

Report on an announced inspection of

Tinsley House Immigration Removal Centre

7 – 11 February 2011

by HM Chief Inspector of Prisons

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

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Introduction

Tinsley House immigration removal centre (IRC) at Gatwick airport, run by G4S, holds men, women and children, although no women were being held at the time of this visit and the family accommodation was being refurbished. Our last inspection report was a critical one and we suggested that, with the opening of the adjacent, much larger and even more challenging Brook House IRC under the same management team, Tinsley House appeared to have slipped off their radar. On our return, for this full announced inspection, we were pleased to find considerable improvement.

Early days were managed satisfactorily, although too many detainees were unnecessarily transferred late at night and risk assessments on reception needed to be more comprehensive. Detainees generally reported feeling safe, there was little bullying or self-harm and safer community orderlies were an important innovation. Security was proportionate and use of force low, but the separation cell was inadequate and there had been some inappropriate use of strip clothing. Detainees had good access to legal advice and UKBA on-site staff.

The centre was clean, with good access to showers, and much needed work was about to start on improving the ventilation. Staff-detainee relationships were generally good, although too little was done to engage with detainees who did not speak English. A very good diversity policy had been produced and work was beginning on its implementation. No women were currently held and we were told there were no plans to hold them in future. Faith services were much appreciated and most aspects of health care were satisfactory, although mental health provision required further development.

The family unit was in the process of refurbishment and was designed to house up to eight families with children. These plans to hold children in the IRC sit uneasily with the government's stated commitment to end child detention for immigration purposes. We were told two types of family might be held at Tinsley House: those detained from aircraft and awaiting a flight back to their home countries, and families judged unsuitable for the new 'pre-departure accommodation' currently under construction nearby. We will return to inspect and report on both these family facilities once they open.

Activity provision had improved and most detainees had something to do to fill their time, including an increased amount of paid work. There were reasonable opportunities for those needing to learn English, but little for those who were already fluent. There was a good library and reasonable access to PE, although instructors were unqualified.

Preparation for release was very good, with an impressive welfare service and important support from the Gatwick Detainee Welfare Group. Communication with the outside world was well facilitated with good visit facilities and access to phones, fax and the internet, although some legitimate internet sites were unnecessarily blocked. Support to prepare detainees for removal had begun to be developed. However, we identified an objectionable and distressing practice of overseas escort staff taking additional detainees as 'reserves' to the airports for charter flights in case illness or appeal prevented a removal. This inhumane practice should cease.

Tinsley House had improved considerably since our previous visit, with more dedicated management attention and improvements in most key areas. Admittedly, at the time of the inspection the IRC held no single women or families with children whose treatment we have previously highlighted with great concern. Nevertheless, the improvements are to be warmly

welcomed and staff and managers appropriately commended.

Nick Hardwick
HM Chief Inspector of Prisons

May 2011

Fact page

Task of the establishment

To detain those subject to immigration control

Location

Gatwick Airport

Contractor

G4S

Number held

112

Certified normal accommodation (CNA)

144

Operational capacity

155

Escort provider

G4S Escorts

Last inspection

March 2008

Brief history

Tinsley House opened in 1996 as the first purpose-built immigration removal centre.

Description of residential units

Accommodation for adults in rooms accommodating two to five people and a family unit, which was undergoing refurbishment.

Health service commissioner and provider

Saxonbrook Medical Centre

Learning and skills providers

G4S

Healthy establishment summary

Introduction

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

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

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

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

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

HE.2 Under each test, we make an assessment of outcomes for detainees and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the United Kingdom Border Agency.

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

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

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

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

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

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

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

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

HE.3 Although this was a custodial establishment, we were mindful that detainees were not held because they had been charged with a criminal offence and had not been

detained through normal judicial processes. In addition to our own independent *Expectations*, the inspection was conducted against the background of the Detention Centre Rules 2001, the statutory instrument that applies to the running of immigration removal centres. Rule 3 sets out the purpose of centres (now immigration removal centres) as being to provide for the secure but humane accommodation of detainees:

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

HE.4 The statutory instrument also states that due recognition will be given at immigration removal centres to the need for awareness of:

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

Safety

HE.5 Detainee feedback on escorts was generally positive. However, there were a number of overnight moves and an inappropriate presumption towards handcuffing for external appointments. The reception risk assessment process was adequate to identify substantial risks but was not sufficiently rigorous. First night checks were good. Most detainees found induction helpful, but it was less effective for those who spoke little English. Security was proportionate and use of force was low. The one remaining separation cell was poorly located and unsuitable for vulnerable detainees. An expanded children's unit was being rapidly constructed and was due to open shortly. Detainees reported feeling safe, and safer detention procedures were generally sound. The use of safer community orderlies was a positive initiative. Detainees at risk had unnecessarily been placed in demeaning strip clothing. Detainees could obtain legal representation via regular duty advice surgeries. The on-site UK Border Agency (UKBA) team was efficient and diligent. Rule 35 procedures were not carried out effectively. Outcomes for detainees against this healthy establishment test were reasonably good.

HE.6 Most detainees reported that they were treated well under escort. However, the detainee welfare record was often not completed accurately or completed at all by escort staff. Records indicated some long journeys with no comfort breaks. A significant number of detainees were moved to the centre in the middle of the night, which was disorientating and exhausting. Despite apparent risk assessment, nearly all detainees were handcuffed for external appointments. In an observed overseas removal, fully compliant detainees were unnecessarily handled on to the coach by overseas escort staff when there were no identified risks and they were boarding in a secure area. Detainees were being told they were to be removed when they were in fact being taken to the airport as 'reserves' to fill possible spaces on charter flights.

HE.7 The refurbished reception area could usually accommodate the numbers passing through, but some detainees had been made to wait in vehicles for some hours. The reception interview was not conducted in private and professional interpretation was

not used. The risk assessment process which started in reception was adequate to identify substantial risks, but reception staff were unclear on their role as part of a coherent risk assessment process, and not all assessment documents were fully completed. A helpful induction booklet was given to new detainees and was available in 12 languages. Prison records did not always arrive with detainees and those that did were sent straight to the security department and not considered in the risk assessment.

- HE.8** Staff conducted four checks on detainees in the first 24-hour period and records suggested good interaction and careful monitoring. Induction was carried out individually and promptly, but was less helpful for detainees who spoke little English.
- HE.9** Security procedures were proportionate. Security protocols were generally intelligence driven and there were robust systems to process and analyse data. The flow of information would have been improved by more use of security information reports but dynamic security was generally good.
- HE.10** The use of force was low. Documentation that we examined was generally completed correctly and confirmed that force was used as a last resort. De-escalation was generally used to good effect. Planned interventions were video-recorded and managerial oversight was good. We were concerned to find that CCTV during the week of the inspection showed that an officer had apparently assaulted a detainee. Senior staff began an investigation as soon as it was reported. All other sources of evidence suggested that this did not reflect a general pattern of staff behaviour.
- HE.11** Separation was not used excessively and decisions to separate detainees were generally reasonable and proper authority given in all cases. Written observations by officers reflected a good standard of care and knowledge of the personal circumstances of detainees. The one remaining separation cell was stark and in a remote location and detainees could be isolated there behind a controlled gate. The multi-functional purpose of this unfurnished cell was unclear to managers and staff. It was particularly unsuitable for detainees at risk of self-harm and there was no suitable care suite.
- HE.12** There were no children in the centre during the inspection. However, the children's unit was being refurbished and expanded and was due to reopen shortly. It was anticipated that children would normally be detained for less than 72 hours, but they could be held for up to a week with ministerial authority. There were no documented plans for the unit to show how it would be run and no admission criteria. An experienced child care professional had been appointed to oversee the new facility. The local age dispute policy had not been followed in one case during the inspection and UKBA had not followed its age assessment policy. A contradictory social services age assessment had been accepted without challenge and the young man in question was about to be removed.
- HE.13** There was little self-harm at the centre. The safer community group had become well established and all cases of self-harm were discussed in detail at monthly meetings. Assessment, care in detention and teamwork (ACDT) documentation used to support vulnerable detainees was of variable but improving quality. Detainees with lower level needs were supported effectively by raised awareness support plans and the low level of food refusal was also well managed. ACDT reviews were well attended and health care and UKBA staff were usually present. The reviews that we observed focussed on the needs of vulnerable detainees. The appointment of safer community

orderlies was a positive initiative, although their role needed development. Samaritans played a more active role than at the previous inspection. Strip clothing had been used for a detainee who had self-harmed and was on constant watch. This was demeaning and unnecessary. There was no log of the use of strip clothing and no record of proper authorisation.

- HE.14** There was little evidence of bullying and detainees told us they felt safe in the centre. The few reported cases of bullying had been relatively minor and were taken seriously by staff. Victims were given support and perpetrators were challenged. The profile of anti-bullying work had risen since the previous inspection. There were posters on display and leaflets were available throughout the centre. A safety survey had had a good return rate but the results had not yet been analysed. Matters relating to bullying were discussed at the monthly safer community meetings, but the small number of assaults that occurred were not always considered.
- HE.15** Detainees could contact their legal advisers easily by telephone, fax and mail but there were inappropriate restrictions on internet access (see preparation for release section). Detainees had access to a range of up-to-date legal text books and could obtain legal representation through the detention duty advice surgery. UKBA staff checked during induction that detainees had a solicitor and directed them to the surgery. Bail application forms and the Bail for Immigration Detainees Handbook were freely available, but copies of the handbook were mainly in English.
- HE.16** Most monthly detention reviews were carried out on time and outstanding reviews were followed up by the diligent local UKBA contact team. We observed some reviews which did not refer to relevant factors, such as further representations or mental health issues. Detainees were seen by a member of the contact management team shortly after arrival and on request. Documents were usually served face to face. Local immigration files were in good order. Rule 35 replies were sometimes received late, despite the efforts of the local team. Letters from qualified professionals were occasionally dismissed with inadequate consideration by case owners.

Respect

HE.17 The centre was clean and detainees had good access to showers and an adequate laundry. Ventilation remained a major problem. Most detainees reported very positively on treatment by staff, but not enough effort was made to engage with those who spoke little English. The diversity policy was extremely good but needed to be fully implemented. Diversity work was well managed. Faith provision was much appreciated by detainees. The management of complaints had improved. Health services were reasonable overall but mental health provision was inconsistent. The standard of catering was reasonable and the shop provided a good service. Outcomes for detainees against this healthy establishment test were reasonably good.

HE.18 Poor ventilation remained the main source of complaint about residential units, though funding had now been obtained for a much needed upgrade of the air conditioning system. The centre was generally clean and bright and much of it had been repainted but there were few pictures or decorations to soften the environment. Bedrooms contained lockable cupboards and chairs for each detainee and were

clean but bare. Detainees had good access to a small laundry room, which was adequate for current needs, and access to showers for 24 hours a day.

- HE.19** In our survey, 82% of detainees said that most staff treated them with respect against the comparator of 65%. Over 60% said that they had a member of staff to turn to if they needed help. Our in-depth interviews also suggested that the approach of staff was one of the most positive features of the centre. There was no care officer scheme, but this was planned. There was little use of history sheets.
- HE.20** A new and comprehensive diversity policy had been drafted but had not yet been implemented. The profile of diversity work had been raised by the new diversity coordinator, who offered good individual support, for example by meeting with each older detainee. However, she had insufficient time to support all those with protected characteristics under the Equalities Act 2010. There was good data collection and monthly reporting. Action was taken in response to identified imbalances, but the analysis did not show patterns and trends over time. The appointment of diversity orderlies was a positive initiative but they were not yet sufficiently active or high profile. Detainees who spoke little English were significantly less engaged with and informed about life in the centre. They responded more negatively in parts of our survey, notably in relation to feelings of safety. There were no routine meetings using interpreters to enhance communication with these groups.
- HE.21** There were few links with community organisations to support diversity work. There was a reasonable range of special events to mark cultural festivals and Black History Month. There was limited use of telephone interpretation and relatively little translated information on display. The coordinator provided good support to detainees who declared themselves to have a disability. However, the number that she had identified was far lower than the 25% who said in our survey that they had a disability, and further investigation of this disparity was required. Women were no longer detained at the centre, but there was a consequential increase in the number of women held for over 24 hours at the airport short-term holding facility.
- HE.22** The spiritual needs of detainees were well met by members of the chaplaincy team who were on site every day. The facilities in the chapel and Muslim prayer room were good but the multi-faith room was still located next to a noisy day room and was not suitable for private prayer or contemplation. Chaplains attended ACDT reviews if they were actively involved with detainees, but they did not routinely contribute to welfare or pre-release work.
- HE.23** There were few formal complaints and the quality of responses was generally good. Governance arrangements were satisfactory and regular quality checks were carried out. There was a monthly analysis of complaints and action was taken to deal with emerging problems.
- HE.24** In our survey, detainees were significantly more negative about the quality of food than at the previous inspection but responded in line with findings at other centres. The quality of food was reasonable, but the range of fresh fruit and vegetables and the choice of lighter and healthier meals were limited. Detainees were keen to prepare and cook their own food but could not do so. Food preparation and dining areas were clean and well maintained and detainees working there were health screened. The new café and shop enabled detainees to buy goods easily and provided a relaxed atmosphere for them to sit in.

HE.25 Health services were reasonable and clinical governance was satisfactory. Health services staff were generally respectful and helpful. There was an inappropriate reliance on detainees' friends to interpret during consultations and professional interpretation was underused. Detainees had good access to health services, but mental health provision was inconsistent. There had been no access to a registered mental health nurse for a few weeks and there were limited therapeutic interventions for detainees with low-level mental health conditions such as anxiety. A psychotherapist did ongoing work with people identified as victims of torture. A pharmacist visited monthly but there were no dedicated pharmacy clinics and no standard procedures for checking stock. Dental services had improved and the waiting list was not excessive.

Activities

HE.26 Most detainees had enough to do to fill their time. There was sufficient paid work to meet demand. English for speakers of other languages (ESOL) and arts and crafts provision and teaching were reasonably good, but classes for detainees who spoke good English were limited. Access to recreational activities was satisfactory. The library was accessible and well used. PE facilities were adequate but staff were unqualified. Outcomes for detainees against this healthy establishment test were reasonably good.

HE.27 There were far more work places for the population than at the previous inspection and work was well promoted. However, detainees who did not comply with UKBA were not cleared for work, which inappropriately conflated the roles of UKBA and the centre. There were sufficient ESOL classes to meet the needs of short-term detainees. The only class for those who spoke English well was arts and crafts. ESOL and arts and crafts provision was satisfactory and internet access had replaced IT classes. Classes were led by well qualified teachers assisted by detainee orderlies.

HE.28 Educational facilities were good and detainees appreciated the classes. A core group of detainees attended regularly, but classes were rarely used to maximum capacity and this could have been improved by a clearer introduction to activities. Education was supplemented by recreational activities, such as bingo and competitions. The day rooms were well used and equipped with games tables.

HE.29 Data on participation in activities, particularly by nationality, was more regularly collected and analysed but not routinely used to review and improve provision. A small team of dedicated officers had been assigned to activities but there were not enough to provide adequate cover at all times. These officers had received some basic training.

HE.30 The library was accessible and well used by detainees. There was no recording or monitoring of loans, returns, stock or losses and no clear plan for new purchases. Population statistics were not used to review library stock. Dictionaries and fiction were available in about 20 languages but much of the stock appeared old. A small range of foreign language newspapers and magazines was on display but these were not regularly reviewed against the changing detainee population.

HE.31 The PE and sports facilities were satisfactorily equipped, accessible and well used. Detainees were checked by health services staff for any contra-indications and were given an induction before using the gym. Induction sessions were held every morning. Provision was monitored by a dedicated member of staff from the activities team and a gym orderly. They had received basic training but were not qualified to oversee and manage potential risks.

Preparation for release

HE.32 There was an efficient, accessible and valued welfare service. Visits provision was good. There was good access to telephones, fax and internet, although detainees were not always able to access legitimate internet sites and download important documents. The Gatwick detainee welfare group provided a useful service and had good relationships with the centre. While pre-removal work needed further development, it had improved markedly and we saw some good work in this area. Outcomes for detainees against this healthy establishment test were good.

