been held at Yarl's Wood. The 12-year-old girl had been tying ligatures around her neck and was being managed through the ACDT process. She said that she found the reviews difficult and did not like attending them. A social worker from the asylum team visited weekly to see her and her mother. Despite a good level of support, there was no written care plan and care workers in the family unit had not seen the social work assessments or been part of the weekly telephone conference welfare discussions. The social worker had not contributed to the initial ACDT assessment or taken part in the reviews, and there were no obvious links between the social work and ACDT support processes.

Recommendations

4.45 All staff should be trained in child protection by specialist staff.

4.46 There should be 24-hour cover by trained childcare workers.

4.47 Social workers who have been involved in assessments or child protection referrals of individual children should attend the relevant weekly welfare telephone conferences and other meetings in the centre concerning any aspect of care planning.

4.48 Children held beyond seven days should have a care plan based on a comprehensive independent welfare assessment, which should be subject to weekly review and inform decisions about continued detention.

4.49 Records on individual children should state the cumulative period of detention.

4.50 There should be minutes of the weekly welfare conferences to record relevant information and action points to inform individual care plans.

4.51 There should be a protocol or service level agreement with the Local Safeguarding Children Board setting out the arrangements for joint working on child protection and welfare assessments.

4.52 The ACDT process should not replace a rigorous care plan drawn up and managed by qualified social workers.

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.

4.53 There was little evidence of tension between different nationalities or ethnic groups, and little concern was expressed about racist discrimination. However, administrative systems were weak, and there was a lack of strategic oversight on broader diversity issues. There were no policies or procedures to deal with any aspects of diversity other than race equality. There were specific weaknesses in the treatment of single women and non-English speaking detainees.

4.54 Detainees from different cultural backgrounds lived harmoniously alongside each other, and reported little concern about racism by centre staff or other detainees. However, race equality was the only diversity issue given specific attention. There were no policies or procedures to cover disability, sexuality or any other aspect of equality. There had been no diversity impact assessments, and staff did not receive any training on wider diversity issues. There was no committee to routinely discuss diversity issues other than race. This key weakness was exemplified most clearly in the way that the position of single women in the centre appeared to have been completely ignored. As well as having unsuitable living accommodation (see paragraph 2.3), single women rarely participated in any organised activities, which seemed designed only for men.

4.55 The chaplain was the designated race relations officer and estimated that he spent approximately one day a week on this task, which he acknowledged was insufficient. An internal race relations survey showed that most detainees did not know who the race relations officer was.

4.56 The race relations committee met quarterly and was chaired by the deputy centre manager. This meeting was combined with the detainee consultative committee meeting and provided little strategic oversight of race issues. The data produced for the meeting was crude and descriptive. It simply gave an account by nationality of detainees who had been subject to discipline procedures, cases of food refusal and those on ACDT procedures. There was no evidence that this material was used to examine patterns or trends.

4.57 The number of racist incident complaints was low. Eight had been recorded over the previous 13 months, and most involved verbal insults. The initial enquiries relating to these incidents were handled competently, but in some cases, and in the only serious allegation that we saw, the results of the investigation and any actions taken were not recorded.

4.58 We received reports throughout our inspection about the language difficulties experienced by Chinese detainees. With the help of a Chinese interpreter, we discussed a number of issues with them. They felt that their needs were often unmet, as they could not communicate their views to staff. This problem had not been raised at any of the committee meetings. The recorded use of the telephone interpreting service, at an average of 10 occasions a month, was low.

4.59 Photographs of members of the race relations team were displayed throughout the centre, as were notices outlining the work of the committee in different languages. However, there was little positive promotion of race or diversity.

4.60 A calendar of cultural and religious events was published each month. Representatives from various groups in the local community regularly came into the centre to help celebrate these events.

4.61 All staff had received race relations training as part of their initial induction. Just under 70% of staff had also received refresher training.

Recommendations

4.62 A comprehensive diversity strategy should be produced, accompanied by an action plan and overseen by a diversity committee.

4.63 All complaints relating to race and diversity should be fully investigated and results should be clearly recorded.

4.64 All staff should receive diversity training.

4.65 The race relations officer should have enough time to fulfil his duties and his role should be promoted in the centre.

4.66 Race relations meetings should provide strategic oversight and direction on race issues. They should consider racist incidents, nationality and ethnic monitoring in detail, and provide a means of monitoring and promoting race equality.

4.67 Staff should be encouraged to use the telephone interpreting service, particularly to communicate with vulnerable detainees.

4.68 There should be regular meetings with detainees who speak little English, using professional interpreters, to ensure good communication and identify unmet needs.

4.69 Ethnic and nationality monitoring of detainees should be developed to examine and identify any problems.

4.70 There should be positive promotion of diversity throughout the centre.

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.

4.71 The chaplaincy team was flexible and responsive. The spiritual and pastoral needs of most detainees were well catered for, but there were poor facilities for those from minority faiths.

4.72 Most detainees had sufficient opportunities to attend corporate worship. There were good facilities for Muslim and Christian worship, with daily services or prayer sessions. Christian

chaplains were available each day, and the Muslim chaplain visited three times a week. The chapel and the mosque were well equipped and comfortable. Freedom of movement allowed flexible access to these areas, which detainees appeared to keep clean and tidy. The timing of religious services was clearly displayed on the main corridors, and there were public address announcements when services were due to commence.

4.73 Detainees from other or no faith backgrounds were expected to use the quiet prayer room for their spiritual needs. However, this room was little used. Although bright and spacious, it was unsuitably located between two recreation areas, which frequently made it noisy and not suitable as a private space.

4.74 The lead chaplain circulated a weekly list to the team with the religious breakdown of the population. This allowed the part-time chaplains from the Buddhist, Sikh and Hindu faiths to determine how often they should visit. We were told that the most difficult group to cater for were the Chinese detainees as a result of language problems. The services of Chinese chaplains had been obtained in the past.

4.75 Members of the chaplaincy team regularly visited the residential units. The chaplains had a high profile and informal approach, and mixed freely with detainees. As the centre was small, it was easy for chaplains to spend time in all the residential areas and see the maximum number of people. Records indicated that the chaplaincy team had made contact with over 6,700 detainees in the previous year. Detainees could also formally refer themselves to see a chaplain, although this occurred only once or twice a month.

4.76 Detainees living in the family unit could attend services, and a female chaplain visited single women living separately. Detainees removed from association were normally also visited by a member of the chaplaincy team. Chaplains were on call in the event of an out of hours emergency, for example, if information was received about the death of a detainee's relative.

4.77 The lead chaplain convened quarterly meetings of the chaplaincy team. The records of these meetings indicated that, while there were theological differences, there was a respectful tolerance of faiths. The meetings monitored stocks of religious artefacts to ensure these were sufficient for detainee requirements.

4.78 A list of religious festivals was published each month. All the major events were celebrated, and the catering department and some outside faith groups were actively involved in this.

4.79 Staff received input on religious awareness from the lead chaplain during their induction training. This covered advice and instructions about how to conduct searches in a religiously sensitive way.

4.80 In our survey, 69% of respondents said their religious beliefs were respected, broadly in line with the comparator.

Recommendations

4.81 The multi-faith facilities for detainees should be improved.

4.82 There should be greater use of professional interpretation services to cater for the religious needs of detainees who speak little or no English.

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 Detainees were generally positive about the health services, and staff were helpful and committed. However, there had been no progress on substantive areas of care since inspectorate recommendations as far back as 2002. The premises were too small to provide the services needed, and the policy of allowing almost no in-possession medication exacerbated the problem of space. Staff did not have an appropriate level of continuing professional development. The lack of child health expertise was a particular gap. There was poor use of interpreting services. Two detainees who could not speak English had been given injections of a major tranquiliser without consent, and these cases had not been followed by a serious untoward incident investigation. The services of the psychologist were greatly valued by detainees, but were inadequate for their need, and mental health provision was generally limited.

General

5.2 Primary medical and nursing care services were provided by a local general practice under a direct contract with the establishment. Secondary acute and mental health services were provided under the main contract by West Sussex Primary Care Trust (PCT) with local NHS services. There were no formal arrangements between the PCT, Tinsley House and the general practice to review whether service provision was appropriate and met relevant standards. The lead GP had carried out a health needs assessment dated August 2007, but there had been no external independent input, its recommendations had not been agreed, and there was no healthcare development plan for the service.

5.3 As well as limited external connections, the healthcare team was not always integrated into mainstream activities of the centre. For instance, healthcare staff were not part of the safeguarding children committee, nor did they attend assessment, care in detention and teamwork (ACDT) reviews, even when they had contributed to a detainee's treatment and care. However, the lead GP was an active participant in the national Immigration Removal Centre Health Steering Group. Various healthcare policies developed across the IRC estate were available on the computer system and in a folder in the clinic, including one on food refusal and re-feeding.

5.4 Health services were provided from a one-room clinic with an adjoining waiting room. Both rooms were well lit and decorated, and the waiting room had easy chairs. The clinic was appropriately equipped, but was too small as it was shared by all health staff and also served as the office. We were disappointed by the lack of progress on this point, as it had been the subject of inspection recommendations since 2002. The clinic had its own toilet and was separated from the waiting room by a door with a stable hatch used for administration of medicines. Medical equipment was checked daily or weekly, and signed records were kept. External contractors collected clinical waste and sharps. The clinic was cleaned as part of the centre's main cleaning contract. There had been no infection control audit.

5.5 New arrivals were given a leaflet during their reception interview that explained the health services available. The leaflet was available in several languages. The English version was straightforward and included information on the availability of a female nurse or doctor and how to make a complaint. The only other notice about choice of a woman GP was in the clinic, out of sight of waiting patients. There was no information about a detainee's entitlement to a second medical opinion. Condoms and lubricants were freely available on a table. In the waiting room.

5.6 There were some health promotion posters and information leaflets in a range of languages in the waiting room. Staff obtained health information in various languages on the internet for patients with specific conditions, and tried to find where someone with HIV might find treatment and care in the country they were being removed to. Children were given malaria prophylaxis before travelling, where indicated. However, staff did not systematically offer health promotion and protection screening or advice relevant for people returning to countries with particular health risks and limited health facilities. No information on health services or health promotion and protection was displayed elsewhere in the establishment, and books on health topics in the library were of poor quality.