HE.33 There was a useful welfare service with good access and opening hours. All newly arrived detainees were seen by the welfare officer, although those due to leave were only seen if they requested help.

HE.34 The availability of unbooked visits was much appreciated by detainees. The visits environment was reasonably bright and informal, though the décor was worn and institutional. The atmosphere was relaxed and relevant information was available to visitors, although mainly only in English. There was a small range of refreshments, but no healthy options. The free minibus service for visitors remained a valuable service.

HE.35 Telephone access was generally good, although problems with telephones at the time of the inspection were to be rectified by the imminent introduction of a new system of mobile phones. Access to faxes was good and the management of mail was adequate. There was generally good access to the internet, but legitimate sites were blocked and library staff told us that they could not unblock them. These included legal information and UKBA sites. Detainees could not open attachments.

HE.36 The centre had established good working relationships with the Gatwick detainee welfare group (GDWG), which provided a very useful service through a large group of volunteer visitors. GDWG regularly supplied clothes and suitcases to supplement the basic resources available at the centre, as well as shirts, ties and jackets for video link and court appearances. The GDWG provided some financial help to detainees being removed who had no money to travel home from the destination airport. The International Organisation for Migration attended regularly but not always at advertised times.

HE.37 There were few high-risk removals. Preparations for removal were not systematic, but those at risk of self-harm were managed appropriately on ACDT and briefings were given in advance to detainees being removed on charter flights. We observed a briefing session for Afghanis about to be removed at which staff gave practical information politely and sensitively. Detainees were able to see UKBA staff and were given the opportunity to ask questions, although interpreters were not used.

Main recommendations

HE.38 Concern: Detainees were moved between centres in the middle of the night which was unnecessary and disorientating.

Recommendation: Detainees should not be subject to exhausting overnight transfers between centres.

HE.39 Concern: Rule 35 applications, which were meant to safeguard detainees with mental and physical health needs and torture survivors, were not operating correctly. The rule stated that applications should be written by a doctor, but initial applications were often poorly written by health care staff and replies were late and perfunctory.

Recommendation: Rule 35 letters should be completed by doctors and UKBA responses should be prompt and should explain in detail why detention is being maintained, taking account of all the presenting factors.

HE.40 Concern: Detainees who were identified as being at risk of suicide and self-harm were located in the separation accommodation used for refractory detainees (rules 40 and 41 of the detention centre rules). The accommodation was stark and bare.

Recommendation: Detainees at risk of self-harm or suicide should not be located in the separation accommodation solely for reasons of vulnerability. A suitable care suite should be available.

HE.41 Concern: All staff had access to telephone interpreting services, but they were rarely used. On occasion, fellow detainees were used to interpret which was inappropriate particularly when accuracy and confidentiality were needed.

Recommendation: Professional interpretation should always be used with non-fluent English speakers when discussing sensitive issues such as those relating to health care.

HE.42 Concern: Groups of detainees were isolated from staff and the rest of the population, particularly the Chinese and Vietnamese detainees. The centre was not addressing sufficiently the needs of these marginalised groups.

Recommendation: Regular meetings should be held with groups of different nationalities, using professional interpretation where necessary, to establish and help resolve concerns.

HE.43 Concern: Detainees were told they were to be removed when they were in fact being taken to the airport as 'reserves' to fill possible spaces on charter flights. This was a distressing and inhumane practice.

Recommendation: The practice of taking additional detainees as reserves to the airport for charter flight removals should cease.

Section 1: Arrival in detention

Expected outcomes:

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

Escort vans and transfers

- 1.1 Escort vans were clean and detainees reported polite and respectful treatment from escorting staff. There were a number of overnight moves. Detainee welfare records were often not completed accurately, or at all, by escort staff. Detainees being escorted overseas were unnecessarily handled on to vehicles. There was an inappropriate presumption towards handcuffing for outside escorts.
- 1.2 G4S was the contracted escort provider. Escort vehicles that we inspected were clean and well equipped with drinks and refreshments and fitted with CCTV cameras. We observed respectful and polite interactions between escort staff and detainees. In our survey, 65% of detainees reported being treated well or very well by escort staff, against the comparator of 54%.
- 1.3 In our focus groups, most detainees said that they were offered food and drink during transfers, but some said that they were not offered regular toilet breaks. One detainee reported a journey of 12 hours with only one stop. It was difficult to clarify the extent to which breaks were offered, as a significant number of detainee welfare records were not completed fully or at all. Some records were inaccurate. One showed an arrival date two days later than the date entered by reception staff.
- 1.4 The reception area was open 24 hours a day. A significant number of transfers took place in the early hours of the morning. During January 2011, a total of 214 detainees had arrived at Tinsley House, 70 of whom had arrived between midnight and 5am. This was exhausting and disorientating for detainees (see main recommendations).
- 1.5 We observed a group of Afghani detainees being removed from the centre by overseas escort staff for transfer to a charter flight. Each detainee was brought to reception separately, where they were thoroughly but respectfully searched, and were able to ask questions of escort staff and the accompanying medic. Staff were helpful and polite. Each detainee was taken to the coach by two escort staff, one of whom stood either side of the detainee holding each arm. This was unnecessary in the absence of any identified risks and a ratio of 1.5 escort staff to every detainee, and detainees were boarding in a secure area. The coach was clean and well stocked. It contained a toilet, which detainees could use on request, although a member of staff outside kept a hand in the doorway to prevent it closing.
- 1.6 The detainee escorting and population management unit still operated a system of 'reserves' for overseas escorts. More detainees were escorted to the airport than there were available seats to replace detainees who might be granted a last-minute judicial review or suffer illness. Detainees were not told if they were a reserve. Consequently, some detainees, after preparing for return to their country of origin and experiencing associated distress, were returned to detention from the airport. Staff said that some detainees were returned to a different immigration removal centre and expressed concern about the impact of this on them.

- 1.7 Cursory risk assessments were conducted to determine handcuffing arrangements during escorts. It was presumed that all detainees would be handcuffed. Security arrangements at local hospitals and a lack of detainee custodial history were identified as sufficient reasons for the use of handcuffs. Staff told us that, unless a detainee was physically incapacitated and unable to escape, he was assessed as requiring the use of handcuffs.

Recommendations

- 1.8 All detainee welfare records should be completed fully and accurately by escort staff.
- 1.9 Detainees should not be handled during escorts in the absence of information indicating a significant risk.
- 1.10 Detainees should only be handcuffed during hospital escorts if risk assessment indicates specific risk of harm or escape.

Housekeeping point

- 1.11 Detainees should be granted privacy when using toilet facilities during escorts.

Reception

- 1.12 The recently refurbished reception was clean and bright and usually accommodated the number of detainees passing through. Reception staff were polite and respectful. Reception interviews were not conducted privately and made limited use of professional interpretation services. The reception risk assessment process was adequate to identify substantial risks but staff did not fully understand their role in the risk assessment. Prison records did not always arrive with former foreign national prisoners.
- 1.13 The reception area was operational 24 hours a day, seven days a week. It had recently been refurbished and consisted of three rooms: the main office (housing staff, computers and a security portal); a waiting room which could hold up to six detainees at a time; and an area for booking in property. Detainees passed through the security portal into the waiting area, where there were toilet facilities and hot and cold drink-making facilities, but few magazines or newspapers. We observed reception staff greeting detainees in a polite and respectful manner. After being booked in, detainees moved to the health care room and then to induction. In our survey, 76% of detainees reported being treated well or very well by reception staff against the comparator of 56%.
- 1.14 Reception was usually able to manage the flow of detainees moving into and out of the centre, but staff reported ongoing problems with escort vans queuing up outside. They had good communication with escort staff concerning the number of arrivals and departures but did not always receive an estimated time of arrival. Escorts from the immigration tribunal hearing centres often arrived in quick succession and detainees were occasionally required to remain on vans for two to three hours.
- 1.15 Detainees were able to take items of their own property into the centre, excluding money, and the remainder was stored. They were not able to make a telephone call in reception, but were able to retain mobile phones as long as they met UK Border Agency criteria. A digital enhanced cordless telecommunication telephone was available for detainees who needed one

(see section on preparation for release). A toiletries pack, towels, bedding and tea-making facilities were issued to all arrivals.

- 1.16 An information booklet entitled 'Detainee House Rules' was available in the waiting room in 12 different languages and staff ensured that detainees received a copy. The booklet referred to 'Gatwick IRC' and covered both Tinsley House and the neighbouring Brook House, which was confusing. However, the information specific to Tinsley House was useful and provided details of meal times, visits and health care.
- 1.17 The reception interview was conducted through a hatch in the wall between the main office and the waiting room and was within earshot of other detainees. Staff checked what language detainees spoke but did not routinely use a professional interpretation service with those who could not speak English. We observed a safer community orderly interpreting, which was inappropriate given the personal nature of some questions. In our focus groups, a number of Chinese and Afghani detainees who spoke little English reported not understanding what was happening in reception.
- 1.18 Reception staff initiated a first night risk assessment form and documented any concerns they had about a detainee's wellbeing. The assessment accompanied the detainee through the first 24 hours of detention, for further completion by health care, induction and residential staff. The assessment was critical for the early identification of self-harm and suicide risks. In our survey, 40% of detainees reported feeling depressed or suicidal when they first arrived against the comparator of 28%, which reinforced the need for early identification. The process was adequate to identify substantial risks but reception staff were confused about their role in the risk assessment, saying that they merely carried out the basic booking-in procedure, leaving health care to address the risk-based issues. This approach was not sufficiently robust to meet the safer community policy and first night in detention procedures.
- 1.19 Prison records did not consistently arrive with former foreign national prisoners. If they did arrive, reception staff sent them straight to the security department rather than integrating relevant information into the initial risk assessment.

Recommendations

- 1.20 Arrivals should be coordinated to ensure that detainees are not subjected to long delays disembarking from vehicles.
- 1.21 All detainees should be interviewed in private in reception using a professional interpretation service if they cannot speak English.
- 1.22 Reception staff should be aware of the purpose of reception interviews and complete first night risk assessment forms competently.
- 1.23 Prison files should accompany all arriving foreign national ex-prisoners and be used to inform the first night risk assessment.

Housekeeping point

- 1.24 The waiting room should contain books, newspapers and magazines in a range of languages.

First night and induction

- 1.25 First night checks were thorough and records suggested good interaction and careful monitoring. Most detainees felt safe on their first night. Induction was carried out promptly and individually, but was of less use to non-English speakers. Risk assessment forms were not always fully completed.
- 1.26 Detainees were able to make a telephone call, change their clothes and shower once they had been shown their rooms. Late arrivals received a hot meal, irrespective of the time they arrived. As part of the ongoing risk assessment, four checks were made on each newly arrived detainee over the course of the first 24 hours and recorded on the assessment form. Records demonstrated regular and proactive interactions with detainees by staff. In our survey, 44% of detainees who reported having problems when they first arrived said they received help or support from a member of staff in dealing with these problems in the first 24 hours, against the comparator of 27%. In our focus groups and survey, most detainees reported feeling safe on their first night.
- 1.27 Detainees were given an induction to the centre on the day they arrived. Late arrivals received an induction the following day. This consisted of the detainee being shown their room and receiving an individual tour of the centre, during which the officer referred them to the relevant section of the house rules. In our focus groups, many detainees reported finding the induction helpful, although those who did not speak English found it less so. Staff used other detainees to interpret where possible but this option was not available for all, and other alternatives, such as the telephone interpreting service, were not used. There were no dedicated induction staff which led to some inconsistencies in delivery. Not all staff were aware of the induction checklist.
- 1.28 The officer delivering induction was required to record any concerns about the detainee on the first night risk assessment form. We looked at a number of forms which had not been fully completed by induction staff or the welfare officer, who was also required to make comments. Despite this, the forms had been signed off by the duty manager.

Recommendation

- 1.29 **Induction staff should ensure that all detainees are made aware of what is being said, including those who do not speak English.**

Housekeeping points

- 1.30 Staff should use the induction checklist to ensure that all information is consistently covered.
- 1.31 All risk assessment forms should be fully completed and signed off by induction and welfare staff, overseen by the duty manager.

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 family unit was being refurbished and there were no longer any rooms for female detainees. The centre was clean and bright, but the walls in communal areas and bedrooms were bare with few pictures to soften the environment. Bedrooms were stuffy and poorly ventilated, although funding had been agreed to improve the ventilation. Detainees had good access to the small laundry and could shower whenever they wished.

Accommodation and facilities

- 2.2 There had been substantial changes to the physical layout of the centre. The family unit had been closed for refurbishment and expansion and was due to reopen the following month. The accommodation previously used for women had been incorporated into the new family unit. There were no women in the centre at the time of the inspection and we were told that they were unlikely to return, although this was not guaranteed. The shop had been moved to a new, more central location, and now had a small café attached which provided a more relaxed environment for detainees (see section on centre shop). Two of the three separation rooms had been converted into the new laundry and the welfare office. There was a small but well-used outside courtyard area, where detainees could smoke. A large wooden fence had been erected to ensure that it no longer overlooked the children's play area. There were two well-used association rooms (see activities section).
- 2.3 Communal areas were clean and bright and many had been repainted. There were some colourful, useful notices on the information boards, mostly in English. There were few pictures or other decorations to soften the environment and many walls were bare. Dark carpets in the communal areas had been replaced with beige lino, which made the corridors brighter and had remedied the lingering odour noted at previous inspections. Hot water boilers and cold water dispensers had been installed in residential areas and detainees had easy access to both.
- 2.4 The bedrooms were clean and well equipped and were being painted in rotation, but walls were mainly bare. Most rooms were shared by three or four people. All had single beds, large lockable wardrobes, chairs and a shared television. The furniture was in reasonable condition and all detainees we asked said they had keys to the wardrobes. The windows had curtains, but could not be opened, and poor ventilation was a longstanding problem. Bedrooms were stuffy and some staff told us that they could become stiflingly hot in the summer months. Many detainees propped open their doors to improve air flow. Managers told us that funding had finally been agreed to install a much needed ventilation system.
- 2.5 Consultation meetings were held each month and there was some evidence of action taken to remedy identified problems. Generally, only four or five detainees attended, often the same people (see catering section). Some notices said that meetings were limited to only six people, although there was no policy to this effect.

- 2.6 The tannoy system was operational but was reserved for emergencies or locating detainees when other methods had failed. This had limited the intrusive noise that had previously disturbed detainees. There were regular fire safety tests and the centre was subject to fire safety inspections.

Clothing and possessions

- 2.7 Detainees wore their own clothes and could store possessions in an adequately sized reception store. We were not told of any problems gaining access to property. Detainees could also make use of a large stock of clothing provided by the centre, including underwear, socks, shoes, tracksuit bottoms and tops. The Gatwick detainee welfare group provided more substantial clothes when needed (see preparation for release section).

Hygiene

- 2.8 Professional cleaners cleaned the communal parts of the centre twice a day. Detainees were responsible for cleaning their own rooms and could obtain adequate cleaning materials. Most rooms were clean and in good order. There were plenty of showers and toilets, including squat toilets, and most were clean and in good order. Detainees had constant access to both.
- 2.9 New bedding was provided for each new arrival. Bedding could be changed every week and more often on request. The small laundry had three domestic washing machines, two dryers and two ironing boards with irons. Washing liquid was free. We were told that the machines were about to be replaced by new industrial equipment. Detainees had easy access to the facilities and, while the area was cramped, detainees we spoke to said it was adequate for their needs. Detainees were provided with free toiletries on request.

Recommendation

- 2.10 Detainees' rooms should be properly ventilated.

Housekeeping point

- 2.11 Consultation should involve a wide range of detainees to facilitate truly representative meetings.

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.

- 2.12 Interactions between staff and detainees were characterised by respect and detainees told us that the positive approach of staff was one of the best things about life in the centre. There was

no care officer scheme, although this was in an advanced stage of planning. There was little use of history sheets.