Clinical governance

5.7 Health services were led by the senior GP from the contracted practice. Four GPs from the practice conducted most of the weekday sessions, and two GPs from other practices covered at weekends. One woman GP provided regular sessions, and another woman GP from the practice attended on request. The same GPs provided out of hours cover. There was 24-hour cover from four full-time nurses, including a team leader, one nurse on permanent night duty and one with mental health qualifications. The team leader had recruited six nurses as bank staff to cover annual leave. This group had security clearance, were available at short notice, and included nurses with mental health qualifications. Permanent nursing staff had experience in the care of older people, but none had expertise or qualifications in child health. Team meetings to manage the organisation of the service did not always take place quarterly, as scheduled, and no minutes were kept.

5.8 Medical and nursing staff had received life support training in January 2008. The lead GP organised a day's teaching on topical issues for all staff up to four times a year. Although the GPs had time for professional development within their contract, overall access to training and supervision was inadequate for staff practising in a specialised and relatively isolated situation. For instance, health staff had not had the ACDT or child protection training provided for officers at the centre, and did not access training from the PCT. They had not received formal in-depth training on recognition and treatment of people who had experienced torture or violence. There was no annual training plan for the team. Clinical supervision was ad hoc and not available externally.

5.9 Clinical records, including prescriptions and records of administration of medicines, were electronic. Nurses and doctors used the same notes, and access was by individual password. Previous notes, consents and correspondence, including reports from other consultations such as mental health, were scanned into the electronic notes. Medical notes from previous establishments were stored securely until a detainee had left, when they were sent back to the establishment concerned. People leaving Tinsley House were given a full copy of their notes to take with them. Notes of former detainees could easily be recovered from the system if they returned. No independent record of ethnicity, languages spoken, country of origin or religion was kept in clinical records. Health staff had access to this information on the main

computerised records, but they did not use this or any other information to assess equal access to health services.

5.10 The healthcare department used the main complaints system, and the nurse team leader or lead GP dealt with health service complaints. The last written complaint had been eight months previously and had been fully investigated. Most queries and concerns were dealt with directly by staff who were available and responsive to detainees' needs, but the formal complaints system was inadequately publicised.

5.11 Although there was a serious untoward incident procedure, this had not been used following two very serious incidents in the previous four months. In these cases, the detainees had been sedated without their consent with an injectable major tranquiliser, used in relation to self-harm incidents, after control and restraint procedures. A clinical note had been made on both occasions of the agitation of the subjects, but neither had diagnosed mental health problems likely to respond to such medication, there was no suggestion that alternative options had been considered or that the person lacked capacity to give consent, or that such action was necessary to enable life-saving treatment to be given. Both people had very limited English, but health staff and officers had not used professional interpreters to communicate with them during these incidents. Not only was there no subsequent significant event analysis, but also the doctor was not debriefed and there was no review with the officers involved to improve policy. This was unacceptable.

Primary care

5.12 Interactions between health staff and detainees were largely sympathetic and respectful. A nurse saw new arrivals and screened them for immediate health problems and previous history of torture or abuse. An in-house screening questionnaire was used for the interview. A written version was available in 21 languages, developed and refined in discussion with detainees to improve accuracy. Although this was positive, this did not adequately substitute for an interview to assess suicidal feelings, previous experience of torture, whether the detainee's health might be adversely affected by their detention, or more general health needs. Telephone interpreting services were not used systematically; fellow detainees were used to interpret, although without seeking any formal consent. Adults were seen in the clinic, and children and families were seen in the family unit. This helped to ensure the safety of children and minimise anxiety, but, as nurses used an officer as a chaperone in the family suite, the interview was not confidential. All detainees were offered a doctor's appointment within 24 hours of their arrival, including at weekends, and all children were seen and assessed. Signed consent was obtained to get previous medical records, and there were attempts to talk directly to a detainee's GP.

5.13 Detainees wishing to see a nurse could attend at any time. During the previous 18 months, protocols and patient group directives for nurses had been developed, but their use had not been audited.

5.14 GP sessions were four hours a day during the week and three hours at weekends. This included consultations and report writing, making referrals etc. Detainees wishing to see a GP were given an appointment, usually for the following day. Appointments were of adequate length, but as patients could only be seen by either the doctor or the nurse, this created queues in the waiting room.

5.15 Detainees with known substance misuse problems were not sent to Tinsley House, although recently two patients who could not be moved because of lack of places elsewhere in the IRC

estate had disclosed substance dependency. Staff had access to many detoxification protocols and successfully supervised withdrawal at the time, but did not have the facilities or expertise to manage a detoxification programme requiring administration of controlled drugs. The lead GP was investigating options for linking to local community detoxification services.

5.16 There was a Saturday morning chronic disease management clinic for patients with conditions such as asthma or diabetes. Staff were in the process of implementing a newly agreed policy stating that detainees with insulin-dependent diabetes could carry a card to alert others should they become unwell and need prompt access to food and drink. Pregnant women were cared for by the GP and were referred to local antenatal services, including for confirmation of their dates to assess their suitability to travel. There was access to local children's social services, including out of hours, and a named health visitor could be contacted, although they did not visit the centre.

5.17 Detainees had access to up to three sessions per week at the local community dental service for acute dental conditions. Waiting times were about one week. The centre clinic had a stock of reading glasses at different prescriptions to give to detainees, and had an account with a local optician for people needing an eye test.

5.18 Monthly records were kept of anyone refusing food. In 2007, 15 detainees were reported as refusing food for between three and 13 days. A range of outcomes was recorded, including removal and transfer to alternative accommodation.

5.19 Where a detainee gave consent, health staff formally notified Boarder and Immigration Agency (BIA) of allegations of torture. In the year to February 2008, 117 allegations had been reported. In the previous three months BIA had begun to acknowledge receipt of these reports, but had not given other information on the outcomes of notification. Health staff did not use any systematic procedures or criteria or work in a multidisciplinary way with mental health or other staff to review under rule 35 the effect of continuing detention on the mental or physical health of individuals. A doctor from Medical Justice attended to see patients to prepare reports for legal proceedings, but in common with the psychologist and psychiatrist he had to conduct interviews in the legal suite because of the lack of space in the clinic.

5.20 If a detainee complained of mistreatment at the centre, health staff administered first aid as needed, made a clinical note and completed a form for the control room staff, who decided whether to involve the police and a forensic medical examiner.

Pharmacy

5.21 Medicines were stored in two locked metal cupboards and an unlocked refrigerator, which was a temporary replacement for one that had broken. Nurses had keys to the medicines cupboards. There were appropriate checks of stock and use of medicines, and ordering was tracked using computerised records, but there was no analysis of prescribing trends and no operating procedures for the safe storage and administration of medicines. The lead GP had recently held discussions with a local pharmacist about helping the clinic to develop procedures, but there was no expert pharmaceutical input to the service. Detainees did not have access to the advice of a pharmacist, and staff did not receive medicines management advice.

5.22 Detainees received prescriptions without delay, and failure to attend for medication was followed up. In contravention of standard accepted practice, all medicines were issued from stock, irrespective of whether or not they were prescribed.

5.23 No medicines were held in possession, apart from the oral contraceptive pill and asthma inhalers. There was no policy to support this practice, which was unnecessary for most detainees who had to attend at one or more of the four treatment times for their medicines. The system was not confidential, wasted staff time, and led to additional pressure on the small clinic. Much of this poor practice in medicines management had been identified in an inspection in 2002.

5.24 Apart from treatment for TB and HIV, no medicines were issued to cover a detainee's onward journey to ensure continuity of treatment. This was potentially highly detrimental to their health.

Secondary care

5.25 Patients needing care from external health services were referred locally. Escorts were provided by the centre, and restraints were not used. There were no more than 16 external appointments a month during 2007, including for the optician and the dentist. A medical hold was recorded for two patients in 2007. Gatwick Airport emergency and paramedical services were used when needed, and patients were taken to the local accident and emergency department. There had been up to four emergency calls a month during 2007. Because of the prompt access to emergency services, the centre did not stock equipment for emergency childbirth.

Mental health

5.26 The one permanent mental health trained nurse and the bank nurses with mental health qualifications were deployed to general duties, which limited their ability to offer primary care mental health support to detainees. The centre had no multidisciplinary mental health in-reach services, and mental health need had not been part of the recent needs assessment.

5.27 A psychiatrist and a psychologist from the local mental health trust provided services separately. The psychologist, who had considerable experience, saw detainees referred by the health team on one half-day per week. In contrast to the poor use of interpretation in primary care, she used interpreters who attended in person. During 2007, only 36 patients were referred, but officers alerted her to other detainees experiencing difficulties who had not presented to healthcare. She provided crisis intervention and support on coping strategies for people with conditions such as post-traumatic stress disorder. This input was valued by the detainees. Although her work had the potential to provide useful additional insight into a detainee's health and suitability for detention, the lack of a team approach made this difficult. For instance, the psychologist was seeing a detainee, at the centre for some months, who had disclosed sexual abuse and torture for the first time and had a long history of related post-traumatic stress. She assessed his condition as worsened by detention and had reported this to healthcare, but had not been involved in any discussions about his future management. The psychologist provided a report of consultations to healthcare and gave a copy to the client. She had also offered support to staff because of the stress of working at the centre, but this option was rarely taken up.

5.28 The psychiatrist saw patients on request from the healthcare team. During 2007, 14 patients were referred and one was sectioned under the Mental Health Act and admitted to local mental health services. Three others were transferred to other IRCs with inpatient facilities. In at least one of these cases, the psychiatrist and health staff had attempted to admit the severely ill patient to an available local psychiatric intensive care bed, but the BIA had refused temporary release. This was in line with BIA draft guidance issued in July 2007 that Section 48 of the Mental Health Act was to be used for detainees (ie admission to a medium secure bed). After

many hours of waiting for a ruling, the patient was transferred to Colnbrook IRC for observation since no medium secure accommodation was available. This was a clear example of security taking precedence over health.

Recommendations

5.29 The roles and responsibilities of health staff in incidents of control and restraint should be clarified and subject to review on each occasion.

5.30 The criteria for declaring an untoward incident should be broader and more accurately reflect the setting of a removal centre. The procedure should include prompt debriefing and multidisciplinary investigation.

5.31 The BIA should revise its advice on use of the Mental Health Act to ensure the mental health needs of detainees are met.

5.32 Health services should establish formal links with the provider and commissioning sections of the primary care trust to promote quality assurance of services and ensure the health needs of detainees are met.

5.33 Health needs assessment work should include independent external input and review.

5.34 The health needs assessment should cover adult and child detainees' mental health needs.

5.35 A healthcare action plan based on up to date health needs assessment should be agreed and updated annually.

5.36 Healthcare representatives should contribute actively to the wider work of the establishment that directly affects the health and wellbeing of detainees, including child protection and ACDT reviews of detainees who have had health services treatment and care.