- 2.13 In our survey, 82% of detainees, against the comparator of 65%, said that most staff treated them with respect, and 61% said that they had a member of staff to turn to if they needed help. Our in-depth interviews with detainees also indicated that the approach of staff was one of the most positive factors about the centre, with typical comments including: '*They call me by my first name. They are polite, good to me*' ... '*Most of them listen to you*' ... '*They help - they direct you to services*'.
- 2.14 However, a constant theme was the problems experienced by detainees who spoke little English. In our group interviews using interpreters, these detainees were more negative about life in the centre and lack of communication with staff was cited as a major reason for this. Interpretation remained underused and there were no routine group sessions to enhance dialogue with different nationality groups (see diversity section and main recommendations).
- 2.15 There was no care officer scheme, but a policy had been written and we were told that it was to be implemented imminently. In its absence, there was very little use of history sheets and we saw no entries in our sample that described the mood or welfare of detainees to build up a picture of the people in the care of the centre.

Recommendation

- 2.16 The planned care officer scheme should be implemented as soon as possible.

Section 3: Casework

Legal rights

Expected outcomes:

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

- 3.1 Detainees had contact with the on-site immigration team shortly after arriving at the centre. Detainees could access legal advice through the twice-weekly duty advice surgeries, but it was more difficult for detainees to find a solicitor to represent them. Significantly fewer non-English speaking detainees had a solicitor. Detainees could communicate with their solicitors easily. Word and PDF files could not be opened in the IT suite which prevented detainees from obtaining information from important legal websites. Detainees had access to up-to-date legal text books, but country of origin information reports were not available electronically or in hard copy. There were sufficient facilities for solicitors to meet their clients. There was insufficient information available to detainees who wished to complain about their solicitors.
- 3.2 Most detainees were seen by a member of the contact management team within 24 hours. In the three months prior to the inspection, the team had inducted an average of 132 detainees a month. During their induction interview, detainees were asked if they had an immigration lawyer. Those without a lawyer were signposted to the duty advice scheme. Detainees were advised on how to apply for bail. To reinforce the information given during induction, they were given two leaflets, which were available in 11 languages.
- 3.3 Detainees were able to seek legal advice through the duty advice scheme. Two organisations provided surgeries under the scheme on behalf of the Legal Services Commission. Surgeries were held twice a week and up to 10 detainees could be seen a day, each for up to 30 minutes. A single notice in the library directed detainees to the surgery, but it was only in English. Waiting lists for the duty advice scheme were short. At the time of the inspection, detainees were seen within three working days.
- 3.4 The organisations providing services for the duty advice scheme did not always have the capacity to take on detainees who attended the surgeries. Those who were unable to secure legal representation through the scheme could fax solicitors from a list provided by the welfare office. Funding restrictions prevented detainees from instructing a legal aid lawyer other than through the duty advice scheme and some detainees went without legal representation. In our survey, 29% of detainees against the comparator of 43% said they had received free legal advice.
- 3.5 It was more difficult for non-English speaking detainees to find a solicitor to represent them. In our survey, three-quarters of English-speaking detainees had a lawyer compared to a third of non-English speaking detainees. During the inspection, a young non-English speaking person claiming to be 15 years of age who was to be returned to Italy had been detained for over four weeks without legal representation. Another detainee told us during a structured interview: *'I need a lawyer urgently - I have spoken to immigration. I have a friend who translates - information is only in English not Pushtu'*.

- 3.6 Detainees could contact their legal representatives by telephone, fax and email (see section on preparation for release). In our survey, 68% of detainees said they could contact their lawyer easily. There were suitable facilities for solicitors to visit detainees in private. Interview rooms were sound proofed but chairs were chained to the floor which was uninviting and disrespectful. Detainees were able to send faxes from the library or the welfare office. Incoming faxes were received in the welfare office. Following receipt of a fax, the welfare officer wrote the detainee's name on a white board outside the welfare office. This system worked well. Detainees had access to online email accounts, but they were unable to open attachments. They were also unable to access pages on some important websites, for example the UK Border Agency's detention policies or judgements from the Upper Tribunal, as these were in Word or PDF format.
- 3.7 A single personal computer in the IT room was equipped with Word and connected to the library printer. This allowed detainees to write to their solicitors and prepare documents for their tribunal hearings. The spell checker assisted detainees whose first language was not English. This PC was not connected to the internet.
- 3.8 Bail application forms were available from the welfare office. Detainees were unable to download bail forms from the First-tier Tribunal (Immigration and Asylum Chamber) website, which prevented them from typing the forms. Copies of the Bail for Immigration Detainees' handbook 'How to get out of Detention' were available in the welfare office and library, but there were only two translated copies.
- 3.9 In our survey, 55% of detainees said they could get legal books in the library against the comparator of 25%. Detainees could not access country of origin reports. There were no hard copies in the library and electronic copies could not be downloaded from the internet as they were in Word format. This impeded detainees' ability to prepare for asylum and deportation hearings and affected their preparations for returning to their country of origin.
- 3.10 There was insufficient information on how detainees could complain about their solicitors. The library held some leaflets but no complaint forms from the Office of the Immigration Service's Commissioner (OISC). The welfare office stocked complaint forms from the obsolete Legal Complaints Service. There were no notices, leaflets or complaint forms relating to the Legal Ombudsman. Staff were unable to distinguish between the OISC and the Legal Ombudsman.

Recommendations

- 3.11 **In cooperation with the Legal Services Commission, the reasons for the low number of non-English speaking detainees with access to a solicitor should be investigated and the findings acted on.**
- 3.12 **Detainees should be able to open email attachments and access Word or PDF documents on important legal websites.**
- 3.13 **Hard copies of up-to-date country of origin information reports should be available in the library and electronic copies on the PCs in the internet suite.**

Housekeeping points

- 3.14 Notices should be displayed around the centre, in a variety of languages, promoting the duty advice scheme.

- 3.15 Detainees should only be interviewed in rooms with chairs chained to the floor following individual risk assessments.
- 3.16 Copies of the Bail for Immigration Detainees' handbook 'How to get out of Detention' should be freely available in English and other languages.
- 3.17 Complaint forms, guidance and documents relating to the Office of the Immigration Service's Commissioner and the Legal Ombudsman should be available in the centre. The Legal Ombudsman's helpline telephone number should be displayed.

Immigration casework

Expected outcomes:

Decisions to detain are based on individual reasons that are clearly communicated and effectively reviewed. Detention is for the minimum period necessary and detainees are kept informed throughout about the progress of their cases.

3.18 There were no accurate central records of accumulated length of detention. The on-site immigration team met every detainee at least once a month and served documents face to face. Immigration files were in good order. Concern about immigration cases was the most significant issue in our safety interviews. Most monthly reviews of detention were served on time, but not all reviews considered all factors affecting the decision to detain. Rule 35 reports were not always written by a doctor. Replies were sometimes late and failed to address the issues raised. Interventions from health care professionals were sometimes not replied to.

3.19 Two detainees had been held in the centre for more than 10 months, two for more than eight months and two for more than six months. The largest nationality groups were Afghani (18), Pakistani (9) and Indian (9). Neither G4S nor UKBA kept accurate, easily accessible information on accumulated length of detention. The contact management team kept a spreadsheet of how long detainees had been held in the immigration estate, but this did not include detention in prisons under immigration powers.

3.20 The UKBA contact management team comprised a manager at HEO grade, a deputy manager EO and four administrative officers. The team acted as a conduit between detainees and their case owners in the criminal casework directorate, new asylum model teams or local immigration teams. As well as inducting newly arrived detainees (see legal rights section), the team saw every detainee at least once a month and served relevant documentation such as removal directions, bail summaries and monthly reviews of detention. The team were on site seven days a week. Their office was open 7.30am to 7.30pm on weekdays and 9am to 5pm at weekends. Most on-site immigration files were in good order, but we found correspondence relating to one detainee on a different detainee's file.

3.21 In our safety interviews, concern about immigration cases was the most prevalent safety issue. The majority of detainees interviewed felt that the on-site contact management team were accessible but the case owner making decisions on their cases was less so. One detainee told us: *'You can speak to an immigration officer once you put in a request, but they're not the ones making the decisions - they're just the messengers. There's no access to your caseworker - I've never met him and am just writing a letter to someone I've never seen. I'm taking medication because of the stress.'*

- 3.22 Detainees could ask to see a member of the contact management team by completing a form at the welfare office. During the three months prior to the inspection, the team had responded to 142 requests a month. Most detainees asking to see the team wanted an update on their immigration case.
- 3.23 Most monthly reviews of detention were served on time and those that were not were followed up by the contact management team. On the first day of the inspection, six reviews were overdue. The quality of the review letters varied. The first letter, written after 28 days, was often detailed, but subsequent reviews did not consider all relevant factors. In one case, a failed asylum seeker had submitted further representations to the case owner and in another a detainee had settled family members in the UK. In neither case were these factors addressed in the monthly review letters.
- 3.24 Rule 35 reports, issued by health services staff if there was evidence that a detainee had been tortured or was physically or mentally unfit to be detained, were often written by a nurse rather than a GP as required. Replies were sometimes late, despite being followed up by the contact management team. Replies did not always adequately consider the information put forward. In one particularly poor example, a psychotherapist wrote: *'In my clinical opinion [the detainee] is suffering from post-traumatic stress disorder and depressed mood.... He needs to be back in the community so that he can access longer-term psychotherapeutic trauma therapy'*. Yet the reply from the case owner stated: *'In the report the psychotherapist makes no recommendation that your detention is detrimental to your health. She mentions that she will see you again in two weeks' time. We are therefore satisfied that you are being given the correct and appropriate care whilst you are detained.'*
- 3.25 In the same case, a locum consultant psychiatrist subsequently wrote directly to the case owner confirming that the detainee: *'... suffers from post-traumatic stress disorder and depression which is worsening as a result of his detention. He is becoming increasingly suicidal and I feel he now presents a real risk to his life. Because of his previous traumatic experiences in custody the detention appears particularly harmful to him. In addition to this mental illness he has a history of stroke, head injury, high blood pressure.... Further psychological therapy cannot be carried out whilst he is detained. This means effectively his treatment is at an impasse.'*
- 3.26 When we spoke to the detainee, he told us: 'I feel morbid and depressed. I don't know how to control my anger. When I get attacks and hallucinations, I can't make out what is real and what isn't. I sometimes feel that I want to harm myself.' Despite this, the detainee remained in detention three months later. We could not find a reply to the psychiatrist's letter on file and he confirmed that he had not received a reply. It was clear from the file that the on-site contact management team were concerned about the detainee's welfare and had encouraged the case owner to progress the case (see main recommendations).

Recommendations

- 3.27 Accessible central records should be kept of the total time that individuals have been detained anywhere (including prisons) under immigration powers.
- 3.28 Monthly reviews of detention should give balanced consideration to all material factors affecting the decision to detain.

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 Bullying was uncommon and incidents were not of a serious nature. When bullying did occur, staff took it seriously and managed it effectively. There was little self-harm. There was a well co-ordinated team approach to dealing with detainees who were at risk of suicide and self-harm, which now included the Samaritans. Staff worked hard to provide day-to-day physical care and support to detainees who were vulnerable and facing difficult circumstances. However, there was unacceptable use of stark removal from association accommodation for detainees who were vulnerable. There was no care suite. Strip clothing was used unnecessarily.

Bullying

- 4.2 In our survey, over a third of detainees said they felt unsafe, and our individual safety interviews revealed that such feelings revolved mainly around immigration cases and their consequences. There were few concerns about staff or the centre and the overall results suggested a greater feeling of safety than in many other centres.
- 4.3 An anti-bullying strategy had been produced in March 2010 based on a traditional three-stage approach. Level one consisted of a warning issued to the perpetrator and monitoring. Level two resulted in increased monitoring and a possible transfer to the separation cell. Level three resulted in transfer to rule 42 accommodation in the neighbouring Brook House immigration removal centre (IRC). There had only been one case over the previous 12 months when this had happened: a male detainee was transferred following alleged harassment of female detainees. At the time of the inspection, there were no detainees subject to the anti-bullying procedures.
- 4.4 At an operational level, all work associated with bullying was led by the safer community coordinator, who was based full time at the centre. A safer community group meeting, which covered Tinsley House and Brook House, met each month and bullying was a fixed agenda item. This meeting was usually chaired by the deputy director and was attended by key centre staff, as well as UK Border Agency and Independent Monitoring Board representatives. Over the previous year representatives from the Samaritans had attended regularly and, more recently, safer community orderlies had been present.
- 4.5 Monthly reports were provided on bullying with statistics broken down by age, nationality and location of the incident. There was some analysis of patterns and trends, although the low numbers being considered limited its usefulness. Over the previous 12 months, the bullying log showed that there had been 10 reports of bullying and 13 perpetrators identified.
- 4.6 Violence was rare. Over the previous six months there had been four incidents: in two cases detainees were violent towards staff and in another two they were violent to other detainees.

During the inspection, a member of staff appeared to assault a detainee and this was under investigation. If violent incidents occurred, they were dealt with under the disciplinary procedures and were not considered at safer community meetings.

- 4.7 Investigations into reported bullying incidents were careful and thorough. The incidents were all relatively minor and included conflict arising from situations such as queue jumping or excessive noise levels. Staff took these matters seriously and investigations carried out by the safer community coordinator were well documented. Action points were set for alleged perpetrators and records showed that these were monitored and followed through. It was also clear that, if victims needed help, staff listened to them and made attempts to assist, usually by facilitating a room change or increasing staff supervision.
- 4.8 The arrangements to prevent or reduce bullying at the shop were particularly good. No money passed hands when goods were purchased and the sum charged was deducted from the detainee's account electronically. Staff working in the shop were vigilant about the risk of bullying and only served detainees on presentation of their ID cards.
- 4.9 A safety survey had been carried out in January 2011 with a relatively good return rate of about 50%. The data had not yet been fully analysed but early indications showed that detainees generally felt safe in the centre, which reflected our own findings on safety. In our own survey, significantly fewer detainees felt victimised by other detainees or staff against comparator establishments. This was confirmed by detainees in our discussion groups and in our safety interviews, where none of the 20 detainees interviewed said bullying was a problem among detainees.
- 4.10 The profile of anti-bullying work was higher than at the previous inspection. Posters raising awareness of the consequences of bullying were displayed in all residential areas. Leaflets had been produced and were available throughout the centre.
- 4.11 Since the previous inspection, two safer community wing liaison officers and two safer community orderlies had been appointed. Their photographs were displayed in the main corridor. The role of the liaison officers was to act as a link between centre staff and the safer community coordinator and to support the orderlies in their role. The orderlies currently received limited support and the work carried out by the liaison officers and the orderlies was at a relatively early stage of development.
- 4.12 Orderlies were paid for their work. Their job description was quite wide ranging and in some places ambiguous. They attended the safer community meetings and were beginning to make useful contributions. They spent most of their time walking the wings, providing detainees with advice and trying to sort out basic problems. There was scope to develop their role, for example by seeing all newly admitted detainees.

Housekeeping points

- 4.13 All incidents of violence should be discussed at the safer community meeting.
- 4.14 Safer community orderlies should have a clear job description that encourages a wider range of support.

Suicide and self-harm

- 4.15 There was an up-to-date, comprehensive policy designed to promote a safe and secure environment at both the Gatwick IRCs through the assessment, care in detention and teamwork (ACDT) document. This was supplemented by separate guidance on managing detainees under constant supervision and a food and fluid refusal policy.
- 4.16 Most of the agenda for the monthly safer community group meetings (see section on bullying) related to ACDT issues. Monthly statistical information based on nationality, age, location and triggers was presented. These data were discussed in detail and each ACDT case was dealt with individually. Most of the ACDTs opened were as a result of removal directions being served.
- 4.17 All work concerning vulnerable detainees was led by the safer community coordinator, who reported to the safer detention manager who had overall responsibility for safety at both of the Gatwick IRC sites. The safer community coordinator monitored all active ACDT and raised awareness support plan (RASP) cases. During 2010, 63 detainees had been subject to ACDT and there were typically four or five open ACDT cases at any one time. Thirty-eight detainees had been subject to the RASP procedure over the same period which was designed to provide limited additional support if detainees needed it. Many RASP cases were initiated by health care staff and concerned detainees who were low in mood or had stopped eating.
- 4.18 A list with photographs of all detainees on open cases was kept in the coordinator's office. Each case was allocated to an appropriately trained case manager. We observed two ACDT reviews, both of which were conducted sensitively and the detainee encouraged to participate in the care planning. One of these reviews was convened at short notice, following concerns expressed by the centre doctor about the deterioration in a detainee's condition. The meeting was set up quickly and staff from different backgrounds worked collaboratively.
- 4.19 ACDT reviews were generally well attended. They were chaired by a manager and attended by a residential officer, a member of the health care team and a representative of UKBA. The documentation associated with the ACDT process was varied and did not always reflect the standard of the work being carried out. Some of the care maps lacked detail and not all sections were completed. The quality assurance arrangements were good and all cases were checked methodically every month by the safer community coordinator. It was clear that the standard of documentation was improving incrementally.
- 4.20 The majority of self-harm incidents involved scratching and cutting. There had been no serious incidents of self-harm since the previous inspection.
- 4.21 All staff in direct contact with detainees carried ligature knives, and suicide and self-harm boxes, which contained first aid equipment, were located throughout the centre. All staff in post at the end of 2010 who had direct contact with detainees had completed ACDT foundation training.
- 4.22 Since the previous inspection, a care suite, which had been used infrequently, had been turned into bedroom accommodation. Thus, there was no designated place for vulnerable detainees to be looked after and it was difficult to find a private space to conduct ACDT reviews.
- 4.23 Detainees who were placed on constant watch were located in the removal from association (RFA) area. The RFA was effectively a strip cell with a metal toilet and no electricity or furniture. The main function of RFA was to house detainees who had breached discipline. If a

detainee was placed there on constant watch, a member of staff always sat at the door. This austere, oppressive environment was entirely unsuitable for detainees who were vulnerable and at risk of self-harm (see main recommendations).

- 4.24 We were told that the use of strip clothing for vulnerable detainees was rare. During the inspection, a detainee on constant watch was placed in a paper suit overnight, apparently because his own clothing was soiled. There was no governance or record of how and when strip clothing was being used.
- 4.25 There were efficient procedures for identifying detainees who were not taking meals in the canteen. A log was kept of all detainees attending the canteen, absences were noted and, if no reasonable explanation could be found, these individuals were monitored. After a set period of time, a referral was made to the health care department, which then interviewed the detainee to establish why this was happening. We were told that in most cases, detainees who did not take meals in the canteen did this because they did not like the food. It was rare for food refusal to be related to an individual's vulnerability but, if this did occur, ACDT procedures were invoked.
- 4.26 Since the previous inspection, members of the Samaritans had become monthly visitors to the centre. Their visits were advertised in advance. The safer community co-ordinator provided them with an up-to-date list of any detainees on open ACDT or RASP measures and they visited all these individuals and gave them the opportunity to talk if they wished. The Samaritans spent the remainder of their time in the library where detainees could approach them freely. We spoke to members of the Samaritan team who were pleased at the developments since the previous inspection. They thought it would be helpful if they could visit the centre more frequently to accommodate the demand for their services. There was a Samaritans telephone in the centre but it was not clear if it was ever used.

Recommendation

- 4.27 There should be clear governance on the use of strip clothing. It should only be used in exceptional and defensible circumstances to safeguard life.

Housekeeping point

- 4.28 The Samaritans should be supported to attend the centre more often and use of the Samaritan telephone should be evaluated.

Childcare and child protection

Expected outcomes:

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

- 4.29 Children and families were not held at the centre at the time of the inspection, but the children's unit was being refurbished and expanded to hold up to eight families. There were no documented plans for the unit and no admission criteria. An experienced child care

professional had been appointed to oversee the new facility. The national and local age dispute policies were not properly followed.

- 4.30 Children and families were not detained during the inspection and, with the exception of one family, had not been present at the centre for the previous two months. However, the family unit was being refurbished and considerably extended during the inspection. We were told that discussions about the new building had begun with G4S staff at the end of December 2010 and that the unit was designed to hold up to 34 people with space for eight families. It was due to open some time after March 2011 and we were told that it would admit families from two main sources: 'border cases', that is families detained from aircraft and awaiting a flight back to their home countries; and families judged to be unsuitable for the 'pre-departure accommodation' (see below) either at the outset of detention or after a period in the accommodation.
- 4.31 A new process for managing the detention of children and families was set out by UKBA in December 2010, in *'The Review into Ending the Detention of Children for Immigration Purposes'*. It does not in fact describe the end of detention, but new procedures which place greater emphasis on engagement with families. If families agree to an 'assisted return', a family conference is to be held to address concerns about removal. If families do not accept this offer, an 'extended notification period' is provided, so that they could have longer to prepare for their return. Once the required stages are completed, enforcement action is to be taken. An independent 'Family Returns Panel' has been created to 'take account of the welfare of the children involved'. The review states that, while the Panel would seek to manage return directly from the family home, as a 'last resort' it would have the option to refer families who did not co-operate to the pre-departure accommodation, located in a secure setting, but designed to 'respect family privacy and independence'. Stays would normally be for up to 72 hours, but in exceptional circumstances up to a week with ministerial approval.
- 4.32 There was a lack of documented plans on how the unit would be run and there were no published admission criteria. The speed with which this complex initiative had been introduced and the scale of the project concerned us, though it was positive that an experienced and committed child care professional had been appointed to run the new unit. It was clear that he understood the brief and was working hard to engage with the local authority to obtain relevant training for staff and ensure the necessary local child protection protocols and procedures were in place.
- 4.33 During 2010, 19 young people had been detained who had claimed to be under 18, three of whom were subsequently found to be minors and released into the care of West Sussex Social Services. UKBA did not always follow their own guidelines in relation to age dispute cases. During the inspection a young man claiming to be 15 years old was about to be removed. The local age dispute process required that full details of any detainee who had claimed to be a minor should be forwarded to Gatwick Children's Services at the earliest opportunity. The details of this young person's case were not forwarded until two weeks after his arrival.
- 4.34 UKBA's national age-assessing policy had also not been followed. The young person had undergone an age assessment prior to entering detention which was contradictory. It said: *'The assessors felt unable to conclude the assessment with an outcome and further assessment and investigation was needed...'* and a few paragraphs later: *'Based on the assessment the client's age is over 18 years old ...'*. The assessing age policy specifically stated that case owners should discuss matters with the social worker in appropriate circumstances, *'for example when it appears that the findings are unclear'*. Despite this guidance, UKBA had not contacted the social worker to clarify their findings.

- 4.35 The young person had submitted an identity card from his country of origin which he said confirmed his date of birth. UKBA's age-assessing policy stated that identity cards should be considered alongside the local authority assessment and '*An original and genuine ... national identity card in the applicant's name, which the officer can verify as genuine, and which shows that an applicant is under 18 years of age at the time of the application, will usually be sufficient proof of age*'. Yet the young person's identity card had not been translated, nor was an assessment made of its veracity to allow all material evidence to be considered by the case owner.

Recommendation

- 4.36 UKBA should follow its local and national policies when managing age dispute cases.

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.

- 4.37 The diversity strategy was comprehensive and up to date. The work of the diversity coordinator was effective but she needed support from other staff. While some monitoring was in place, planning and consultation needed to be strengthened by analysis of trends over time and by improved attendance by detainees at the meetings. There was limited translated material available or on display. Telephone interpretation was not used sufficiently and there were no routine consultations with particular nationality groups using an interpreter. There was a reasonable range of cultural events and the chaplaincy provided an excellent resource. We were pleased to find that women were no longer held at the centre. The number of detainees with disabilities identified by the centre was much smaller than suggested by our survey. Detainees with a disability perceived their treatment to be worse than those without a disability.
- 4.38 There was an excellent diversity policy, which was in line with the terms and requirements of the Equality Act, though it still had to be ratified. A new race relations and diversity coordinator had raised the profile of this work and offered good individual support to a number of detainees. However, she was based at Brook House and only spent one day each week at Tinsley House. New diversity 'toolbox training modules' had been devised by the diversity coordinator. Line managers had started to deliver these modules, but there was no systematic diversity training programme as yet.
- 4.39 The diversity and equality action team met every two months. Attendance by detainees had recently been low, with no representatives at two meetings. Job descriptions had been issued for diversity orderlies, but they did not have a high profile in the centre. A quarterly diversity survey of all detainees was carried out, but this was only issued in English.
- 4.40 The racial incident complaint form had been withdrawn and all complaints were now handled generically. Those with a racial element were referred to the race relations and diversity coordinator. Some monitoring was carried out, especially in education and activities. This had been in progress for six months but there had not yet been a systematic analysis of patterns and trends. Impact assessments had not been carried out, though some issues had been followed up, for example the fact that at one time no Afghans were in paid work.

- 4.41 The centre had been an unsuitable location for female detainees and we were pleased to find that none were being held at the time of the inspection and there were no plans to hold single women in future. However, we were told by G4S staff that there had been a consequential increase in the number of women held for 24 hours or more in short-term holding facilities at Gatwick airport. Staff had shown care and confidence in providing for a transgender detainee, with appropriate support from the diversity manager.
- 4.42 A few notices were translated into other languages. Managers had translated notices using the internet and checked the content with detainees, but this method was neither straightforward nor reliable. The costs of professional translation were high and, during the previous year, a safety survey and rule 40 documents had been translated at a cost of £3,000.
- 4.43 In our survey, detainees who did not speak English shared many of the same experiences of their early days in the centre as English speakers. The most striking variation was that 38% reported victimisation by another detainee or group of detainees, compared with only 7% of those speaking English. There was a perception among Chinese detainees that they were excluded and discriminated against, for example in using the pool table or selecting television channels in the shared association rooms. There was limited use of telephone interpretation, averaging 18 uses per month in 2010, mostly by health care staff. The chaplaincy coordinated a group of their own staff and visitors who could interpret in 20 languages, including a Chinese Christian group and a Buddhist whose contributions were particularly valuable. However, there were no routine group sessions to enhance dialogue with different nationality groups (see main recommendations).
- 4.44 Events were held to celebrate cultural diversity. Considerable effort had been put into Chinese New Year, although Chinese detainees were dissatisfied at not having more of their own choice of food and not being able to cook themselves. About five other events were celebrated each year. There were few links with community groups.
- 4.45 Detainees who identified themselves as having a disability during the health care screening at reception were referred to the diversity coordinator. She interviewed them individually and drew up a care plan which was communicated appropriately but needed greater ownership within the centre. In our survey, a quarter of respondents said that they had a disability which was many more than the number of detainees identified by the establishment at a maximum of five in any one month.
- 4.46 In our survey, detainees with a disability reported more negatively. They were more than twice as likely to say that they felt unsafe than those without a disability (63% against 30%), or that they had made a complaint since being at the centre (57% against 23%). Twenty-six per cent against a comparator of 64% said that they found it easy to use a telephone. They were also less satisfied with the standard of searching (32% against 77%) and treatment by reception staff (50% against 84%).

Recommendations

- 4.47 **In the absence of the diversity coordinator, diversity work should be allocated to named staff at Tinsley House.**
- 4.48 **Patterns and trends identified through diversity monitoring should be analysed and actioned.**

- 4.49 The apparent under-reporting of disabilities and negative perceptions of detainees with disabilities should be investigated by the centre.
- 4.50 UKBA should explore the potential for translating generic information for detainees in all centres.

Housekeeping points

- 4.51 Managers should actively promote attendance at the diversity meeting by a cross-section of detainees.
- 4.52 The quarterly diversity surveys should be available in the main languages spoken by detainees.

Faith

Expected outcomes:

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

- 4.53 Detainees had sufficient opportunities to attend corporate worship and their spiritual and pastoral needs were well met. The facilities for worship were generally good.
- 4.54 The chaplaincy team consisted of 12 chaplains who also covered Brook House IRC. Two of the chaplains were full time and the remainder were part time. The team shared a small office and worked collaboratively together. The lead chaplain convened meetings of the chaplaincy team each quarter.
- 4.55 The predominant faiths were Christianity and Islam and services in these religions took place regularly. Ministers of other faiths, in particular Sikh, Hindu and Buddhist, visited the centre several times a week. If detainees wanted to see a representative of a faith not represented in the team, contact was made with a suitable person using a database held in the centre.
- 4.56 A chaplain attended the centre every day and attended the morning briefing, where detainees requiring support were discussed. Chaplains made daily contact with detainees who had been identified as vulnerable, including individuals who had been placed in RFA accommodation. Much of this work entailed comforting and supporting detainees who were distressed about their removal directions.
- 4.57 Members of the chaplaincy team maintained a high profile in the centre. They spent most of their time conducting services or walking round the centre and were easily accessible to detainees. This was reflected in our survey results which showed that 64% of detainees felt they were able to speak to a religious leader of their own faith and 82% thought that their religious beliefs were respected. Both these figures were significantly better than the comparator and our findings at the previous inspection and were reinforced by comments detainees made about faith provision in our discussion groups.
- 4.58 The Christian chapel and the Mosque were well equipped and comfortable and were kept clean and tidy. Freedom of movement allowed detainees to use these facilities flexibly. They did not need to book their attendance in advance. Detainees from other faiths were expected

to use the multi-faith room, which contained Sikh and Hindu shrines. Although this room was bright and spacious, it was located next to a noisy recreation area and was unsuitable for prayer and contemplation.

- 4.59 A timetable of all religious services was prominently displayed in the main corridor. Christian fellowship sessions and Qur'anic study classes were held in the evenings. Every month a list of religious festivals was published and at least one event was celebrated each month. At the time of the inspection, preparations were being made to celebrate Chinese New Year. Detainees were invited to make suggestions about how the festival could be celebrated. Detainees were able to obtain on request religious artefacts, such as books and rosary beads, to help them worship.
- 4.60 The chaplains had a close working relationship with the safer detention coordinator and fed back information about vulnerable detainees. Chaplains attended ACDT reviews when they were actively involved with the detainees concerned, but were not otherwise involved in pre-release planning. Members of the chaplaincy were on call in the event of an out-of-hours emergency, for example, if a detainee's relative had died.

Recommendations

- 4.61 **Detainees of minority faiths should have a suitable, quiet room for prayer and contemplation.**
- 4.62 **Where appropriate, chaplains should be involved in pre-release planning.**

Section 5: Health services

Expected outcomes:

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

- 5.1 Clinical governance was satisfactory. Health services staff were generally respectful and helpful. There was an inappropriate reliance on other detainees to interpret during consultations. Primary care and pharmacy services were reasonable overall, although some areas required attention. There was good access to the GP. Dental services had improved and the waiting list was not excessive. Access to mental health services was more limited. Health care provision was hampered by its location which was too small to provide a confidential service.

General

- 5.2 Health care was provided by Saxonbrook Medical Centre, a local GP practice which had a contract with G4S to provide 24-hour health care cover. The 2010 health needs assessment had been sent to the public health department at West Sussex Primary Care Trust (PCT). It was in draft form and there was no identified date for completion.
- 5.3 Detainees had good access to health care which was located on the ground floor near the reception area and central control room. The health care room was a multipurpose pharmacy, consultation and treatment room. There was a toilet and smaller waiting room attached. It was in good order with medication stored in lockable cabinets. Consultations were frequently interrupted and there were no areas for private discussions. Although the room had been refurbished, the lack of privacy for consultations remained unacceptable. Health services staff addressed detainees respectfully and were generally helpful, but we noted some inappropriately abrupt behaviour from some staff.

Recommendations

- 5.4 There should be suitable facilities for health care staff to run clinics and consultations in private and without being disturbed.
- 5.5 Health services staff should at all times behave politely towards detainees.