5.37 Accommodation for the healthcare team should be expanded so that patient confidentiality can be preserved during consultations and administration of medicines, and to enable doctor- and nurse-led clinics to take place simultaneously.

5.38 Infection control audits should be conducted annually, and recommended actions followed up.

5.39 Health services and health promotion material should be more widely displayed around the centre, especially in the clinical waiting room and the library, be available in a range of languages, and include access to women health staff, second medical opinions and the health complaints system.

5.40 Children and young people should have access to primary care nursing and medical staff with appropriate expertise and qualifications in child health.

5.41 A minuted meeting of the health team should take place regularly to promote communication, develop consistent policy and practice, and to improve quality of care for detainees.

5.42 All health staff should receive in-depth training on recognition and treatment of patients who have experienced torture and violence.

5.43 An annual staff learning and development plan should be agreed that is based on the health needs of detainees, the aims and objectives of the service, and the personal professional development needs of staff.

5.44 Health staff should be offered external supervision.

5.45 The healthcare department should introduce monitoring systems to ensure that detainees have equal access to services irrespective of age, gender, language, national origin etc.

5.46 Professional interpreting should be used consistently for patients who do not speak or understand enough English for a health consultation.

5.47 All patients, including families with children, should be able to see a doctor or nurse in privacy.

5.48 There should be a consistent, multidisciplinary approach to assess and report on the extent to which a person's physical or mental health is or could be adversely affected by detention.

5.49 Prescribing trends should be regularly reviewed to ensure appropriate evidence-based prescribing.

5.50 Operating procedures and protocols for the safe storage and management of medicines should be developed and adhered to by all health staff.

5.51 Patients should have access to the advice of a pharmacist.

5.52 Prescribed medicines should not be issued from stock.

5.53 Detainees needing prescribed or non-prescribed medicines should normally hold them in possession, unless a multidisciplinary risk assessment based on agreed criteria suggests otherwise.

5.54 Detainees on medication for any condition should be provided with a reasonable supply for their onward journey.

5.55 Detainees, including children, should have access to multidisciplinary primary and secondary specialist mental health treatment and care in line with their needs.

Housekeeping points

5.56 The use and effectiveness of various protocols, such as for nurse triage, the management of long-term conditions and reception screening, should be audited.

5.57 The medicines refrigerator should be replaced by one with a functioning lock.

Good practice

5.58 *The free provision of condoms in the clinic waiting room enabled detainees to maintain privacy and take precautions for safer sex.*

5.59 *The stock of reading glasses at different prescriptions benefited detainees who could be removed before they had time for an eye test.*

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 There was little evidence of substance use and no services. Detainees with substance use problems were sent elsewhere. There was no tobacco reduction strategy.

6.2 There were no substance misuse services and no psychosocial support for dependency at Tinsley House. Detainees with known substance misuse problems were sent elsewhere. The recent health needs assessment did not look at the substance or alcohol misuse experience of detainees. Consequently, it was not possible to assess if procedures to screen out detainees with substance dependency were successful.

6.3 There was no health information on substance misuse, alcohol or tobacco dependency on display at the centre or advice on how to get help. There were no drug or alcohol strategies and no drug testing regimes. Management of suspected illicit drug use was part of general security arrangements. Room searches were carried out, with drug dogs from Gatwick Airport, where detainees were suspected of having or using drugs, but this was unusual.

6.4 There was also no tobacco reduction strategy. We often saw staff smoking with detainees in the courtyard of the centre, which was littered with cigarette butts (see also paragraph 2.10).

Recommendations

6.5 The need for a more explicit strategy for the management of illicit drugs and problem alcohol use should be considered at least annually.

6.6 There should be a comprehensive tobacco reduction strategy applying to both detainees and staff.

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 There was a satisfactory range of activities for short-stay detainees. Arrangements to assure the quality of education had improved. There was insufficient planned activity for longer stay detainees or for English speakers who had no use for English for speakers of other languages (ESOL) classes. Detainees had no opportunities to participate in paid or voluntary work. The library was well organised and welcoming. There was no structured educational provision to meet the needs of children and young people.

7.2 Well-planned and good quality daily classes were offered in ESOL. Appropriate training and support for the teacher had improved. The teacher was qualified, worked well with a mixed ability group, and provided a good standard of teaching linked to the Skills for Life core curriculum. The teacher carried out a basic but effective, initial assessment to determine the level that the detainee worked at. Classes were well attended and detainees effectively developed their speaking, listening and writing skills, and were well engaged in the class. There was creative use of a range of resources, and detainees' written work was used in the good classroom displays. Good attendance records were kept and monitored centrally each month. There were no opportunities for detainees to complete accredited qualifications started at other establishments, and no information technology (IT) facility in the ESOL classroom.

7.3 IT classes were available on two evenings a week, an improvement since the last full inspection. A qualified IT teacher provided good individual coaching relevant to individual needs. A dedicated IT suite contained six networked computers linked to a printer, with a good range of software developed by the class teacher and linked to the European computer driving licence (ECDL) programme. An additional stand-alone computer was equipped with some games. Detainees could access the software in the mornings when the IT suite was open. An adequate range of textbooks supported learning.

7.4 The computer suite was well used, but mostly for leisure or letter writing purposes rather than for developing IT skills. Detainees had no opportunities to follow accredited programmes of learning or complete qualifications started at other establishments. Good attendance records were maintained and showed that there had been around 400 attendances at the evening classes in the previous year, and that around 40 detainees had accessed the classes each month.

7.5 A qualified teacher provided well-organised and stimulating arts and crafts sessions on two afternoons a week. These were popular with detainees, who engaged well with the activities and made good progress to develop their skills in a range of craft activities, including clay, beadwork, card making, drawing and painting.

7.6 Arrangements for monitoring and improving the quality of the provision had improved. A national head of learning and skills, employed by GSL, liaised with staff, reviewed performance and organised appropriate training. A member of staff from Tinsley House attended the regional quarterly learning and skills meeting. Staff were collaborating more effectively to improve practice, and there was some peer observation to monitor the quality of the learning provision.

7.7 However, there was insufficient structured purposeful activity for longer stay detainees or English speakers. There were no opportunities for paid or voluntary work, and there were no plans to organise this, even though IRCs had been able to provide paid employment for the previous 18 months.

7.8 The three dayrooms had pool tables, football machines and televisions and were generally well used. Film nights, bingo and competitions were organised on some evenings and weekends, and there were occasional themed weeks. There were regular quarterly surveys of detainees' views about sports, games and TV, but the number of responses was small and detainees were not asked about the structured learning provision or the library. The few women at the centre did not make use of the facilities on offer.

Library

7.9 A centrally located library was open from 6am to 11pm each day, and staffed by a trained librarian each weekday morning. It was welcoming and well organised, and the librarian worked to cater for the needs of all detainees. There was a stock of around 3,000 fiction and non-fiction books in various languages, a wide range of dictionaries, and approximately 300 videos, mainly in English. A good range of English and international newspapers and magazines were prominently displayed. The range was regularly reviewed against the monthly list of the nationalities of detainees.

7.10 Legal reference materials were available in hard copy and on a stand-alone computer. They were not adequate to meet the needs of detainees, and the computer-based references were only accessible when the librarian was on duty (see recommendation 3.8). Detainees could only use the adjacent computer suite in the mornings and on two evenings when it was supervised. Detainees still had no access to the internet or email, although there were plans to acquire equipment and allocate internet access (see main recommendation HE.40).

Physical education

7.11 The centre was well equipped with a fitness room, sports hall and an outside sports area. These were easily accessible on weekday mornings and afternoons, two evenings a week and Sunday mornings. There was a satisfactory range of sports activities to meet the interests of detainees, including volleyball, football, table tennis and cricket, but these did not always run if there were not enough detainees.

7.12 Detainees new to the gym were given a short induction before they were authorised to use the facilities. Some pictorial wall displays provided further information on the correct use of equipment. There was no assessment of ability or needs. A booking system ensured that places in the gym were fairly allocated. However, if detainees failed to arrive for their session, the facilities were underused. Separate sessions were offered each day for female detainees, but these were not well used.

7.13 Detainees were provided with sports clothing and loaned additional equipment, such as gloves, belts and training shoes. A few sports-related books and magazines were available in the gym, but these were not well displayed. Good records of attendance were kept and staff were clear about the procedures for reporting accidents and injuries. Detainees were able to shower after PE sessions. Staff related well to detainees, but some lacked awareness of potential sports-related cultural issues.

Children and young people

7.14 The dedicated family suite included two dayrooms, a newly refurbished classroom and a communal eating area, often used for painting, drawing and other activities. One of the dayrooms was well equipped with soft play items and large toys for younger children and had books, although many of these were old. The second dayroom had a television and a pool table and was aimed more at older children, but had insufficient equipment and activities to purposefully occupy them.

7.15 Two qualified care workers and some additional staff supported families in caring for the children. Care staff worked sensitively with the children and the families. The day was satisfactorily planned to include family time, activity time and access to physical activity in the sports hall or in an outside space. However, some of the activity time was not used well enough to provide engaging activities for the whole range of children in the family suite. Children were allocated one hour a day supervised access to physical activity in the sports hall or outside space. There was no direct access from the family suite to the outside play area to maximise time in the fresh air during the rest of the day.

7.16 There was no structured or planned educational provision to meet the needs of children and young people. The classroom in the family suite had been available for about one month, though it had been rarely used and was not yet fully equipped. A range of educational books suitable for pre-school and key stage 1 and 2 literacy and numeracy had been purchased, along with some science, mathematics and English materials suitable for key stage 3 and GCSE.

Recommendations

7.17 Detainees should be able to complete accredited qualifications started at other establishments.

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

7.19 There should be improved promotion of sports and gym activities to make better use of available capacity.

7.20 Access to fresh air and exercise for children should be improved, including direct access to the outside area from the family suite.

7.21 There should be more books and activity materials for older children.

Section 8: Rules and management of the centre

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

8.1 Rules were clearly documented in reception and a useful information pack was given to detainees. Security was proportionate to the population, but there were some procedural weaknesses. The rewards scheme was not effective, but detainees were not unfairly treated. The use of force and separation was low and on a downward trend, but the centre had no systems to monitor or analyse trends and patterns. Separation had been used inappropriately to manage detainees who had self-harmed. Detainees made little use of the formal complaints process and had little confidence in it. The complaints system was managed efficiently and the main concerns related to escorts, which were dealt with by the Boarder and Immigration Agency (BIA). The centre was not informed of the outcomes of such complaints.

Rules of the centre

8.2 The rules were comprehensive, published in 21 languages and were issued to all arrivals. The rules booklet included useful information about Tinsley House, and a map explaining how to get to the centre. There was no evidence that staff enforced the rules unfairly or of collective or unofficial punishments. The regime operated daily without unnecessary curtailments on individuals or groups. As history files on detainees were not completed, it was difficult to assess how any poor behaviour was monitored or challenged.

Security

8.3 Physical security was good and there were no obvious weaknesses or anomalies. Detainees were allowed free movement around most of the centre, and had easy access to activities, faith provision and the centre shop. Good staff-detainee relationships underpinned reasonable dynamic security. Security information reports (SIRs) were submitted infrequently, and only 34 had been received in the six months before the inspection. SIRs were usually dealt with in a timely fashion, but were not always actioned appropriately, and some lacked senior management oversight. They were not effectively collated to allow coherent analysis.

8.4 Incident reports were more common, and 145 had been submitted in the previous six months. Most were raised because of behaviour displayed by detainees, but some should have been reported through the SIR system as they clearly related to security. Incident reports were managed by the duty manager, and by-passed the security department. Actions following on from incident reports were generally appropriate; for example, managers updated risk information on IS91 detention authorities. However, detainee history files were not updated, which meant that an accurate and developed picture of detainees' behaviour was not possible. This also affected risk analysis.

8.5 The security committee met monthly and was generally well attended. Action points were followed up and information about the previous month's statistics was considered. However, there was no real discussion or analysis of this information and no patterns or trends were identified. Consequently, it was difficult to build any assessment or security objectives. The

security department was not well resourced, with just one manager who also had other responsibilities, and no analyst.

8.6 Ex-prisoners accounted for 30% of detainees. We observed the arrival of two detainees who had recently served sentences for six years, but prison records were not analysed, and no prison security files were held at the centre during our inspection (see also paragraph 1.11).

8.7 Searching of bedrooms was proportionate. The target was to search five bedrooms a week. Outside areas were patrolled efficiently, and drug dogs had been used when, very rarely, information was received that drugs were in the centre. The dogs had not been used for over six months. Target searches were not clearly recorded; the last one had been documented in July 2007, but we had seen recent staff handover information clearly identifying a room to be target searched. Staff handovers took place three times a day and were very comprehensive. There was also a notice board in the staff room, which displayed information on those on an assessment, care in detention and teamwork and those of interest or concern for other reasons, though the board was not up to date during the inspection.

8.8 Centre managers informed us that strip searching did not take place, and we found no evidence of any recent strip searching, which needed to be authorised by the centre manager. There was no strip search risk assessment form, and it was unclear how an authorised search would be recorded.

Rewards scheme

8.9 Staff were generally unsure about how the rewards scheme worked, and it appeared to be largely redundant. We were shown two different policies, both of which were out of date and contradicted each other. Neither was applied. Detainees were allowed access to all facilities, and were not restricted unless they were separated on rule 40 or 42 (see below). This appeared an appropriately open approach to a detained population that was generally cooperative and responsible. In our groups and individually, detainees were unaware of a rewards scheme. Managers told us that they 'reviewed' all detainees weekly and placed them on to the enhanced level. The scheme needed a fundamental review if it was to operate at all.

Discipline

8.10 There was no evidence of illegal or informal sanctions or inappropriate downgrading of detainees under the rewards scheme.

The use of force and single separation

8.11 Force had been used on 20 occasions in the previous 12 months, and eight times in the last six months – on three occasions to prevent self-injury. Use of force forms suggested that it was used appropriately and proportionately. There was evidence of de-escalation and that force was used for the shortest period necessary. However, duty managers' assessments were occasionally poor or missing, and medical assessments were sometimes absent, even where handcuffs had been used. We observed an overseas escort collection by G4S in which the use of force was premature (see paragraph 1.5).

8.12 Handcuffs had been used on two occasions in the previous six months. The accounts by officers were comprehensive and supported the use of handcuffs, although duty manager comments were not always so thorough. Staff training in the use of force was up to date, but

monitoring of use of force was poor. There was no analysis of information or development of trends or patterns, and use of force was not discussed at any meetings.

8.13 The three separation rooms were bright, clean and fresh. They each had two beds with mattresses, pillows and sheets, but no other furniture. When they were in use, steel gates separated them from the rest of the centre. Previous recommendations that unfurnished accommodation should only be used following risk assessment had not been heeded.

8.14 Rules 40 (removal from association in the interests of security or safety) and 42 (temporary confinement) had been used infrequently and usually for short periods. Use of both rules had reduced over the previous 12 months, but there was no monitoring or trends analysis to explain this. In the preceding 12 months, rule 40 had been used on 39 occasions, but only 13 times in the last six months, at an average of 41 hours. In some cases it was only used for short periods, but the decision making process leading to authorisation for stays over 24 hours was not recorded accurately. This made it difficult to assess the justification for longer stays.

8.15 On seven occasions in the previous six months, rule 40 had been used to manage an incident of self-harm or threats to self-harm (see paragraph 4.9). On the occasion when a male detainee was placed in a paper suit (see paragraph 4.9), the reasons for this were not clear, and managers were unsure when it had happened. It had not been recorded on any separation paperwork. Under both rules, detainees were not given any reasons for separation in writing.

8.16 Rule 42 had been used 27 times in the previous 12 months, including 12 occasions in the six months prior to the inspection, with an average of 14 hours on each occasion. Rule 42 was mostly used for threatening behaviour towards staff or other detainees. It was not used to manage self-harm, but we found evidence that detainees could have been moved out more promptly.

8.17 The regime for separation entailed access to fresh air only for smoking breaks. There was no provision for gym or education. Recorded observations by staff were generally good, but it was not clear if the chaplain and Independent Monitoring Board (IMB) visited regularly. BIA staff recorded their visits, but decisions to authorise further separation with BIA agreement were not recorded clearly. In many forms we examined, the term 'subject' was used instead of a detainee's name. This was unnecessarily objectifying language.

Complaints

8.18 The use of the formal complaints system was low: 38 complaints had been submitted in 2007 and only two in the first two months of 2008. Detainees surveyed did not comment favourably on the management of complaints, with significantly poorer responses to questions on accessibility of complaint forms and the promptness and fairness with which complaints were handled. However, complaint forms were available in the residential corridors as were post boxes, so that detainees could submit complaints in privacy. The locked complaints boxes were opened by immigration staff each day; they logged all complaints before passing them to the complaints coordinator who maintained a separate log.

8.19 The complaints log for complaints dealt with by the centre was detailed and up to date. Statistics were compiled monthly on a rolling basis, which facilitated regular monitoring of the timeliness of responses as well as oversight of the number and type of complaints. Five detainees had used the complaints system to submit racist incident complaints and these had been passed on appropriately. Several of the complaints we examined were requests or comments about domestic residential arrangements rather than complaints.

8.20 All centre complainants received an immediate acknowledgement and almost all were dealt with within agreed timescales. On one occasion an interpreter was used to offer an explanation to a complainant who could not speak English. Replies were typed, courteous and addressed the issue, although very few complaints were substantiated. All responses included advice about the right to appeal against the decision, together with a leaflet explaining the role of the Ombudsman.

8.21 There were very few allegations of inappropriate treatment by staff at Tinsley House. Of the 38 complaints submitted in 2007, the highest category related to complaints about escorts. Ten such complaints were being investigated by BIA, as they related to property lost or damaged during escort or treatment by escort staff. The latter included allegations of assault, which accounted for five of the 10 escort complaints. There was no process for informing the centre of the outcome of such complaints, and it was not possible to establish if any had been completed.

8.22 The role of the IMB was well publicised around the centre, and there were post boxes in residential areas for detainees to deposit confidential complaints for their attention. Detainees were also able to complain to the on-site BIA manager.

Recommendations

8.23 Staff should be encouraged to complete security information reports (SIRs) when appropriate.

8.24 A member of the senior management team should monitor all SIRs, and record appropriate actions.

8.25 Information from SIRs should be analysed and trends or patterns identified. Objectives should be set from this analysis where necessary.

8.26 Prison records and security files should be sought from sending prisons, and analysed for relevant information.

8.27 Target searches should be recorded accurately.

8.28 The rewards scheme, and the need for it, should be reviewed.

8.29 Assessments by duty managers and medical practitioners should be completed thoroughly for every use of force incident.

8.30 Medical assessments of detainees should always take place when handcuffs have been used on them.

8.31 Separation rooms should have furniture in them, which should only be removed or replaced by cardboard furniture following documented risk assessment.

8.32 Rules 40 and 42 should be monitored by senior managers and any trends or patterns analysed.

8.33 The reasons for use of separation and continued use should be clearly documented by centre managers and BIA.

8.34 Written reasons for separation should be given to detainees in a language they understand.

8.35 Detainees should be moved out of separation at the earliest opportunity, in line with detention centre rules.

8.36 Gym and education should be part of the separation regime.

8.37 Detainees should not be recorded as 'subjects' but by their names in records of separation.

8.38 The centre should be notified of the outcome of complaints dealt with by BIA for inclusion in its overall monitoring and analysis of complaints and issues of concern to detainees.

Housekeeping points

8.39 Strip search risk assessment forms should be available.

8.40 The notice board in the staff rest room should be kept up to date.

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 Detainees were very satisfied with the food, and the main dining area provided a relaxed atmosphere, but menus were hard to understand for non-English speakers. The shop offered a range of reasonably priced goods, including fresh fruit. The range of skin and hair products for black and minority ethnic detainees was limited.

Catering

9.2 In our survey, 48% of respondents, nearly twice the comparator of 28%, said that the food was good or very good. Detainees could have three hot meals a day and also had the option of sandwiches or salads. The main dining room was bright and attractively decorated, and provided a pleasant and relaxed environment. Meal times were well spread out, from 7.30am-8.15am, 12.45pm-1.45pm and 6.15pm-7.15pm. Detainees could also obtain refreshments during three half-hour 'beverage and biscuit' breaks spread through the day, with the last one at 9.30pm-10pm.

9.3 The kitchen had been designed to heat up pre-cooked meals and was barely large enough for its current purpose. However, it was kept clean and well ordered, and was efficiently managed. There was a well-maintained separate dining room in the family unit. Families could pre-select their meals, which were carried over from the main kitchen. There was a separate children's menu.