Clinical governance

- 5.6 Clinical governance arrangements required further attention despite efforts to address defects. A range of policies and procedures were being updated. There was no evidence that staff had read them. Some clinical audit had commenced and other aspects were planned but not all staff were aware of the programme. An infection control audit had been carried out within the last year. An unannounced health care audit had been completed in 2009 by the managing medical officer from Haslar immigration removal centre. There were good links with the G4S head of medical services. The lead GP attended the clinical governance board and health care managers group when quality and performance matters were discussed.

- 5.7 The senior partner from Saxonbrook Medical Centre held the post of head of health care for Brook House and Tinsley House. A GP was available three hours a day from Monday to Friday and two hours a day at weekends. An acting team leader had responsibilities across both sites. She was supported by a team of four nurses at Tinsley House. Nursing cover consisted of two shifts over the 24-hour period. There was usually one nurse per shift. There were good links with Brook House and generally services were shared across the two sites. There was cover from Brook House for staff who were absent. There was no administrative support at Tinsley House and nurses carried out administrative duties.
- 5.8 A staff orientation handbook and a workforce plan had recently been developed. The workforce plan described a stepped learning and development programme. There had been insufficient time for this to be fully implemented. Continuing professional development and clinical supervision were supported but availability was limited. Use of clinical supervision was poor. Nurses were up to date in their mandatory training which was provided by Saxonbrook. There was reliance on in-house and online training. Nurses with responsibilities such as long-term conditions had not received further training.
- 5.9 Emergency equipment (including oxygen, dressings and a defibrillator) was held in the department. This was checked weekly and the checks documented. The majority of uniformed staff were up to date with first aid training. First aid kits were accessible around the site, but there was no record of these being checked and one kit contained out-of-date equipment. There was uncertainty as to where responsibility lay for checking and replacing equipment.
- 5.10 All clinical records were held on 'cross care' (an electronic system) and were contemporaneous. Paper records received from other establishments were scanned on to the electronic system and stored in locked cabinets in the waiting area. Only health care staff had access to medical records.
- 5.11 Complaints received via G4S were sent to the lead GP and the acting senior nurse for investigation. Complaints were not discussed at meetings but there were plans to do so in the future. There had been 12 complaints in the previous 12 months. Written responses were kept on a complaints log.
- 5.12 There was an up-to-date policy and an electronic system for reporting clinical incidents and serious untoward incidents. We were informed that there was reluctance from staff to report incidents. No reports were available in the department and there was no clear mechanism to analyse and learn from incidents.

Recommendations

- 5.13 **A clear programme of clinical audit should be in place and reviewed regularly.**
- 5.14 **Administrative support should be provided to release qualified nurses for professional duties in caring for detainees.**
- 5.15 **All nursing staff should participate in a structured clinical supervision programme and have appropriate developmental opportunities.**
- 5.16 **A system should be in place in the health care department to monitor clinical incidents and the lessons learnt from these.**

Housekeeping points

- 5.17 All first aid kits should be checked regularly and checks recorded.
- 5.18 Health promotion and health information posters should be widely available around the site in a range of languages.

Primary care

- 5.19 Newly arrived detainees were seen within two hours of arrival and a reception screening completed electronically. Detainees were asked questions relating to their physical health, mental health and substance use. Detainees were offered the opportunity to see the doctor if necessary.
- 5.20 Nursing staff asked detainees during their reception screening if they had experienced mistreatment or torture or had any unstable illnesses such as asthma or unstable diabetes. These were reported, with the detainees' consent, to the UK Border Agency under rule 35 of the detention centre rules (see section on immigration casework and main recommendations). Forty torture claims had been logged in a four-month period. Training in identifying and caring for torture survivors was provided by the lead GP but no external training was provided. There was no evidence of multidisciplinary meetings to discuss whether continued detention could be detrimental to a detainee's health. We found one example of differing opinions being expressed to a detainee's caseworker.
- 5.21 There was a range of health promotion material in the health care clinic in a variety of languages, although many of the posters were in English. There was limited health promotion material in other areas of Tinsley House.
- 5.22 A long-term conditions clinic was held weekly and the nurse monitored detainees with diabetes or hypertension. Sexual health services were provided at the walk-in clinic provided by Western Sussex Hospitals NHS Trust. There was access to a weekly HIV clinic at Brook House. Condoms were easily available for detainees, although no lubricant was available. Eye tests and reading glasses were provided following a GP examination. There were plans to provide optical services from Brook House. There was no smoking cessation clinic, although nicotine replacement therapy was available to detainees who requested it. There were no immunisation clinics. Waiting times were short.
- 5.23 There was a good range of triage algorithms. Nurse triage was available but not used to best effect. There was no appointment system to see the GP which contributed to the interruptions to consultations. The range of services and clinics were not well advertised.
- 5.24 Detainees often interpreted for other detainees during private health care consultations. This was inappropriate and could have led to important information being misinterpreted (see main recommendations). The reception screen was printed in several languages. Web-based services specialising in health issues were used to translate health materials.
- 5.25 When detainees left Tinsley House, a summary of their health care records was printed and sent with them. Two days' medication was provided if required. There was no evidence of discharge planning for detainees who had complex or specific needs such as ongoing health issues.

Recommendations

- 5.26 Referrals and assessments in relation to whether detainees' mental or physical health could be adversely affected by detention should be consistent and multidisciplinary.
- 5.27 Nurse-led clinics should ensure detainees are assessed, treated and referred to the most appropriate services.
- 5.28 Robust discharge arrangements should be in place for all detainees.

Housekeeping point

- 5.29 There should be an accessible timetable of all available health care services.

Pharmacy

- 5.30 Pharmacy services were provided by a local supplier who visited the centre once a month. There were no pharmacist-led clinics. This supply-only model did not provide detainees with a complete pharmaceutical service.
- 5.31 A medicines and therapeutics committee met quarterly and was attended by the support pharmacist, the lead GP and a nurse. There was a written policy for in-possession medication but none for special sick or out-of-hours provision.
- 5.32 Administration of medication was advertised as taking place four times a day: in the morning, after lunch, in the evening and at night. However, detainees could receive medication outside these times when clinics or consultations were in progress, and this was disruptive.
- 5.33 There were good records of stock that had been used and to whom medication had been dispensed. These were audited regularly by the pharmacist. Medicines were regularly checked for expiry dates but we found some out-of-date items and some stock medicines which had been prescribed for specific patients which should have been removed for disposal.
- 5.34 Prescribing was appropriate to the population and prescription items were supplied in a timely manner. There was a system for patients to request repeat medication. In-possession medication was mainly prescribed for two weeks at a time. Limited medication was available to supply on special sick, such as paracetamol, ibuprofen and Rennie's. There were no patient group directions so only over-the-counter medication could be supplied. There were protocols for emergency treatment by nursing staff and appropriate provision of medication for patients being discharged or transferred.
- 5.35 Prescriptions for in-possession medicines were computer generated and faxed to the pharmacy. The originals were audited regularly. Non in-possession medication was issued from stock. This was prescribed by a specific GP code but no electronic signature was used and no prescription produced. This practice was not in accordance with the department's medicines management policy or general prescription writing requirements and could be open to abuse. Items prescribed in this way were not communicated to the pharmacy. No controlled drugs were prescribed or stocked in the department.

Recommendations

- 5.36 Pharmacy services should be available to oversee pharmacy functions and undertake pharmacist-led clinics, clinical audit and medication review.
- 5.37 Medication administration times should be adhered to in order to reduce clashing with clinics and help ensure that patients get the best treatment possible.
- 5.38 Patient group directions should be used to enable the administration of more potent medication and to avoid unnecessary consultations with the doctor.
- 5.39 All prescriptions should be written in line with prescribing guidance and should include the quantity and date prescribed and be signed by the prescriber.

Housekeeping point

- 5.40 Named patient medication should be used and general stock only used if unavoidable.

Dentistry

- 5.41 Dental services were provided by a local dentist who attended Brook House every two weeks. Two slots were made available for detainees at Tinsley House. Waiting times were low and emergency dental services were available from Sussex Community NHS Trust.

Secondary care

- 5.42 The management of external NHS appointments took place at Brook House. Two slots were available per day at Tinsley House. There were no records at Tinsley House and we were informed that appointments had not been rearranged or cancelled due to staff shortages. There were plans to delay the number of non-urgent referrals to external appointments which would depend on effective assessment and treatment during nurse-led clinics (see primary care section).

Mental health

- 5.43 In-reach mental health services were provided by Sussex Partnership NHS Foundation Trust. A psychiatrist attended once a week to offer support and treatment for detainees with post-traumatic stress disorder, depression and psychosis. A community psychiatric nurse attended the clinic with the psychiatrist and was available for advice, although this post was not funded. There was no robust referral procedure. There was not always a suitable room available for private conversations. A psychotherapist was available for one session a week and provided interventions for torture survivors or those with post-traumatic stress disorder.
- 5.44 Counselling services were available from the Samaritans, although this was not advertised in the health care department and not all staff were aware of the service. A registered mental health nurse (RMN), employed by Saxonbrook Medical Centre, held the lead role for primary care mental health and also carried out general duties. She had a caseload of three or four people, which was low. She supported detainees to enhance their coping mechanisms, undertook mental health assessments, and offered advice on referral and medication. The post holder had been absent for a few weeks and there was no cover for her absence, although we

were informed that an RMN could be requested from Brook House if detainees became acutely unwell. There were no day care services for detainees who were less able to cope at Tinsley House.

- 5.45 Assessment, care in detention and teamwork (ACDT) assessors and ACDT case managers had received mental health awareness training but this training was not available for all uniformed staff.
- 5.46 There were no detainees awaiting transfer to specialist mental health services. There were reports from staff of an unclear pathway for referrals to secure NHS mental health beds.

Recommendations

- 5.47 **A full range of primary and secondary mental health services should be provided according to the needs of the population.**
- 5.48 **There should be structured day care services which offer meaningful activity and support for detainees who find it difficult to cope.**
- 5.49 **Mental health awareness training should be available for all detainee custody officers working on reception and residential units.**

Substance use

- 5.50 While 10% of records reviewed during a substance misuse audit in August 2010 suggested that detainees used drugs or had used drugs in the past, there was no evidence of significant substance use amongst the population. There were no facilities for detainees who required detoxification from substance use. We were told that a detainee requiring detoxification would be offered symptomatic relief and transferred to an alternative location. There was no local substance use protocol. The lead GP had completed the Royal College of General Practitioners' certificate in the management of drug misuse part two.

Recommendation

- 5.51 **Local protocols should include the management of detainees who disclose current or previous substance use, including problematic alcohol use.**

Section 6: Activities

Expected outcomes:

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

6.1 There were sufficient activities to meet the needs of most detainees at the centre. Work opportunities had been increased. Work was well promoted but not all vacancies were filled. The quality of educational activities was satisfactory, although there were no routine arrangements to monitor and review the quality and range of the provision. A regular core of detainees attended classes, which were rarely used to full capacity. The library was satisfactory and well used but insufficient use had been made of population statistics to plan and review books and other materials. The library was not well promoted. PE and sports facilities were satisfactory and reasonably well used. Staff received basic training but not to a suitable level.

Work and learning and skills

6.2 There were sufficient activities to meet the needs of non-English speaking, short-stay detainees. However, the range of activities was limited and not well developed or reviewed regularly. Longer-term detainees were not sufficiently well catered for but they formed a very small proportion of the population. The only educational activity for detainees who spoke English was the arts and crafts class (see main recommendations).

6.3 The centre had increased the number of work places since our previous inspection. There were now 40 places: 22 on weekdays and 18 on Saturdays and Sundays, but only about 23 were filled each week. Those in work were overwhelmingly longer-stay detainees. Work opportunities had partially filled the identified gap in activities for longer-term detainees. Job vacancies were well promoted with job descriptions and pictorial displays on a dedicated notice board near the shop and refectory where detainees were most likely to see it. Detainees were encouraged to take up these posts. The centre's work coordinator attended detainee case reviews and work was included in care plans where appropriate. Work roles included refectory work, cleaning and work as education, library, diversity and safer community orderlies. The application procedure was clear and the process was fairly rapid. The UK Border Agency (UKBA) could prevent detainees who were not complying with the re-documentation process from working, which inappropriately conflated centre and immigration roles.

6.4 Educational activities comprised classes in English for speakers of other languages (ESOL) on five mornings each week and arts and crafts classes on three afternoons and two evenings each week. The quality of these activities was satisfactory. Classes were taught by well qualified teachers who were assisted by detainee orderlies. Resources were good and detainees appreciated the classes. A regular core of detainees attended each class but they were rarely used to maximum capacity. Seven or eight detainees typically attended each class which had a maximum of 12 places. Detainees were informed about activities during their induction to the centre but some detainees who needed the information to be reinforced were not clear about what was provided. The centre was no longer offering IT classes. The eight computers in the IT suite were now used to provide internet access for detainees and a further computer in the suite was available for composing letters and other documents.

- 6.5 Work and educational activities were supplemented by popular events such as large screen sports and DVD presentations, regular bingo and competitions and themed activities, such as the current Chinese New Year events. Each of the two day rooms was equipped with a television, table football, snooker table and arcade games machine. Detainees made good use of these additional facilities.
- 6.6 The activities team did not formally evaluate its performance by self assessment or regular and routine observations of teaching and learning. Teachers did not have sufficient opportunities for continuous professional development to help them improve their practice. An action plan to identify areas for improvement had been produced following the previous inspection but proposed actions were not time bound and progress against targets was not routinely recorded. Data about participation, particularly by nationality, were now more regularly collected and analysed but the centre was at an early stage in making routine use of this information to review and improve provision. A small team of dedicated officers had now been assigned to activities. Although they provided improved continuity, there were not enough of them to provide dedicated cover for activities at all times. These officers received some training but it was basic and did not equip them well enough to carry out their roles fully.

Library

- 6.7 The library was well organised and accessible. It was staffed by a detention centre officer assisted by a detainee orderly and was open from 6.30am to 11.30pm each day. Officers were not trained in library management but the use of activities officers had improved the continuity of library supervision since the previous inspection. The centre had very recently started to record library use by nationality but loans, returns, library stock and losses were not recorded or monitored. There was no clear plan for new purchases. Detainee population statistics were not used well enough to review and replenish library stock. Dictionaries and fiction were available in about 20 foreign languages but much of the stock was old and appeared well used. A range of newspapers and magazines in English and foreign languages was on display but these were not regularly reviewed against the changing detainee population. Up-to-date legal reference materials were available from a locked, glass-fronted cabinet at times when the library was supervised by an officer. Games were available for loan but they were stored in a locked cupboard and not well promoted to detainees. The IT suite was well used and was monitored by the officer in the library. A booking system was used to ensure fair access. A detainee orderly was assigned to the IT suite to record bookings and to help detainees to access the internet if required.

Recommendations

- 6.8 **The quality and range of activities should meet the needs of the whole population, including English speakers.**
- 6.9 **Compliance with UKBA should not be a pre-requisite for obtaining work in the centre.**
- 6.10 **Induction to activities should be clear. Staff should check detainees' understanding of the induction process. Information about activities should be reinforced with notices in a variety of languages.**

Housekeeping point

- 6.11 There should be opportunities for teaching staff to develop their skills and expertise.

Physical education

- 6.12 Sport and recreation facilities, comprising a gym, small sports hall and outdoor sports area, were satisfactory and proportionate to the needs of the detainees. All detainees completed an induction to the facilities following an assessment by health care services. The gym contained cardiovascular and modular weight training equipment. It was supervised by a detainee orderly who had received basic training in the use of the equipment but was otherwise unqualified. Access was fair and on a rolling use basis. The gym was open throughout the working day and during the evening.
- 6.13 Team sports and games, including basketball, volleyball, football and cricket, were played in the small sports hall or the outside sports area, weather permitting. Detainees enjoyed the sports and, in particular, the regular competitions. The sports hall was in need of redecoration. Sports equipment was inappropriately stored around the walls. A metal storage cabinet located in the sports hall represented a hazard to those using the facility. Some of the equipment used for games and sports was worn and in need of replacement.
- 6.14 Staff did not hold appropriate sports or games qualifications. Detainees were encouraged to participate and they enjoyed the activities which were well advertised around the centre. Attendance at the start of sessions was often poor. Detainees mostly wore their own clothing. Training shoes were available in the modular weights area but detainees had to use their own socks. Detainees had free access to their rooms for showering after exercise. Appropriate procedures were in place to record accidents and injuries but no injuries had been sustained in the gymnasium or sports hall. Detainees felt safe.