9.4 The menu was on a 28-day cycle and the daily menu was pinned to the wall next to the hotplate. However, as at the last inspection, detainees could not see this until they were actually at the hotplate, and those with no English had difficulty in understanding it. A book of pictorial menus had been available in the past, but had apparently disappeared from the dining room and not been replaced.

9.5 Special diets were catered for and halal food was indicated. The Muslim chaplain had visited the kitchen to provide assurance that halal meat was appropriately handled. A range of condiments was available at each meal.

Shop

9.6 Detainees could deposit cash for safe keeping, and had unlimited access to their private cash. Some detainees complained that they were not permitted to keep food items they had brought with them from other detention centres when they arrived, even if these were sealed. Detainees were not compensated for their loss and had to purchase replacements at their own expense.

9.7 The shop was open each day from 9am until 6pm, closing only for an hour at lunchtime. There was a range of reasonably priced goods, including soft drinks and confectionery, but nothing to provide a hot evening snack, as detainees could not have hot water after the canteen closed at

10pm. Fresh fruit was available for purchase daily, with additional supplies provided from the canteen when items ran out.

9.8 There was a written price list of shop items, but this was only in English, and there was no pictorial list to assist detainees with poor or no English. There were some hair and skin products suitable for detainees from black and minority ethnic groups, but there was limited choice.

9.9 There was only one model of mobile phone available to purchase at a cost of £40. We were told that this product covered all networks and was sold at a competitive price. Nevertheless, the cost was prohibitive for some detainees (see also paragraph 10.9).

Recommendations

9.10 Pictorial menus and the menu cycle should be available to detainees before they reach the hotplate so that those with limited English are able to understand what is available.

9.11 Detainees should not be required to dispose of unopened food items that they have previously purchased unless there is good reason to do so.

9.12 A pictorial version of the shop price list should be available.

9.13 The range of hair and skin products suitable for detainees from black and minority ethnic groups should be increased following consultation with them.

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 There was no formal welfare provision and detainees did not receive consistent support to deal with property and other welfare needs. A good visits facility allowed detainees and visitors time to meet in a comfortable and clean environment. Travel costs from local stations were expensive. Detainees had good access to pay phones. Most detainees used mobile phones, but the model available to buy from the shop was expensive. Adequate notice of removal was usually given, although not for those being transferred. Staff were alert to increased vulnerability for some detainees at the point of removal. There were poor arrangements for detainees to recover property before removal. Clothes were offered to detainees who needed it when they were removed, but there was a shortage of outdoor clothing and bags. The centre was not fulfilling its responsibilities relating to ex-prisoners subject to licence on release.

Welfare

10.2 There was no specific provision in the centre's contract to provide welfare support, and as a result none was formally delivered on site. Staff occasionally assisted detainees with needs relating to their removal or release, but this was not common.

10.3 As a result of this deficit, there was an over-reliance on the Gatwick Detainees Welfare Group. This was a small, modestly funded charity, which provided a visiting scheme for detainees. Volunteers from the group visited weekly and, in addition to offering moral support, they provided practical assistance for detainees to obtain clothing or toiletries. The group currently carried out its work in the visits area. It was keen to extend its service to more detainees, and there had been long-running discussions with centre staff about introducing a clinic, although there had been little progress on this. There was a clear need for the centre to provide its own welfare support to prepare detainees for their discharge (see main recommendation HE.41).

Visits

10.4 Visits were available every day from 2-9pm. There was no booking system. Staff in the foyer area were friendly, polite and helpful to visitors. Searching was sensitive and unobtrusive. Detainees who did not respond immediately to the notification from staff to meet their visitors in the visits room were quickly followed up to ensure that visitors were not kept waiting.

10.5 New arrivals were given good information about how to get to the centre to pass on to visitors. However, the cost of transport was expensive, and a taxi from the local train station was over £10. Public transport to the centre was poor, and although there was a regular shuttle bus for BAA employees that stopped at the centre and went to the train station, only staff could use it.

10.6 The visits room was a reasonable size, and was clean and well decorated. The seats were comfortable and the atmosphere was relaxed and friendly. Visitors and detainees could purchase refreshments from the shop, although there was a lack of more substantial food for visitors staying for longer periods. The restriction on bringing food into the visits room was

unnecessary, and even items bought in the foyer were not allowed. The children's play area was beginning to look worn and needed some investment.

10.7 There had been a recent survey of visitors, but this was not made available for inspection. There had been two other surveys in the previous 12 months, but these provided little useful information as there had been fewer than 10 replies to each. We were told that the detainee consultative committee reviewed them, but this was not minuted.

Telephones

10.8 Detainees had access to sufficient pay phones and no queuing was necessary. The phones were in reasonably quiet areas on the residential units and also on main corridors. All phones were in working order and had privacy hoods.

10.9 Most detainees had access to a mobile phone. There were security restrictions on the type of mobile which could be used, and detainees normally had to arrange for friends or relatives to hand in a suitable model. Twenty mobile phones were available to be borrowed, but this was insufficient to meet demand and there was a long waiting list. Detainees could buy mobile phones from the shop, but at £40 these were expensive (see paragraph 9.9). A short-term rental scheme would have been more appropriate.

10.10 Detainees still did not have access to the internet or email, which would have improved their ability to maintain contact with the outside world (see also paragraph 7.10).

Mail

10.11 All mail was delivered and sent through the centralised information point, to which detainees had free access. In our survey, only 15% of respondents reported any problems with sending or receiving mail, significantly better than the comparator of 29%. Detainees were entitled to one free international letter a week.

Removal and release

10.12 Of the 2,917 detainees leaving the centre in the previous three months, 1,148 had been removed, 1,341 transferred and 144 released on temporary admission or release. Detainees who were transferred to other centres received little notice and were rarely offered an explanation for the decision to transfer them.

10.13 When removal directions were faxed to Tinsley House to be served on detainees by the immigration staff on site, they also notified other centre staff before issuing them to the detainee. This enabled staff to monitor the detainee's reaction following receipt of removal directions and support them as best they could. Several of the assessment, care in detention and teamwork documents that we examined referred to the need to be alert to heightened anxiety levels if and when removal directions were delivered.

10.14 Detainees were not always given the opportunity to recover their property before their detention and some were too distressed to do so. As a result, they sometimes arrived with very few belongings and insufficient clothing to travel to another country. The lack of a welfare officer to assist with all aspects of planning and preparation for removal meant that it was often not possible for detainees to recover their property prior to removal. The centre provided basic indoor clothing if required, but did not hold a stock of outer clothing. A jacket was only provided

if there was one in the stock of garments left behind by other detainees or if any had been supplied by the volunteer visitors group.

10.15 Departing detainees were not routinely given a bag, other than a plastic bag, to carry their belongings. We observed one family bound for Korea carrying their few items in a clear plastic bag marked Wackenhut (the previous contractor managing the centre). When we queried the adequacy of this, a plain sports bag was found for them. In some cases the escorts collecting people for removal provided plastic laundry bags.

10.16 There were no procedures to identify ex-prisoners who were released into the community under licence, and there was a lack of awareness of BIA and centre responsibilities in this regard.

Recommendations

10.17 Managers should assist the Gatwick Detainees Welfare Group to set up a clinic in the centre as soon as possible.

10.18 The centre should assist visitors with transport from local stations.

10.19 The children's play area in the visits room should be refurbished.

10.20 Visitors should be able to purchase or bring in more substantial food.

10.21 Detainees should be able to rent mobile phones at a nominal rate.

10.22 Detainees transferred into further detention should be given written reasons for the decision and information about the centre to which they are being transferred.

10.23 Outdoor clothing should be available for detainees who need it on their removal.

10.24 Suitable bags should be available for detainees to carry their belongings on removal.

10.25 BIA and centre staff should discharge their responsibilities with regard to ex-prisoners released into the community on licence.

Housekeeping point

10.26 The centre should aim to improve the completion rate and analysis of visitor surveys.

Section 11: Recommendations, housekeeping and good practice

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

Main recommendations

To the centre manager

11.1 If children are to remain at Tinsley House, their detention should be exceptional and only for a few days. (HE35)

11.2 If single women are to remain at Tinsley House, their distinct needs should be systematically identified and met. (HE.36)

11.3 Medicines should not be administered without the informed consent of the patient. (HE.37)

11.4 Detainees should be able to engage in voluntary or paid work. (HE.38)

11.5 If children are to remain at Tinsley House, a qualified teacher should be employed to provide structured and planned education to meet the needs of school-age children. (HE.39)

11.6 The centre should provide a welfare officer or team to help detainees prepare for their discharge. (HE.40)

11.7 Subject to appropriate controls, detainees should be able to use the internet and email. (HE.41)

Recommendations

To the director general, UKBA

Arrival in detention

11.8 Detainees should not be subjected to frequent, unexplained and disorienting transfers around the detention estate. (1.13)

11.9 Immigration detainees should not be held for long periods in police stations where facilities are designed for short periods of detention. (1.19)

Casework

11.10 Reviews of detention should be issued in good time, in a language the detainee can understand, and should reflect balanced consideration of all factors relevant to continuing detention. (3.19)

11.11 Boarder and Immigration Agency (BIA) case owners should consider and respond promptly and fully to detainee applications for temporary release. (3.20)

11.12 Detainees should have sufficient time to confer with representatives before hearings that use the video link facility. (3.21)

11.13 Bail summaries prepared by BIA case owners should be issued no later than the day before the hearing, with a copy faxed to the detainee as well as to the representative, if any. (3.22)

Health services

11.14 The BIA should revise its advice on use of the Mental Health Act to ensure the mental health needs of detainees are met. (5.31)

Recommendations — To UKBA and centre manager

Duty of care

11.15 Records on individual children should state the cumulative period of detention. (4.49)

Casework

11.16 The central log of rule 35 notifications and BIA case owner responses (relevant to fitness to detain), to be maintained either by the healthcare department or the on-site BIA office, should include a copy of the notifications and responses. (3.23)

Rules and management of the centre

11.17 The reasons for use of separation and continued use should be clearly documented by centre managers and BIA. (8.33)

11.18 The centre should be notified of the outcome of complaints dealt with by BIA for inclusion in its overall monitoring and analysis of complaints and issues of concern to detainees. (8.38)

Preparation for release

11.19 BIA and centre staff should discharge their responsibilities with regard to ex-prisoners released into the community on licence. (10.25)

Recommendations — To the escorting contractor

11.20 Escorts should use a professional interpreting service to respond to detainees' queries and concerns and to explain, in a language they understand, what is happening to them during transfer and removal. They should not provide false assurances to detainees being transferred or removed. (1.14)

11.21 Families should not be split up when being transferred or removed unless guided by an up to date risk assessment, which takes into account all relevant information, especially the best interests of children. (1.15)

11.22 Escort vehicles should be clean. (1.16)

11.23 In addition to regular training in control and restraint, escorts should receive training and supervision in de-escalation. They should understand the demarcation of responsibility between centres and escorts when collecting detainees from detention centres. (1.17)

11.24 Paramedics contracted by escorts should receive training and supervision to ensure they understand their role and duties as health professionals. (1.18)

Recommendations

To the centre manager

Arrival in detention

11.25 There should be a formal room-sharing risk assessment of new arrivals, including consideration of prison security files that accompany former prisoners. (1.20)

Environment and relationships

11.26 Residential units should be properly ventilated, and detainee living areas should receive priority for the installation of air conditioning units. (2.15)

11.27 The worn carpets and chairs in the association areas should be replaced. (2.16)

11.28 Single women should have adequate accommodation, and access to their own dining and association facilities. (2.17)

11.29 Detainees should have access to hot water at night. (2.18)

11.30 Smokers should be restricted to a properly maintained discrete external area, which does not intrude on non-smokers and is not visible to children. (2.19)

11.31 Discussions at the consultative committee should be more in depth, and issues raised should be followed up between meetings. (2.20)

11.32 Detainees should be able to obtain property from the reception store expeditiously. (2.21)

11.33 More use should be made of the professional interpreting services or, when appropriate, detainee or staff interpreters to communicate with detainees who do not speak English. (2.25)

11.34 A care officer scheme should be implemented. (2.26)

11.35 History sheets should be used to record and develop knowledge and understanding of detainees. (2.27)

Casework

11.36 In consultation with the Legal Services Commission, the centre should seek ways of improving access to specialist legal advice and representation for detainees. (3.7)

11.37 The centre library should improve and update legal reference materials, which should be generally accessible. (3.8)

Duty of care

11.38 Regular surveys should take place to monitor detainees' perceptions of bullying and, in particular, establish the concerns of single women. (4.15)

11.39 The anti-bullying committee should include detainee representatives and take place regularly to enable sharing and discussion of information about all aspects of bullying. (4.16)

11.40 Staff should receive training to ensure that they can recognise and respond to potential bullying. (4.17)

11.41 There should be effective multi-agency input into reviews and care plans for managing detainees at risk of self-harm, including BIA staff when appropriate. (4.18)

11.42 There should be continuity of case management, and reviews should be scheduled to facilitate this. (4.19)

11.43 Care plans should be prepared with input from the detainee, using interpreters if required. Actions identified in care plans should be assigned to an individual to ensure accountability. (4.20)

11.44 Records of observations should describe interaction between staff and the detainee, and observations should not be predictable. (4.21)

11.45 There should be a care suite to enable peer support to detainees in crisis. (4.22)

11.46 Peer interpreters should only be used in assessment, care in detention and teamwork (ACDT) reviews to support detainees, not to replace professional interpreters. (4.23)

11.47 Healthcare staff should be trained in ACDT procedures. (4.24)

11.48 Detainees should be encouraged to attend suicide prevention committee meetings. (4.25)

11.49 There should be an ACDT coordinator to ensure the safe and efficient management of the ACDT process and that meetings of the suicide prevention committee take place regularly. (4.26)

11.50 The ACDT coordinator should develop an effective database of incidents of self-harm so that patterns or trends are identified and preventative measures taken. (4.27)

11.51 Separation and strip conditions should not be used to manage the risk of self-harm. (4.28)

11.52 All ACDT files should be regularly quality assured by managers, with specific attention to the quality of care plans and observation records, and also the timeliness and appropriate multidisciplinary input at reviews. (4.29)

11.53 All staff should be trained in child protection by specialist staff. (4.45)

11.54 There should be 24-hour cover by trained childcare workers. (4.46)

11.55 Social workers who have been involved in assessments or child protection referrals of individual children should attend the relevant weekly welfare telephone conferences and other meetings in the centre concerning any aspect of care planning. (4.47)

11.56 Children held beyond seven days should have a care plan based on a comprehensive independent welfare assessment, which should be subject to weekly review and inform decisions about continued detention. (4.48)

11.57 There should be minutes of the weekly welfare conferences to record relevant information and action points to inform individual care plans. (4.50)

11.58 There should be a protocol or service level agreement with the Local Safeguarding Children Board setting out the arrangements for joint working on child protection and welfare assessments. (4.51)

11.59 The ACDT process should not replace a rigorous care plan drawn up and managed by qualified social workers. (4.52)

11.60 A comprehensive diversity strategy should be produced, accompanied by an action plan and overseen by a diversity committee. (4.62)

11.61 All complaints relating to race and diversity should be fully investigated and results should be clearly recorded. (4.63)

11.62 All staff should receive diversity training. (4.64)

11.63 The race relations officer should have enough time to fulfil his duties and his role should be promoted in the centre. (4.65)

11.64 Race relations meetings should provide strategic oversight and direction on race issues. They should consider racist incidents, nationality and ethnic monitoring in detail, and provide a means of monitoring and promoting race equality. (4.66)

11.65 Staff should be encouraged to use the telephone interpreting service, particularly to communicate with vulnerable detainees. (4.67)

11.66 There should be regular meetings with detainees who speak little English, using professional interpreters, to ensure good communication and identify unmet needs. (4.68)

11.67 Ethnic and nationality monitoring of detainees should be developed to examine and identify any problems. (4.69)

11.68 There should be positive promotion of diversity throughout the centre. (4.70)

11.69 The multi-faith facilities for detainees should be improved. (4.81)

11.70 There should be greater use of professional interpretation services to cater for the religious needs of detainees who speak little or no English. (4.82)

Health services

11.71 The roles and responsibilities of health staff in incidents of control and restraint should be clarified and subject to review on each occasion. (5.29)

11.72 The criteria for declaring an untoward incident should be broader and more accurately reflect the setting of a removal centre. The procedure should include prompt debriefing and multidisciplinary investigation. (5.30)

11.73 Health services should establish formal links with the provider and commissioning sections of the primary care trust to promote quality assurance of services and ensure the health needs of detainees are met. (5.32)

11.74 Health needs assessment work should include independent external input and review. (5.33)

11.75 The health needs assessment should cover adult and child detainees' mental health needs. (5.34)

11.76 A healthcare action plan based on up to date health needs assessment should be agreed and updated annually. (5.35)

11.77 Healthcare representatives should contribute actively to the wider work of the establishment that directly affects the health and wellbeing of detainees, including child protection and ACDT reviews of detainees who have had health services treatment and care. (5.36)

11.78 Accommodation for the healthcare team should be expanded so that patient confidentiality can be preserved during consultations and administration of medicines, and to enable doctor- and nurse-led clinics to take place simultaneously. (5.37)

11.79 Infection control audits should be conducted annually, and recommended actions followed up. (5.38)

11.80 Health services and health promotion material should be more widely displayed around the centre, especially in the clinical waiting room and the library, be available in a range of languages, and include access to women health staff, second medical opinions and the health complaints system. (5.39)

11.81 Children and young people should have access to primary care nursing and medical staff with appropriate expertise and qualifications in child health. (5.40)

11.82 A minuted meeting of the health team should take place regularly to promote communication, develop consistent policy and practice, and to improve quality of care for detainees. (5.41)

11.83 All health staff should receive in-depth training on recognition and treatment of patients who have experienced torture and violence. (5.42)

11.84 An annual staff learning and development plan should be agreed that is based on the health needs of detainees, the aims and objectives of the service, and the personal professional development needs of staff. (5.43)

11.85 Health staff should be offered external supervision. (5.44)

11.86 The healthcare department should introduce monitoring systems to ensure that detainees have equal access to services irrespective of age, gender, language, national origin etc. (5.45)

11.87 Professional interpreting should be used consistently for patients who do not speak or understand enough English for a health consultation. (5.46)

11.88 All patients, including families with children, should be able to see a doctor or nurse in privacy. (5.47)

11.89 There should be a consistent, multidisciplinary approach to assess and report on the extent to which a person's physical or mental health is or could be adversely affected by detention. (5.48)

11.90 Prescribing trends should be regularly reviewed to ensure appropriate evidence-based prescribing. (5.49)

11.91 Operating procedures and protocols for the safe storage and management of medicines should be developed and adhered to by all health staff. (5.50)

11.92 Patients should have access to the advice of a pharmacist. (5.51)

11.93 Prescribed medicines should not be issued from stock. (5.52)

11.94 Detainees needing prescribed or non-prescribed medicines should normally hold them in possession, unless a multidisciplinary risk assessment based on agreed criteria suggests otherwise. (5.53)

11.95 Detainees on medication for any condition should be provided with a reasonable supply for their onward journey. (5.54)

11.96 Detainees, including children, should have access to multidisciplinary primary and secondary specialist mental health treatment and care in line with their needs. (5.55)

Substance use

11.97 The need for a more explicit strategy for the management of illicit drugs and problem alcohol use should be considered at least annually. (6.5)

11.98 There should be a comprehensive tobacco reduction strategy applying to both detainees and staff. (6.6)

Activities

11.99 Detainees should be able to complete accredited qualifications started at other establishments. (7.17)

11.100 There should be a wider range of structured purposeful activities and learning opportunities to suit the needs of longer stay and English-speaking detainees. (7.18)

11.101 There should be improved promotion of sports and gym activities to make better use of available capacity. (7.19)

11.102 Access to fresh air and exercise for children should be improved, including direct access to the outside area from the family suite. (7.20)

11.103 There should be more books and activity materials for older children. (7.21)

Rules and management of the centre

11.104 Staff should be encouraged to complete security information reports (SIRs) when appropriate. (8.23)

11.105 A member of the senior management team should monitor all SIRs, and record appropriate actions. (8.24)

11.106 Information from SIRs should be analysed and trends or patterns identified. Objectives should be set from this analysis where necessary. (8.25)

11.107 Prison records and security files should be sought from sending prisons, and analysed for relevant information. (8.26)

11.108 Target searches should be recorded accurately. (8.27)

11.109 The rewards scheme, and the need for it, should be reviewed. (8.28)

11.110 Assessments by duty managers and medical practitioners should be completed thoroughly for every use of force incident. (8.29)