Recommendation

- 6.15 **Sports and activities staff should gain an appropriate training and coaching qualification.**

Housekeeping point

- 6.16 Sports equipment should not be stored in close proximity to the activity areas in the sports hall.

Section 7: Rules and management of the centre

Expected outcomes:

Detainees feel secure in a predictable and ordered environment.

7.1 Centre rules were applied fairly. Security protocols were reasonable with systems in place to process and analyse data. The rewards scheme was not used to encourage good behaviour. The number of incidents involving the use of force was reasonably low. De-escalation was used to good effect and was encouraged by managers. Planned interventions were video recorded and governance arrangements were adequate. The use of segregation was low. Relatively low numbers of detainees were held in temporary confinement but they were not always returned to normal conditions as soon as practicable. We were concerned about the stark, unfurnished cell for detainees on rule 40 and that arrangements for its use had not been made clear enough to staff. The number of formal complaints was low and responses were generally respectful with a few exceptions. Governance arrangements were satisfactory and regular quality checks were carried out.

Rules of the centre

7.2 The rules of the centre were published in more than 20 languages and were available at reception and in the library. A written copy of the rules was contained in the information pack issued to detainees shortly after their arrival (see section on induction). Centre rules were not displayed on the residential landings or in many communal areas but detainees we spoke to said they had a reasonable understanding of what was required of them. Detainees were treated according to the centre rules. Detainees said that they had been treated fairly and we saw no sign of collective punishments.

Security

7.3 There was a joint security strategy for Brook House and Tinsley House, based on the use of intelligence and the identified needs of each centre. Progress was monitored at monthly meetings of a well-constructed security committee consisting of representatives from internal departments at both sites and external agencies. These included police intelligence officers, centre managers and representatives from the UK Border Agency (UKBA). Monthly security objectives were set through appropriate consideration of intelligence. Proportionate attention was given to relevant issues at Tinsley House.

7.4 Links between the security committee and the safer community group were weak and attendance by suicide prevention and violence reduction managers at security meetings was poor.

7.5 The small security department, based at Brook House, was managed effectively by a security manager with support from two trained security information collators. Although there was no specific security department at Tinsley House, team leaders had been nominated to act as security liaison officers. They were responsible for managing day-to-day security operations and maintaining links between the two sites, and this worked well. On the whole, security arrangements were proportionate and well organised and communication through security

notices and bulletins was good. Handover briefings about incidents were effective and included information relevant to specific areas for recommended action to be carried out.

- 7.6 The flow of security information between Tinsley House and the security department at Brook House was not adequate. The number of security information reports (SIRs) was relatively low at about 10 per month. The use of SIRs and incident report forms was inconsistent. Staff recorded security information on incident report forms and there was insufficient cross-referencing between the two documents. There was no separate analysis of incident report forms and intelligence analysis based on SIRs alone was not as effective as it could have been.
- 7.7 Many elements of dynamic security were in place. Staff engagement with detainees was good, supervision was appropriate, CCTV cameras covered most communal areas and activities allowed detainees access to most areas of the centre during the day. Searches were rare and staff carried out room searches sensitively. Strip-searches of detainees were not routinely conducted and there had been no recorded strip-searches in 2010.

Recommendations

- 7.8 Managers should support staff to complete security information reports where appropriate.
- 7.9 There should be a comprehensive approach to analysis of information from different intelligence sources.

Housekeeping point

- 7.10 Violence reduction and suicide prevention managers should attend security committee meetings.

Rewards scheme

- 7.11 Some information about the rewards scheme was included in the welcome pack issued to detainees on arrival. This gave a brief explanation of how the scheme operated, the differences in incentive levels (standard and enhanced) and how detainees could gain privileges through good behaviour and adherence to a signed behaviour compact following regular, formal reviews. In practice, the scheme was not in operation. Managers, staff and detainees were unaware of how it worked, reviews did not take place, behaviour compacts were not issued to detainees to sign and there was no apparent difference between standard and enhanced levels. Detainee behaviour was usually managed informally through good relationships between staff and detainees. In the event of protracted unacceptable behaviour, detainees were likely to be transferred to more secure facilities at Brook House. In extreme cases, the single separation cell was used for violent and disruptive detainees (see section on care and separation).

Recommendation

- 7.12 A review of the rewards scheme should take place to assess its effectiveness. The results of the review should inform a decision on whether the scheme should be continued.

Use of force and single separation

- 7.13 The number of incidents of use of force was low. There had been 18 occasions in 2010 and two in the first two months of 2011. Half of these had not involved the use of full control and restraint techniques. None had involved children. Monitoring arrangements were in place with reasonable links to the safer community team, the security committee and the senior management team (SMT). Individual incidents were discussed at the monthly security committee meetings, daily staff briefings and SMT meetings. Individual incidents were fully explored, but insufficient information about the nature of the incident, its location, the ethnicity and age of detainees was collated and analysed each month to identify patterns and trends.
- 7.14 Planned intervention was well organised and appropriately carried out and documentation was completed with appropriate authority recorded. All incidents were supervised by senior staff and planned interventions were video recorded. Statements by the staff involved demonstrated that intervention techniques were used properly and only when necessary. Handcuffs were used only when supported by clear risk factors. Health care staff attended planned interventions and detainees involved in spontaneous incidents were seen soon after the incident had ended. Accident report forms accompanied use of force documents in all cases.
- 7.15 Following an incident, searching was undertaken sensitively and formal debriefing of the detainee usually took place. We saw many examples of de-escalation being used to good effect during particularly difficult situations and there was evidence to confirm that managers consistently encouraged these responses.
- 7.16 There was much evidence that structures were sound, governance arrangements were effective and staff used force only as a last resort. However, we observed an incident, captured on CCTV, where a member of staff appeared to assault a detainee following an argument during the night. Senior staff started an investigation into this incident as soon as it was reported.
- 7.17 The use of segregation was reasonably low. During the 12 months prior to the inspection, there had been 34 occasions when detainees had been segregated under detention centre rule 40 (removal from association). Nine of these were for medical reasons to provide quarantine facilities for detainees with suspected contagious illnesses and 11 were for detainees considered to be at immediate risk of self-harm (see section on suicide and self-harm). The remaining 14 occasions usually followed low-level fights or threats of violence. Lengths of stay ranged from 15 minutes to four days and detainees were not kept in segregation for longer than necessary.
- 7.18 Relationships between staff and detainees segregated under rule 40 appeared to be good. Entries on observation forms were detailed and reflected that staff knew and cared about the individual circumstances of detainees. It was clear that they made attempts to help reintegrate detainees rather than transfer them to more secure conditions at Brook House, and most returned to normal location after a period of removal from association.
- 7.19 Detainees segregated under rule 42 (temporary confinement) were located in a designated secure cell (cell 12) which was completely isolated from the centre by a heavy locked sliding door. Access was managed centrally by control room staff who opened the door remotely following contact by telephone or radio. Conditions in this special cell were poor and it was furnished only with a plinth as a bed. Nine detainees had been segregated under rule 42 over the previous 12 months for assaults or to control behaviour that was violent or disruptive. Decisions to segregate detainees under rule 42 appeared reasonable and proper authority had been given in all cases. Written observations by officers usually reflected a good standard of

care and knowledge of the personal circumstances of detainees. However, we were not confident that detainees were always returned to normal conditions as soon as possible. There were examples where detainees had clearly calmed down and were engaging in a positive way with staff but had remained in the special cell for considerable periods of time, in some cases up to two hours.

- 7.20 We were concerned that the two rooms used for detainees removed from association under rule 40 had been permanently closed. This meant that all detainees under segregation rules 40 and 42 would be placed in cell 12. There were no protocols for use of the cell, particularly for detainees on removal from association, and managers and staff we spoke to were not clear about the conditions governing its use.

Recommendations

- 7.21 **Information about the nature and location of incidents and the ethnicity of detainees involved in the use of force should be analysed to help identify patterns and trends.**
- 7.22 **Protocols should be produced for the use of cell 12 setting out clear governance arrangements.**
- 7.23 **For detainees separated under rule 40, an alternative should be found to the stark conditions of cell 12.**
- 7.24 **Detainees should be removed from segregation at the earliest possible time.**

Complaints

- 7.25 Complaint forms were readily available in communal areas near the residential landings and there was an extensive range of information about the complaints process in 20 languages. Detainees could deposit completed forms in secure boxes located away from staff offices. The number of formal complaints submitted by detainees was low at about four per month.
- 7.26 Governance arrangements for recording, managing and investigating formal complaints were generally effective. A nominated complaints clerk based at Brook House ensured that all formal complaints about Tinsley House were logged separately and that they were dispatched expeditiously to appropriate managers to be dealt with. Complaints were handled in an efficient manner and the centre's own monitoring showed that the complaints clerk dealt with 98% of complaints within three days of receipt. Examination of complaint forms showed that managers generally took complaints made by detainees seriously and there was evidence that they were all fully investigated. Directors made regular quality assurance checks and there was evidence that poor responses by staff were challenged.
- 7.27 The quality of responses was generally respectful and they usually addressed the issues raised. However, we found a small number of examples that were dismissive and did not adequately deal with the complaint.
- 7.28 In our survey, 49% of respondents said that it was easy to get a complaint form and 33% that complaints were sorted out fairly against respective local comparators of 28% and 0% at our previous inspection.

Section 8: Services

Expected outcomes:

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

- 8.1 The range of food on the menu was limited. Fresh fruit, green vegetables and lighter and healthier options were scarce. Food preparation areas were clean and well maintained. Regular consultation meetings took place but were not well attended and did not represent all nationalities. Survey results on the quality of food were significantly worse than at the previous inspection. Detainees we spoke to said that the addition of a kitchen where they could prepare and cook their own food would be of great benefit.

Catering

- 8.2 The main kitchen was clean and well ordered and food was stored correctly. There were regular, recorded stock control and quality checks. Meals were produced on a four-week menu cycle. Religious and cultural dietary requirements for food preparation, distribution and quality were observed. There was a continental breakfast every day and hot meals at lunchtime and in the evening. Pictorial information explaining the choices was included in the menus but they were only printed in English. Menus were displayed by the serving area, but were not available outside the dining hall to enable detainees to select their choices in advance.
- 8.3 Although a vegetarian option was offered at each meal, the supply of fresh fruit and vegetables was limited. A limited healthy option choice was provided but whether it could be described as 'healthy' was debatable; examples included macaroni cheese, sausage and potatoes, and cheese and onion pie.
- 8.4 Special diets were catered for and a list was kept in the kitchen of detainees who were allergic to specific products or unable to eat products for medical or religious reasons. The quality of food that we tasted was reasonable and portions were adequate. There were monthly consultation meetings between the catering manager and detainees, but they were poorly attended and did not represent the nationalities of many of the detainees.
- 8.5 Detainees we spoke to said that, although portions were adequate, the quality of the food was often poor and that specific nationalities, particularly Chinese, were not adequately catered for. In our survey, only 22% of respondents said that the food was good or very good against 48% at the previous inspection. Many detainees said that the catering service could be improved by the introduction of a cultural kitchen where detainees could prepare and cook their own food.

Recommendations

- 8.6 The supply of fresh fruit and vegetables and the range of vegetarian and healthy options should be improved.
- 8.7 Detainees should be able to prepare their own food in a cultural kitchen.

Centre shop

- 8.8 The shop was a well-run facility, which provided detainees with a good service. Staff working in the shop were friendly and respectful and responsive to requests from detainees for products that were not routinely stocked. Detainees made good use of the café attached to the shop.
- 8.9 The centre shop had been relocated and redesigned since the previous inspection and now closely resembled a normal high street shop with a small café area attached. It was open every day between 9am and 9pm and closed for two hour-long breaks. A list of all the items on sale was displayed at the shop counter. Most of the products provided detainees with reasonable value and reflected small shop prices.
- 8.10 Storage space in the shop was limited but detainees were still able to purchase a reasonably wide range of products. In our survey, 52% of detainees said that the shop sold a wide enough range of goods to meet their needs against the comparator of 29%. A selection of toiletries for ethnic minorities was available and detainees could buy fruit, ice cream and fresh coffee, which was unusual. Detainees were able to order goods from catalogues but were charged a small administrative fee. They could not buy newspapers or magazines. When detainees requested items which were not held in stock, staff recorded this and tried hard to obtain the products from alternative sources.
- 8.11 Detainees had to present their ID cards to purchase items, as no money passed hands. The computer system automatically deducted the cost of items and enabled staff to check the detainee's identity, reducing the potential for bullying. Detainees could obtain an up-to-date statement of their account on request.
- 8.12 There was a seated café area adjacent to the shop where detainees could drink while watching television or listening to music. There were usually detainees in the café and it was clear that they appreciated the opportunity to mix and chat in a relaxed atmosphere.

Housekeeping points

- 8.13 Catalogue orders should not be subject to administrative charges.
- 8.14 Detainees should be able to purchase newspapers and magazines.

Section 9: Preparation for release

Expected outcomes:

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

- 9.1 The welfare office was well established with good opening hours and a welfare officer with increasing expertise. All detainees were seen on arrival, but not always in preparation for departure. The visits area was light and spacious, but the décor and the children's play area needed attention. Staff were helpful to visitors, but written information was needed in languages other than English. A new system of mobile telephones was due for issue very soon. Mail and faxes were well managed and internet provision was adequate in quantity but not in scope, since access to much useful material was unnecessarily blocked. Preparation for removal and release, although not formalised, was reasonably effective. Good outcomes for detainees in respect of practical preparation for removal and release were due in significant part to the work of the Gatwick detainee welfare group.

Welfare

- 9.2 All newly arrived detainees were interviewed by the welfare officer within 24 hours. The welfare office was reliably staffed every weekday morning, afternoon and evening and there was a regular stream of detainees seeking assistance. A full-time member of staff was developing expertise in this work and was well supported by reserve staff in her absence. About 50 detainees each month were given substantial assistance in practical matters, of which the most common was retrieval of property from police stations or from the airport. In addition, the officer provided a range of forms and supplied contact numbers for relevant agencies. She was not able to help with legal matters, but had up-to-date lists and contact details of legal advisers. The Gatwick detainee welfare group (GDWG) supported detainees in welfare work such as retrieving property, the collection of papers from detainees' homes, and matters relating to bank accounts.

Visits

- 9.3 Visitors had free access from 2 to 9pm every day, which was appreciated by detainees. A minibus provided a free hourly service to and from the station. The visits room was spacious and bright with some artwork displayed, although the walls needed painting and the furnishings and carpets were shabby with an institutional feel. The children's play area was clean and safe with a television and DVD player, but the range of play equipment was limited, especially for those above toddler age. A small range of refreshments was available from vending machines but the food was limited to chocolate and crisps, with no healthier options.
- 9.4 Information leaflets were available to visitors and notices on the walls provided suitable information, but were mostly only in English. There was a number to call in confidence to leave a message with the safer custody team if a visitor was concerned about a detainee being depressed or vulnerable. Messages were responded to promptly.
- 9.5 Searching was carried out reasonably sensitively behind a screen. Visitors requiring more discreet searching, for example for religious reasons, were searched in a private area. During

visits, staff engaged well with detainees and visitors and showed flexibility in enabling them to interact informally, while maintaining a reasonable standard of courtesy and order.

- 9.6 Ninety volunteer visitors gave excellent support to detainees through the GDWG which included the provision of shirts, ties and jackets for detainees with court appointments or video link appearances.

Recommendation

- 9.7 Information for visitors should be available in the main languages spoken.

Housekeeping points

- 9.8 The decor and play equipment in the visits room should be brought up to standard.
- 9.9 A wider range of refreshments should be provided for visitors, including healthy options.