11.111 Medical assessments of detainees should always take place when handcuffs have been used on them. (8.30)

11.112 Separation rooms should have furniture in them, which should only be removed or replaced by cardboard furniture following documented risk assessment. (8.31)

11.113 Rules 40 and 42 should be monitored by senior managers and any trends or patterns analysed. (8.32)

11.114 Written reasons for separation should be given to detainees in a language they understand. (8.34)

11.115 Detainees should be moved out of separation at the earliest opportunity, in line with detention centre rules. (8.35)

11.116 Gym and education should be part of the separation regime. (8.36)

11.117 Detainees should not be recorded as 'subjects' but by their names in records of separation. (8.37)

Services

11.118 Pictorial menus and the menu cycle should be available to detainees before they reach the hotplate so that those with limited English are able to understand what is available. (9.10)

11.119 Detainees should not be required to dispose of unopened food items that they have previously purchased unless there is good reason to do so. (9.11)

11.120 A pictorial version of the shop price list should be available. (9.12)

11.121 The range of hair and skin products suitable for detainees from black and minority ethnic groups should be increased following consultation with them. (9.13)

Preparation for release

11.122 Managers should assist the Gatwick Detainees Welfare Group to set up a clinic in the centre as soon as possible. (10.17)

11.123 The centre should assist visitors with transport from local stations. (10.18)

11.124 The children's play area in the visits room should be refurbished. (10.19)

11.125 Visitors should be able to purchase or bring in more substantial food. (10.20)

11.126 Detainees should be able to rent mobile phones at a nominal rate. (10.21)

11.127 Detainees transferred into further detention should be given written reasons for the decision and information about the centre to which they are being transferred. (10.22)

11.128 Outdoor clothing should be available for detainees who need it on their removal. (10.23)

11.129 Suitable bags should be available for detainees to carry their belongings on removal. (10.24)

Housekeeping points

Health services

11.130 The use and effectiveness of various protocols, such as for nurse triage, the management of long-term conditions and reception screening, should be audited. (5.56)

11.131 The medicines refrigerator should be replaced by one with a functioning lock. (5.57)

Rules and management of the centre

11.132 Strip search risk assessment forms should be available. (8.39)

11.133 The notice board in the staff rest room should be kept up to date. (8.40)

Preparation for release

11.134 The centre should aim to improve the completion rate and analysis of visitor surveys. (10.26)

Examples of good practice

11.135 Each new arrival was shown around the accommodation and facilities by a custody officer, usually individually. This gave detainees the opportunity to ask questions and be made aware that officers were there to advise them. (1.21)

11.136 The free provision of condoms in the clinic waiting room enabled detainees to maintain privacy and take precautions for safer sex. (5.58)

11.137 The stock of reading glasses at different prescriptions benefited detainees who could be removed before they had time for an eye test. (5.59)

Appendix I: Inspection team

Nigel Newcomen	Deputy Chief Inspector
Hindpal Singh Bhui	Team leader
Eileen Bye	Inspector
Fay Deadman	Inspector
Ian Macfadyen	Inspector
Gerry O'Donoghue	Inspector
Sarah Corlett	Healthcare inspector
Linda Truscott	Ofsted inspector
Olivia Adams	Research officer
Samantha Booth	Research officer

Appendix II: Population profile

(i) Age	No. of men	No. of women	No. of children	%
1 to 6 years			5	3.87%
7 to 11 years			1	*0.77%*
12 to 16 years			1	*0.77%*
18 years to 21 years	12			*9.35%*
22 years to 29 years	38	1		*30.23%*
30 years to 39 years	46	2		*37.20%*
40 years to 49 years	14	3		*13.17%*
50 years to 59 years	5			*3.87%*
60 years to 69 years	1			*0.77%*
Total	116	6	7	*101*

(ii) Nationality	No. of men	No. of women	No. of children	%
Afghanistan	16			*12.4%*
Albania	1			*0.77%*
Algeria	1			*0.77%*
Angola	2			*1.55%*
Bangladesh	1			*0.77%*
Brazil	1			*0.77%*
Cameroon	2			*1.55%*
China	11			*8.52%*
Cote D'Ivoire	1			*0.77%*
Congo (Brazzaville)	1			*0.77%*
Ecuador	2			*1.55%*
Eritrea	4			*3.10%*
Ethiopia	2			*1.55%*
Gambia	2			*1.55%*
Guatemala	1			*0.77%*
Ghana	3			*2.32%*
India	1			*0.77%*
Iraq	4			*3.20%*
Iran	7			*5.42%*
Jamaica	7	2	3	*9.30%*
Kosovo	2			*1.55%*
Lebanon	1			*0.77%*
Liberia	2			*1.55%*
Mexico	1			*0.77%*
Morocco	1			*0.77%*
Nigeria	9	2		*8.52%*
Namibia	1			*0.77%*
Nepal	3			*2.32%*
Pakistan	4			*3.10%*
South Korea	1	1	2	*2.32%*
Sierra Leone	1			*0.77%*
Sri Lanka	2			*1.55%*
Senegal	1			*0.77%*
Somalia	2			*1.55%*
Turkey	8	1	2	*2.7%*
Uganda	1			*0.77%*
Vietnam	4			*3.10%*
Total	116	6	7	*100*

(iv) Religion/belief	No. of men	No. of women	No. of children	%
Buddhist	5			*3.87%*
Roman Catholic	7			*5.42%*
Other Christian religion	25			*19.3%*
Hindu	4			*3.10%*
Muslim	53			*41.0%*
Unknown	26	2	7	*27.1%*
Total	120	2	7	*100*

(v) Length of time in detention in this centre	No. of men	No. of women	No. of children	%
Less than 1 week	47	5	4	*19.1%*
1 to 2 weeks	7			*18.7%*
2 to 4 weeks	21			*18.7%*
1 to 2 months	24	1	3	*23.1%*
2 to 4 months	5			*13.2%*
4 to 6 months	4			*4.5%*
6 to 8 months	5			*2.6%*
8 to 10 months	3			*0%*
Total	116	6	7	*100*

(vi) Detainees last location before detention in this centre	No. of men	No. of women	No. of children	%
Community	11			*10.37%*
Another IRC	26	3		*27.35%*
A short term holding facility (eg at a port or reporting centre)	16	1		*16.06%*
Police station	31			*29.24%*
Prison	18			*16.98%*
Total				*100*

Appendix III: Safety interviews

Twenty detainees were interviewed regarding issues of safety at Tinsley House on 10-11 March 2008. This represented a 16% sample of the total population. Random individuals were approached across the centre. Participation in the interview process was voluntary.

An interview schedule was used in order to maintain consistency, so all interviewees were asked the same questions.

Demographic information

- The average length of time in detention was approximately three and a half months, ranging from one day to 12 months.
- Length of time at Tinsley House ranged from one day to 11 months. The average length of time spent at Tinsley House was approximately two months.
- For 14 (70%) interviewees, this was their first time in detention.
- Ages ranged from 19 to 48 years, the average being 29.
- Four interviewees were Afghanistan, two were Jamaican, and there was one each from Pakistan, Nigeria, Sierra Leone, Kosovo, Brazil, Turkey, India, Eritrea, Cameroon, China, Gambia, Congo, Nepal and Iraq.
- Five interviewees spoke English as their first language.
- Ten interviewees identified their religion as Muslim, four Christian, two Catholic, two Hindu, and two had no religion.
- No interviewees stated they had a disability.

Safety

All interviewees were asked to identify areas of concern with regards to safety within Tinsley House, as well as rating how unsafe each issue they identified made them feel on a scale of 1 to 4 (1 = a little bit of a problem to 4 = very much a problem). A 'seriousness score' was then calculated, multiplying the number of individuals who thought the issue was a problem by the average rating score.

	2008		
	Yes, this is a problem	Average rate	Seriousness score
Uncertainty/insecurity because of immigration case	17	2.76	47
Lack of trust in centre staff	7	2.43	17
Lack of confidence in staff	6	2.33	14
Healthcare facilities	6	2.33	14
The way staff behave with detainees	5	2.8	14
Information in translation	5	2.8	14
Access to legal advice	4	2.75	11
Aggressive body language of detainees	4	1.75	7
Aggressive body language of staff	4	1.75	7

Isolation (within the centre)	4	1.75	7
Procedures for discipline	3	2	6
Number of staff on duty during the day	2	2.5	5
Discrimination by staff on the basis of culture or ethnicity	3	1.33	4
The way meals are served	2	2	4
Number of staff on duty at night	2	2	4
Response of staff to self harm incidents in the centre	1	4	4
Gang culture	3	1	3
Availability of drugs	1	3	3
Response of staff to fights/ bullying in the centre	1	3	3
Overcrowding	2	1	2
Surveillance cameras on residential units	1	1	1
Lack of communication with family/ friends	0	0	0
Surveillance cameras elsewhere in the centre	0	0	0
Layout of centre	0	0	0
Discrimination by detainees on the basis of culture or ethnicity	0	0	0
Discrimination by detainees on the basis of sexual orientation	0	0	0
Information about centre regime	0	0	0
Existence of an illegal market	0	0	0
Staff members giving favours in return for something	0	0	0
Discrimination by detainees on the basis of religion	0	0	0

Discrimination by staff on the basis of religion	0	0	0
Discrimination by staff on the basis of sexual orientation	0	0	0
Discrimination by staff on the basis of disability	0	0	0
Discrimination by detainees on the basis of disability	0	0	0
Discrimination by staff on the basis of age	0	0	0
Discrimination by detainees on the basis of age	0	0	0

Examples of comments for the top four issues

Uncertainty/insecurity because of immigration case

'Don't know what will happen to me, whether be released or go back home. Don't know when.'

'Lack of contact; paperwork arrives with wrong details.'

'No one told us what's going on. Need more contact with immigration, people become depressed because of the situation.'

Lack of trust in centre staff

'I can't talk to an officer about my problem because it's the government – helpless.'

'Don't explain things.'

Lack of confidence in staff

'Left to fend for yourself.'

'Don't help you.'

'Lack of communication.'

Healthcare facilities

'Don't give you proper treatment.'

'Not enough treatment.'

'Treatment not very good, only open for half an hour, only paracetamol given.'

'Gave me 32 paracetamol over four days.'

Overall safety rating:

In 2008 interviewees rated their feelings of safety at Tinsley House as 3.4 ('good') on a scale for 1 ('very bad') to 4 ('very good').

Appendix IV: Summary of survey responses

Detainee survey methodology

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

Choosing the sample size

At the time of the survey on 25 February 2008, the detainee population at Tinsley House was 114 – 111 adults and three children. The questionnaire was offered to all adult detainees.