Telephones and electronic communication

- 9.10 Access to telephone communication was generally good. At the time of the inspection, there was a short-term problem with telephones. The payphones had been withdrawn, there were no mobile phones for loan or purchase and only 10 of the DECT cordless phones available for issue were working. Some detainees had to depend on using the official phone in the welfare office. A new system of issuing a mobile phone to each detainee was due for introduction the following week. There was no routine provision for detainees without means to contact their family by telephone other than the 71p per day allowance. One detainee wrote of access to telephones: *'Not enough. It takes too long to get a mobile so you have no contact with your family. Some (officers) will help and others won't bother.'*
- 9.11 Receipt and transmission of faxes was well organised. Detainees had free access to an outgoing fax machine in the library and incoming faxes were received in the welfare office and recipients' names immediately written on a board in the corridor.
- 9.12 Internet access was available in the library and valued. However, there were some unreasonable limitations, for example no PDF or Word files could be accessed from website links, nor could email attachments be opened (see legal rights section). A number of detainees who spoke no English told us that the restrictions on internet use, which included blocking of social networking sites, contributed to their sense of isolation. One wrote: *'No access to social websites ... YouTube blocked so no access to Eritrean news or religious media. It's too expensive to use your phone here for international calls.'* Another said: *'The big problem in this centre is that the computer does not work when we want to chat with our own friends.'*

Recommendation

- 9.13 Managers should ensure that internet sites and links are only blocked on the grounds of a risk to security or other legitimate reasons.

Mail

- 9.14 Mail was handled efficiently and no detainees complained about it. Incoming mail was routinely opened in front of the recipient and handed to him. A list of those with mail was displayed prominently and detainees usually received their letters on the day of delivery. Parcels were slightly delayed because they were taken first to Brook House for security checks.

Removal and release

- 9.15 Detainees generally received a good level of assistance with preparation for removal or release, but this was not systematic. Some of those who had received removal directions or who were to be released or transferred came to the welfare office for help, but there was no system to ensure that all detainees due to depart were individually offered the welfare officer's support.
- 9.16 Meetings were held to inform detainees of the procedures for charter flights and what was available to them, with G4S and UKBA staff present. Each was offered a one-to-one interview with UKBA before departure. We observed one such briefing session by centre staff to Afghans about to be removed on a charter flight. Staff gave useful practical information politely and sensitively. Detainees were able to see UKBA staff and were offered the chance to ask questions, although not all could speak English and an interpreter was not used. Risks of self-harm were appropriately managed through the assessment, care in detention and teamwork (ACDT) system. Other risk factors in relation to forthcoming removals were effectively addressed through informal multidisciplinary working, which was adequate in view of the small number of high-risk removal cases.
- 9.17 The International Organisation for Migration (IOM) attended to provide a surgery for detainees wishing to apply for assistance on return to their own country. Detainees said that, although this surgery was advertised as weekly, IOM were not always able to attend. The GDWG provided a limited number of small financial grants to assist detainees who did not have the means to travel from the airport to their final destination. The centre met the cost of travel to the final destination for detainees released in the UK.
- 9.18 The centre only had basic plastic bags for detainees to use on departure and relied on the GDWG charity to provide suitcases, holdalls and basic, less institutional clothing for those requesting them.

Recommendations

- 9.19 There should be a system to ensure that all those due to depart from the centre are individually offered help by the welfare officer.
- 9.20 Interpretation should be used to brief detainees who cannot speak English before removal.

Section 10: Recommendations, housekeeping and good practice

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

Main recommendations

To the Chief Executive, UKBA, and the escort contractor

- 10.1 Detainees should not be subject to exhausting overnight transfers between centres. (HE.38)
- 10.2 The practice of taking additional detainees as reserves to the airport for charter flight removals should cease. (HE.43)

Main recommendations

To the Chief Executive, UKBA, and the centre manager

- 10.3 Rule 35 letters should be completed by doctors and UKBA responses should be prompt and should explain in detail why detention is being maintained, taking account of all the presenting factors. (HE.39)
- 10.4 Professional interpretation should always be used with non-fluent English speakers when discussing sensitive issues such as those relating to health care. (HE.41)

Main recommendations

To the centre manager

- 10.5 Detainees at risk of self-harm or suicide should not be located in the separation accommodation solely for reasons of vulnerability. A suitable care suite should be available. (HE.40)
- 10.6 Regular meetings should be held with groups of different nationalities, using professional interpretation where necessary, to establish and help resolve concerns. (HE.42)

Recommendations

To the Chief Executive, UKBA

Duty of care

- 10.7 UKBA should explore the potential for translating generic information for detainees in all centres. (4.50)

Casework

- 10.8 Accessible central records should be kept of the total time that individuals have been detained anywhere (including prisons) under immigration powers. (3.27)

- 10.9 Monthly reviews of detention should give balanced consideration to all material factors affecting the decision to detain. (3.28)

Duty of care

- 10.10 UKBA should follow its local and national policies when managing age dispute cases. (4.36)

Recommendations

To UKBA and the escort contractor

Arrival in detention

- 10.11 Arrivals should be coordinated to ensure that detainees are not subjected to long delays disembarking from vehicles. (1.20)
- 10.12 Prison files should accompany all arriving foreign national ex-prisoners and be used to inform the first night risk assessment. (1.23)

Recommendations

To UKBA and centre manager

Casework

- 10.13 In cooperation with the Legal Services Commission, the reasons for the low number of non-English speaking detainees with access to a solicitor should be investigated and the findings acted on. (3.11)
- 10.14 Detainees should be able to open email attachments and access Word or PDF documents on important legal websites. (3.12)
- 10.15 Hard copies of up-to-date country of origin information reports should be available in the library and electronic copies on the PCs in the internet suite. (3.13)

Activities

- 10.16 Compliance with UKBA should not be a pre-requisite for obtaining work in the centre. (6.9)

Recommendation

To the escort contractor and centre manager

Arrival in detention

- 10.17 Detainees should only be handcuffed during hospital escorts if risk assessment indicates specific risk of harm or escape. (1.10)

Recommendations

To the escort contractor

Arrival in detention

- 10.18 All detainee welfare records should be completed fully and accurately by escort staff. (1.8)

- 10.19 Detainees should not be handled during escorts in the absence of information indicating a significant risk. (1.9)

Recommendations

To the centre manager

Arrival in detention

- 10.20 All detainees should be interviewed in private in reception using a professional interpretation service if they cannot speak English. (1.21)
- 10.21 Reception staff should be aware of the purpose of reception interviews and complete first night risk assessment forms competently. (1.22)
- 10.22 Induction staff should ensure that all detainees are made aware of what is being said, including those who do not speak English. (1.29)

Environment and relationships

- 10.23 Detainees' rooms should be properly ventilated. (2.10)
- 10.24 The planned care officer scheme should be implemented as soon as possible. (2.16)

Duty of care

- 10.25 There should be clear governance on the use of strip clothing. It should only be used in exceptional and defensible circumstances to safeguard life. (4.27)
- 10.26 In the absence of the diversity coordinator, diversity work should be allocated to named staff at Tinsley House. (4.47)
- 10.27 Patterns and trends identified through diversity monitoring should be analysed and actioned. (4.48)
- 10.28 The apparent under-reporting of disabilities and negative perceptions of detainees with disabilities should be investigated by the centre. (4.49)
- 10.29 Detainees of minority faiths should have a suitable, quiet room for prayer and contemplation. (4.61)
- 10.30 Where appropriate, chaplains should be involved in pre-release planning. (4.62)

Health services

- 10.31 There should be suitable facilities for health care staff to run clinics and consultations in private and without being disturbed. (5.4)
- 10.32 Health services staff should at all times behave politely towards detainees. (5.5)
- 10.33 A clear programme of clinical audit should be in place and reviewed regularly. (5.13)

- 10.34 Administrative support should be provided to release qualified nurses for professional duties in caring for detainees. (5.14)
- 10.35 All nursing staff should participate in a structured clinical supervision programme and have appropriate developmental opportunities. (5.15)
- 10.36 A system should be in place in the health care department to monitor clinical incidents and the lessons learnt from these. (5.16)
- 10.37 Referrals and assessments in relation to whether detainees' mental or physical health could be adversely affected by detention should be consistent and multidisciplinary. (5.26)
- 10.38 Nurse-led clinics should ensure detainees are assessed, treated and referred to the most appropriate services. (5.27)
- 10.39 Robust discharge arrangements should be in place for all detainees. (5.28)
- 10.40 Pharmacy services should be available to oversee pharmacy functions and undertake pharmacist-led clinics, clinical audit and medication review. (5.36)
- 10.41 Medication administration times should be adhered to in order to reduce clashing with clinics and help ensure that patients get the best treatment possible. (5.37)
- 10.42 Patient group directions should be used to enable the administration of more potent medication and to avoid unnecessary consultations with the doctor. (5.38)
- 10.43 All prescriptions should be written in line with prescribing guidance and should include the quantity and date prescribed and be signed by the prescriber. (5.39)
- 10.44 A full range of primary and secondary mental health services should be provided according to the needs of the population. (5.47)
- 10.45 There should be structured day care services which offer meaningful activity and support for detainees who find it difficult to cope. (5.48)
- 10.46 Mental health awareness training should be available for all detainee custody officers working on reception and residential units. (5.49)
- 10.47 Local protocols should include the management of detainees who disclose current or previous substance use, including problematic alcohol use. (5.51)

Activities

- 10.48 The quality and range of activities should meet the needs of the whole population, including English speakers. (6.8)
- 10.49 Induction to activities should be clear. Staff should check detainees' understanding of the induction process. Information about activities should be reinforced with notices in a variety of languages. (6.10)
- 10.50 Sports and activities staff should gain an appropriate training and coaching qualification. (6.15)

Rules and management of the centre

- 10.51 Managers should support staff to complete security information reports where appropriate. (7.8)
- 10.52 There should be a comprehensive approach to analysis of information from different intelligence sources. (7.9)
- 10.53 A review of the rewards scheme should take place to assess its effectiveness. The results of the review should inform a decision on whether the scheme should be continued. (7.12)
- 10.54 Information about the nature and location of incidents and the ethnicity of detainees involved in the use of force should be analysed to help identify patterns and trends. (7.21)
- 10.55 Protocols should be produced for the use of cell 12 setting out clear governance arrangements. (7.22)
- 10.56 For detainees separated under rule 40, an alternative should be found to the stark conditions of cell 12. (7.23)
- 10.57 Detainees should be removed from segregation at the earliest possible time. (7.24)

Services

- 10.58 The supply of fresh fruit and vegetables and the range of vegetarian and healthy options should be improved. (8.6)
- 10.59 Detainees should be able to prepare their own food in a cultural kitchen. (8.7)

Preparation for release

- 10.60 Information for visitors should be available in the main languages spoken. (9.7)
- 10.61 Managers should ensure that internet sites and links are only blocked on the grounds of a risk to security or other legitimate reasons. (9.13)
- 10.62 There should be a system to ensure that all those due to depart from the centre are individually offered help by the welfare officer. (9.19)
- 10.63 Interpretation should be used to brief detainees who cannot speak English before removal. (9.20)

Housekeeping points

Arrival in detention

- 10.64 Detainees should be granted privacy when using toilet facilities during escorts. (1.11)

- 10.65 The waiting room should contain books, newspapers and magazines in a range of languages. (1.24)
- 10.66 Staff should use the induction checklist to ensure that all information is consistently covered. (1.30)
- 10.67 All risk assessment forms should be fully completed and signed off by induction and welfare staff, overseen by the duty manager. (1.31)

Environment and relationships

- 10.68 Consultation should involve a wide range of detainees to facilitate truly representative meetings. (2.11)

Casework

- 10.69 Notices should be displayed around the centre, in a variety of languages, promoting the duty advice scheme. (3.14)
- 10.70 Detainees should only be interviewed in rooms with chairs chained to the floor following individual risk assessments. (3.15)
- 10.71 Copies of the Bail for Immigration Detainees' handbook 'How to get out of Detention' should be freely available in English and other languages. (3.16)
- 10.72 Complaint forms, guidance and documents relating to the Office of the Immigration Service's Commissioner and the Legal Ombudsman should be available in the centre. The Legal Ombudsman's helpline telephone number should be displayed. (3.17)

Duty of care

- 10.73 All incidents of violence should be discussed at the safer community meeting. (4.13)
- 10.74 Safer community orderlies should have a clear job description that encourages a wider range of support. (4.14)
- 10.75 The Samaritans should be supported to attend the centre more often and use of the Samaritan telephone should be evaluated. (4.28)
- 10.76 Managers should actively promote attendance at the diversity meeting by a cross-section of detainees. (4.51)
- 10.77 The quarterly diversity surveys should be available in the main languages spoken by detainees. (4.52)

Health services

- 10.78 All first aid kits should be checked regularly and checks recorded. (5.17)
- 10.79 Health promotion and health information posters should be widely available around the site in a range of languages. (5.18)

- 10.80 There should be an accessible timetable of all available health care services. (5.29)
- 10.81 Named patient medication should be used and general stock only used if unavoidable. (5.40)

Activities

- 10.82 There should be opportunities for teaching staff to develop their skills and expertise. (6.11)
- 10.83 Sports equipment should not be stored in close proximity to the activity areas in the sports hall. (6.16)

Rules and management of the centre

- 10.84 Violence reduction and suicide prevention managers should attend security committee meetings. (7.10)

Services

- 10.85 Catalogue orders should not be subject to administrative charges. (8.13)
- 10.86 Detainees should be able to purchase newspapers and magazines. (8.14)

Preparation for release

- 10.87 The decor and play equipment in the visits room should be brought up to standard. (9.8)
- 10.88 A wider range of refreshments should be provided for visitors, including healthy options. (9.9)

Appendix I: Inspection team

Nigel Newcomen	Deputy Chief Inspector
Hindpal Singh Bhui	Team leader
Colin Carroll	Inspector
Martin Kettle	Inspector
Bev Alden	Inspector
Gordon Riach	Inspector
Ian MacFadyen	Inspector
Stephanie Moor	Inspectorate Secretariat, observer
Helen Carter	Health care inspector
Eilean Robson	Pharmacy inspector
Linda Truscott	Ofsted inspector
Michael Skidmore	Researcher
Catherine Nichols	Researcher

Appendix II: Detainee population profile

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

(i) Age	No. of men	No. of women	No. of children	%
Under 1 year	0	0	0	0
1 to 6 years	0	0	0	0
7 to 11 years	0	0	0	0
12 to 16 years	0	0	0	0
16 to 17 years	0	0	0	0
18 years to 21 years	19	0	0	16.5
22 years to 29 years	41	0	0	35.7
30 years to 39 years	38	0	0	33.0
40 years to 49 years	15	0	0	13.0
50 years to 59 years	1	0	0	0.9
60 years to 69 years	1	0	0	0.9
70 or over	0	0	0	
Total	115	0	0	100

(ii) Nationality	No. of men	No. of women	No. of children	%
Afghanistan	18	0	0	15.6
Albania	2	0	0	1.7
Algeria	5	0	0	4.3
Angola	1	0	0	0.9
Bangladesh	6	0	0	5.2
Cameroon	1	0	0	0.9
China	8	0	0	7.0
Colombia	1	0	0	0.9
Congo Democratic Republic (Zaire)	1	0	0	0.9
Ghana	6	0	0	5.2
India	9	0	0	7.8
Iran	1	0	0	0.9
Iraq	2	0	0	1.7
Ivory Coast	1	0	0	0.9
Jamaica	6	0	0	5.2
Kenya	1	0	0	0.9
Liberia	1	0	0	0.9
Nigeria	8	0	0	7.0
Pakistan	9	0	0	7.8
Sri Lanka	4	0	0	3.5
Ukraine	0	0	0	0
Vietnam	4	0	0	3.5
Other (please state)	4 – Brazil 3 – Eritrea 3 – Ethiopia 1 – Great British	0	0	15.6

	Overseas Citizen 1 – Gambia 1 – Libya 1 – Nepal 1 – Rwanda 2 – Sudan 1 – Sierra Leone			
Total	115	0	0	100

(iv) Religion/belief	No. of men	No. of women	No. of children	%
Buddhist	7	0	0	6.1
Roman Catholic	3	0	0	2.6
Orthodox	29	0	0	25.2
Other Christian religion	1	0	0	0.9
Hindu	8	0	0	7.0
Muslim	49	0	0	42.5
Sikh	4	0	0	3.5
Agnostic/atheist	1	0	0	0.9
Unknown	10	0	0	8.7
Other (please state what)	3 (Not Specified)	0	0	2.6
Total	115	0	0	100

(v) Length of time in detention in this centre	No. of men	No. of women	No. of children	%
Less than 1 week	39	0	0	33.9
1 to 2 weeks	9	0	0	7.8
2 to 4 weeks	26	0	0	22.6
1 to 2 months	12	0	0	10.4
2 to 4 months	19	0	0	16.5
4 to 6 months	4	0	0	3.5
6 to 8 months	2	0	0	1.7
8 to 10 months	2	0	0	1.7
More than 10 months (please note the longest length of time)	2	0	0	1.7
Total	115	0	0	100

(vi) Detainees' last location before detention in this centre	No. of men	No. of women	No. of children	%
Community	9	0	0	7.8
Another IRC	45	0	0	39.1
A short-term holding facility (e.g. at a port or reporting centre)	34	0	0	29.6
Police station	22	0	0	19.1
Prison	5	0	0	4.3
Total	115	0	0	100

Appendix III: Summary of survey responses

Detainee survey methodology

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

Choosing the sample size

At the time of the survey on 31 January 2011 the detainee population at Tinsley House was 111. The questionnaire was offered to all detainees.