Selecting the sample

Questionnaires were offered to all adult detainees available at the time of the visit. Nationality groups were organised to ensure all detainees were approached.

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

Questionnaires were offered in 23 languages.

Methodology

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

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

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

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

Response rates

In total, 65 respondents completed and returned their questionnaires. This represented 59% of the adult detainee population. In total 46 questionnaires were not returned or returned blank. Thirty eight questionnaires (58%) were returned in English, 11 (17%) in Chinese, five (8%) in Tamil, five (8%) in Farsi, and one each in French, Turkish, Pushtu, Urdu, Kurdish Sorani and Spanish.

Comparisons

The following document details the results from the survey. All missing responses are excluded from the analysis. All data from each establishment has 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 March 2005.

In the above document, statistically significant differences are highlighted. Statistical significance merely indicates whether there is a real difference between the figures, i.e. the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by a blue background and where there is no significant difference, there is no shading.

Detainee Survey Responses Tinsley House 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

		Tinsley House 2008	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		**65**	**935**
1	Are you male?	**96%**	**78%**
2	Are you aged under 21 years?	**20%**	**12%**
5	Is English your first language?	**27%**	**29%**
6	Do you understand spoken English?	**75%**	**75%**
7	Do you understand written English?	**73%**	**69%**
8	Are you Muslim?	**24%**	**33%**
9	Do you consider yourself to have a disability?	**16%**	**18%**
10	Do you have any children under the age of 18?	**41%**	**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?	**74%**	**68%**
12	Following detention, were you given written reasons why you were being detained in a language you could understand?	**54%**	**59%**
13	Were you first detained in a police station?	**60%**	**58%**
14	Including this Centre, have you been held in six or more places as an immigration detainee since being detained?	**8%**	**10%**
15	Have you been here for more than one month?	**44%**	**59%**
SECTION 3: Transfers and Escorts			
16	Did you know where you were going when you left the last place where you were detained?	**39%**	**42%**
17	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	**39%**	**27%**
18	Did you spend more than four hours in the escort van to get to this centre?	**34%**	**28%**
19	Were you treated well/very well by the escort staff?	**52%**	**56%**

Key to tables

		Tinsley House 2008	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 4: Reception and First Night			
21	Were you seen by a member of healthcare staff in reception?	**90%**	**85%**
22	When you were searched in reception was this carried out in a sensitive way?	**61%**	**69%**
23	Were you treated well/very well by staff in reception?	**69%**	**61%**
24a	Did you receive information about what was going to happen to you on your day of arrival?	**40%**	**31%**
24b	Did you receive information about what support was available to people feeling depressed or suicidal on your day of arrival?	**26%**	**27%**
24c	Did you receive information about how to make applications on your day of arrival?	**26%**	**27%**
24d	Did you receive information about healthcare services at the Centre on your day of arrival?	**57%**	**33%**
24e	Did you receive information about the religious team on your day of arrival?	**47%**	**28%**
24f	Did you receive information on how to make a bail application on your day of arrival?	**24%**	**19%**
24g	Did you receive information about how people can visit you on your day of arrival?	**57%**	**40%**
25	Was any of this information provided in a translated form?	**21%**	**19%**
26a	Did you receive something to eat on your day of arrival?	**90%**	**67%**
26b	Did you get the opportunity to make a free telephone call on your day of arrival?	**92%**	**61%**
26c	Did you get the opportunity to have a shower on your day of arrival?	**85%**	**52%**
26d	Did you get the opportunity to change into clean clothing on your day of arrival?	**74%**	**44%**
27	Did you feel safe on your first night here?	**54%**	**54%**
28a	Did you have any problems when you first arrived?	**68%**	**76%**
28b	Did you have any problems with loss of transferred property when you first arrived?	**20%**	**23%**
28c	Did you have any housing problems when you first arrived?	**15%**	**13%**
28d	Did you have any problems contacting employers when you first arrived?	**7%**	**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?	**7%**	**8%**
28g	Did you have any problems accessing your phone numbers when you first arrived?	**12%**	**17%**
28h	Did you have any problems accessing legal advice when you first arrived?	**20%**	**28%**

Key to tables

		Tinsley House 2008	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 4: Reception and First Night continued			
28i	Did you have any problems getting access to your immigration case papers when you first arrived?	**20%**	**26%**
28j	Did you have any money/debt worries when you first arrived?	**19%**	**14%**
28k	Did you have any problems with feeling depressed or suicidal when you first arrived?	**34%**	**32%**
28l	Did you have any drug problems when you first arrived?	**0%**	**4%**
28m	Did you have any alcohol problems when you first arrived?	**4%**	**3%**
28n	Did you have any health problems when you first arrived?	**28%**	**31%**
28o	Did you have any problems with needing protection from other detainees when you first arrived?	**5%**	**7%**
29	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	**36%**	**24%**
SECTION 5: Legal Rights and Immigration			
31	Do you have a solicitor or legal representative?	**52%**	**63%**
32	Do you get legal aid (free advice under the legal aid scheme)?	**35%**	**52%**
33	Is it easy/very easy to communicate with your solicitor or legal representative?	**25%**	**24%**
34	Are you able to send a fax to your legal representative free of charge?	**46%**	**58%**
35	Are you able to send letters to your legal representative free of charge?	**29%**	**40%**
36	Have you had a visit from your solicitor/legal representative?	**22%**	**37%**
37	Can you get access to books about your legal rights?	**22%**	**33%**
38	Is it easy/very easy for you to obtain bail information?	**13%**	**26%**
39	Can you get access to official information reports on your country?	**10%**	**20%**
40	Is it easy/very easy to see immigration staff when you want?	**33%**	**23%**
41	Have you had a review of your detention every month?	**44%**	**36%**
42	Was the review written in a language you could understand?	**35%**	**29%**

Key to tables

		Tinsley House 2008	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 6: Respectful Detention			
44	Are you normally offered enough clean, suitable clothes for the week?	**50%**	**52%**
45	Are you normally able to have a shower every day?	**94%**	**94%**
46	Is it normally quiet enough for you to be able to sleep in your room at night?	**55%**	**58%**
47	Can you normally get access to your property held by staff at the Centre, if you need to?	**59%**	**51%**
48	Is the food good/very good?	**48%**	**28%**
49	Does the shop sell a wide enough range of goods to meet your needs?	**33%**	**34%**
50	Do you feel that your religious beliefs are respected?	**69%**	**71%**
51	Are you able to speak to a religious leader of your own faith if you want to?	**45%**	**60%**
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?	**28%**	**51%**
54	Have you made a complaint since you have been at this Centre?	**19%**	**36%**
55a	Do you feel complaints are sorted out fairly?	**0%**	**13%**
55b	Do you feel complaints are sorted out promptly?	**2%**	**12%**
SECTION 7: Staff			
57	Do you have a member of staff you can turn to for help if you have a problem?	**50%**	**59%**
58	Do most staff treat you with respect?	**70%**	**73%**
59	Do staff speak to you most of the time/all of the time?	**26%**	**18%**
60	Have any members of staff physically restrained you in the last six months?	**21%**	**16%**
61	Have you spent a night in the segregation unit in the last six months?	**14%**	**19%**
SECTION 8: Safety			
63	Have you ever felt unsafe in this Centre?	**39%**	**47%**
64	Do you feel unsafe in this Centre at the moment?	**36%**	**47%**
65	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	**25%**	**28%**
66a	Have you had insulting remarks made about you, your family or friends since you have been here? (By detainees)	**10%**	**10%**
66b	Have you been hit, kicked or assaulted since you have been here? (By detainees)	**2%**	**6%**

Key to tables

		Tinsley House 2008	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 8: Safety continued			
66c	Have you experienced unwanted sexual attention here from another detainee?	**5%**	**2%**
66d	Have you been victimised because of your cultural or ethnic origin since you have been here? (By detainees)	**5%**	**7%**
66e	Have you been victimised because of your nationality since you have been here? (By detainees)	**7%**	**7%**
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)	**4%**	**6%**
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)	**4%**	**3%**
66j	Have you ever been victimised here because you have a disability? (By detainees)	**0%**	**3%**
66k	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	**0%**	**7%**
67	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	**28%**	**27%**
68a	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	**9%**	**8%**
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)	**9%**	**7%**
68e	Have you been victimised because of your nationality since you have been here? (By staff)	**16%**	**8%**
68f	Have you ever been victimised because you were new here? (By staff)	**7%**	**4%**
68g	Have you been victimised because of drugs since you have been here? (By staff)	**0%**	**2%**
68h	Have you been victimised here because of your sexuality? (By staff)	**2%**	**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%**	**9%**
69	If you have been victimised by detainees or staff, did you report it?	**16%**	**17%**
70	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	**15%**	**25%**
71	Have you ever felt threatened or intimidated by a member of staff in here?	**24%**	**29%**

Key to tables

		Tinsley House 2008	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 9: Healthcare			
73	Is health information available in your own language?	**31%**	**29%**
74	Do you know whether counselling is available at this Centre?	**31%**	**24%**
75	Are you able to see a doctor of your own gender?	**53%**	**37%**
76	Is a qualified interpreter available if you need one during healthcare assessments?	**19%**	**17%**
77	Are you currently taking medication?	**52%**	**45%**
78	Are you allowed to keep possession of your medication in your own room?	**2%**	**23%**
79	Do you think the overall quality of health care in this Centre good/very good?	**37%**	**35%**
SECTION 10: Activities			
81	Do you have unrestricted access to the Centre facilities for at least 12 hours each day?	**54%**	**33%**
82	Are you doing any education here?	**44%**	**32%**
83	Is the education helpful?	**33%**	**25%**
84	Can you work here if you want to?	**27%**	**31%**
85	Is there enough to do here to fill your time?	**38%**	**39%**
86	Is it easy/very easy to go to the library?	**78%**	**55%**
87	Is it easy/very easy to go to the gym?	**57%**	**48%**
SECTION 11: Keeping in Touch with Family and Friends			
89	Is it easy/very easy to receive incoming calls?	**70%**	**51%**
90	Is it easy/very easy to make outgoing calls?	**67%**	**51%**
91	Have you had any problems with sending or receiving mail?	**15%**	**29%**
92	Have you had a visit since you have been in here from your family or friends?	**61%**	**42%**
93	Have you had a visit since you have been here from volunteer visitors?	**43%**	**23%**
94	Do you feel you are treated well/very well by visits staff?	**52%**	**35%**