Selecting the sample

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

Completion of the questionnaire was voluntary. Questionnaires were offered in 21 different languages.

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

Methodology

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

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

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

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

Response rates

Eighty-two respondents completed and returned their questionnaires. This represented 74% of the detainee population. Five detainees refused to complete a questionnaire, 23 questionnaires were not returned and one was returned blank. Forty questionnaires (49%)

were returned in English, eight (10%) in Chinese, seven (9%) in Urdu, five (6%) in Farsi, four (5%) each in Punjabi and Pushtu, three (4%) each in Bengali, French and Vietnamese and one each in Arabic, Hindi, Kurdish Sorani, Spanish and Turkish.

Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2011 against comparator figures for all detainees surveyed in detention centres. This comparator is based on all responses from detainee surveys carried out in nine detention centres.
- The current survey responses in 2011 against the responses of detainees surveyed at Tinsley House IRC in 2008.
- A comparison within the 2011 survey between the responses of non-English-speaking detainees with English-speaking detainees.
- A comparison within the 2011 survey between the responses of detainees who consider themselves to have a disability and those who do not consider themselves to have a disability.

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

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

Summary

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

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

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

Survey results

Section 1: About you

Q1	Are you male or female?	
	Male.....	80 (100%)
	Female	0 (0%)
Q2	What is your age?	
	Under 18.....	2 (3%)
	18-21.....	10 (13%)
	22-29.....	26 (33%)
	30-39.....	24 (30%)
	40-49.....	14 (18%)
	50-59.....	3 (4%)
	60-69.....	0 (0%)
	70 or over.....	0 (0%)
Q3	What region are you from? (Please tick only one.)	
	Africa.....	32 (44%)
	North America	0 (0%)
	South America.....	2 (3%)
	Indian subcontinent (India, Pakistan, Bangladesh, Sri Lanka).....	15 (21%)
	China	9 (13%)
	Other Asia	10 (14%)
	Caribbean	1 (1%)
	Europe.....	1 (1%)
	Middle East.....	2 (3%)
Q4	Do you understand spoken English?	
	Yes	57 (72%)
	No	22 (28%)
Q5	Do you understand written English?	
	Yes	47 (66%)
	No	24 (34%)
Q6	What would you classify, if any, as your religious group?	
	None	5 (6%)
	Church of England	6 (8%)
	Catholic	9 (12%)
	Protestant.....	6 (8%)
	Other Christian denomination	9 (12%)
	Buddhist.....	6 (8%)
	Hindu	2 (3%)
	Jewish	2 (3%)
	Muslim.....	31 (40%)
	Sikh	1 (1%)

Q7	Do you have a disability?	
	Yes	18 (25%)
	No	54 (75%)

Section 2: Immigration detention

Q8	When being detained, were you told the reasons why in a language you could understand?	
	Yes	52 (70%)
	No	22 (30%)

Q9	Including this centre, how many places have you been held in as an immigration detainee since being detained (including police stations, airport detention rooms, removal centres, and prison following end of sentence)?	
	One to two.....	45 (58%)
	Three to five.....	27 (35%)
	Six or more.....	6 (8%)

Q10	How long have you been detained in this centre?	
	Less than 1 week.....	13 (17%)
	More than 1 week less than 1 month.....	24 (31%)
	More than 1 month less than 3 months	18 (23%)
	More than 3 months less than 6 months	13 (17%)
	More than 6 months less than 9 months	6 (8%)
	More than 9 months less than 12 months.....	0 (0%)
	More than 12 months.....	4 (5%)

Section 3: Transfers and escorts

Q11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	
	Yes	35 (45%)
	No	33 (42%)
	Do not remember	10 (13%)

Q12	How long did you spend in the escort vehicle to get to this centre on your most recent journey?	
	Less than one hour.....	4 (5%)
	One to two hours	29 (36%)
	Two to four hours.....	20 (25%)
	More than four hours	26 (33%)
	Do not remember	1 (1%)

Q13	How did you feel you were treated by the escort staff?	
	Very well.....	13 (17%)
	Well	37 (48%)
	Neither.....	14 (18%)
	Badly.....	4 (5%)
	Very badly.....	4 (5%)
	Do not remember	5 (6%)

Section 4: Reception and first night

Q15	Were you seen by a member of healthcare staff in reception?	
	Yes	71 (89%)
	No	4 (5%)
	Do not remember	5 (6%)
Q16	When you were searched in reception, was this carried out in a sensitive way?	
	Yes	51 (67%)
	No	16 (21%)
	Do not remember/not applicable	9 (12%)
Q17	Overall, how well did you feel you were treated by staff in reception?	
	<i>Very well</i>	14 (18%)
	<i>Well</i>	47 (59%)
	<i>Neither</i>	14 (18%)
	<i>Badly</i>	3 (4%)
	<i>Very badly</i>	0 (0%)
	Do not remember	2 (3%)
Q18	On your day of arrival did you receive information about what was going to happen to you?	
	Yes	23 (29%)
	No	50 (63%)
	Do not remember	6 (8%)
Q19	On your day of arrival did you receive information about what support was available to you in this centre?	
	Yes	38 (50%)
	No	28 (37%)
	Do not remember	10 (13%)
Q20	Was any of this information given to you in a translated form?	
	Do not need translated material	19 (28%)
	Yes	15 (22%)
	No	35 (51%)
Q21	On your day of arrival did you get the opportunity to change into clean clothing?	
	Yes	57 (73%)
	No	20 (26%)
	Do not remember	1 (1%)
Q22	Did you feel safe on your first night here?	
	Yes	44 (56%)
	No	29 (37%)
	Do not remember	5 (6%)
Q23	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)	
	Not had any problems	27 (36%)
	<i>Loss of property</i>	7 (9%)
	<i>Contacting family</i>	19 (25%)

Access to legal advice.....	18 (24%)
Feeling depressed or suicidal	30 (40%)
Health problems	20 (27%)

Q24	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	
	<i>Not had any problems</i>	27 (37%)
	Yes	20 (27%)
	No	26 (36%)

Section 5: Legal rights and immigration

Q26	Do you have a lawyer?	
	<i>Do not need one</i>	4 (5%)
	Yes	50 (63%)
	No	25 (32%)

Q27	Do you get free legal advice?	
	<i>Do not need legal advice</i>	7 (9%)
	Yes	22 (29%)
	No	46 (61%)

Q28	Can you contact your lawyer easily?	
	Yes	34 (43%)
	No	16 (20%)
	<i>Do not know/not applicable</i>	29 (37%)

Q29	Have you had a visit from your lawyer?	
	<i>Do not have one</i>	29 (36%)
	Yes	22 (28%)
	No	29 (36%)

Q30	Can you get legal books in the library?	
	Yes	43 (55%)
	No	11 (14%)
	<i>Do not know/not applicable</i>	24 (31%)

Q31	How easy or difficult is it for you to obtain bail information?	
	<i>Very easy</i>	3 (4%)
	<i>Easy</i>	22 (28%)
	<i>Neither</i>	17 (22%)
	<i>Difficult</i>	17 (22%)
	<i>Very difficult</i>	15 (19%)
	<i>Not applicable</i>	4 (5%)

Q32	Can you get access to official information reports on your country?	
	Yes	10 (13%)
	No	44 (59%)
	<i>Do not know/not applicable</i>	21 (28%)

Q33	How easy or difficult is it to see the centre's immigration staff when you want?	
	<i>Do not know/have not tried</i>	10 (13%)

Very easy.....	10 (13%)
Easy.....	23 (31%)
Neither.....	15 (20%)
Difficult	15 (20%)
Very difficult.....	2 (3%)

Section 6: Respectful detention

Q35	Can you clean your clothes easily?	
	Yes	66 (84%)
	No	13 (16%)
Q36	Are you normally able to have a shower every day?	
	Yes	78 (95%)
	No	4 (5%)
Q37	Is it normally quiet enough for you to be able to relax or sleep in your room at night time?	
	Yes	44 (54%)
	No	37 (46%)
Q38	Can you normally get access to your property held by staff at the centre if you need to?	
	Yes	46 (57%)
	No	20 (25%)
	Do not know	14 (18%)
Q39	What is the food like here?	
	Very good.....	4 (5%)
	Good.....	14 (17%)
	Neither.....	25 (30%)
	Bad.....	18 (22%)
	Very bad	21 (26%)
Q40	Does the shop sell a wide enough range of goods to meet your needs?	
	Have not bought anything yet	8 (11%)
	Yes	40 (53%)
	No	28 (37%)
Q41	Do you feel that your religious beliefs are respected?	
	Yes	65 (82%)
	No	4 (5%)
	Not applicable	10 (13%)
Q42	Are you able to speak to a religious leader of your faith in private if you want to?	
	Yes	50 (64%)
	No	13 (17%)
	Do not know/not applicable	15 (19%)
Q43	How easy or difficult is it to get a complaint form?	
	Very easy.....	13 (17%)
	Easy.....	25 (32%)
	Neither.....	9 (12%)
	Difficult	6 (8%)

Very difficult..... 1 (1%)
Do not know 23 (30%)

Q44 Have you made a complaint since you have been at this centre?
 Yes 23 (30%)
 No 46 (60%)
Do not know how to..... 8 (10%)

Q45 If yes, do you feel complaints are sorted out fairly?
 Yes 7 (9%)
 No 13 (18%)
Not made a complaint..... 54 (73%)

Section 7: Staff

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

Q47 Do you have a member of staff at the centre that you can turn to for help if you have a problem?
 Yes 45 (61%)
 No 29 (39%)

Q48 Do most staff at the centre treat you with respect?
 Yes 64 (82%)
 No 14 (18%)

Q49 Have any members of staff physically restrained you (C and R) in the last six months?
 Yes 8 (11%)
 No 62 (89%)

Q50 Have you spent a night in the separation/isolation unit in the last six months?
 Yes 12 (16%)
 No 62 (84%)

Section 8: Safety

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

Q52 Do you feel unsafe in this centre?
 Yes 29 (38%)
 No 47 (62%)

Q53 Has another detainee or group of detainees victimised (insulted or assaulted) you here?
 Yes 12 (17%)
 No 59 (83%) **If No, go to question 55**

Q54 **If you have felt victimised by a detainee/group of detainees, what did the incident(s) involve?**
(Please tick all that apply to you.)

<i>Physical abuse (being hit, kicked or assaulted)</i>	3 (4%)
<i>Because of your nationality</i>	3 (4%)
<i>Having your property taken</i>	2 (3%)
<i>Drugs</i>	1 (1%)
<i>Because you have a disability</i>	3 (4%)
<i>Because of your religion/religious beliefs</i>	3 (4%)

Q55 **Has a member of staff or group of staff victimised (insulted or assaulted) you here?**

Yes	7 (11%)
No	56 (89%)

If No, go to question 57

Q56 **If you have felt victimised by a member of staff/group of staff, what did the incident(s) involve?**
(Please tick all that apply to you.)

<i>Physical abuse (being hit, kicked or assaulted)</i>	2 (3%)
<i>Because of your nationality</i>	2 (3%)
<i>Drugs</i>	0 (0%)
<i>Because you have a disability</i>	1 (2%)
<i>Because of your religion/religious beliefs</i>	1 (2%)

Q57 **If you have been victimised by detainees or staff, did you report it?**

Yes	2 (3%)
No	4 (7%)
Not been victimised	53 (90%)

Q58 **Have you ever felt threatened or intimidated by another detainee/group of detainees in here?**

Yes	3 (4%)
No	65 (96%)

Q59 **Have you ever felt threatened or intimidated by a member of staff in here?**

Yes	4 (6%)
No	63 (94%)

Section 9: Health care

Q61 **Is health information available in your own language?**

Yes	25 (35%)
No	31 (44%)
Do not know	15 (21%)

Q62 **Is a qualified interpreter available if you need one during health care assessments?**

Do not need an interpreter/do not know	23 (36%)
Yes	10 (16%)
No	31 (48%)

Q63 **Are you currently taking medication?**

Yes	33 (48%)
No	36 (52%)

Q64 **What do you think of the overall quality of the health care here?**

Have not been to health care	6 (9%)
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Very good.....	8 (11%)
Good.....	18 (26%)
Neither.....	15 (21%)
Bad.....	14 (20%)
Very bad.....	9 (13%)

Section 10: Activities

Q66	Are you doing any education here?	
	Yes.....	25 (36%)
	No.....	44 (64%)
Q67	Is the education helpful?	
	Not doing any education	44 (65%)
	Yes.....	23 (34%)
	No.....	1 (1%)
Q68	Can you work here if you want to?	
	Do not want to work	16 (25%)
	Yes.....	34 (53%)
	No.....	14 (22%)
Q69	Is there enough to do here to fill your time?	
	Yes.....	35 (53%)
	No.....	31 (47%)
Q70	How easy or difficult is it to go to the library?	
	Do not know/do not want to go	1 (1%)
	Very easy.....	44 (61%)
	Easy.....	23 (32%)
	Neither.....	4 (6%)
	Difficult.....	0 (0%)
	Very difficult.....	0 (0%)
Q71	How easy or difficult is it to go to the gym?	
	Do not know/do not want to go	8 (11%)
	Very easy.....	35 (50%)
	Easy.....	22 (31%)
	Neither.....	1 (1%)
	Difficult.....	2 (3%)
	Very difficult.....	2 (3%)

Section 11: Keeping in touch with family and friends

Q73	How easy or difficult is it to use the phone?	
	Do not know/have not tried	5 (7%)
	Very easy.....	17 (23%)
	Easy.....	22 (30%)
	Neither.....	10 (14%)
	Difficult.....	11 (15%)
	Very difficult.....	8 (11%)

Q74	Have you had any problems with sending or receiving mail?	
	Yes	15 (21%)
	No	37 (52%)
	Do not know	19 (27%)
Q75	Have you had a visit since you have been here from your family or friends?	
	Yes	34 (49%)
	No	36 (51%)
Q76	How did staff in the visits area treat you?	
	Not had any visits	25 (37%)
	<i>Very well</i>	15 (22%)
	<i>Well</i>	22 (32%)
	<i>Neither</i>	5 (7%)
	<i>Badly</i>	1 (1%)
	<i>Very badly</i>	0 (0%)

Main comparator and comparator to last time



Detainee survey responses Tinsley House 2011

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

Key to tables

		Tinsley House 2011	IRC comparator	Tinsley House 2011	Tinsley House 2008
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 1: General information					
Number of completed questionnaires returned		82	1007	82	65
1	Are you male?	100%	86%	100%	96%
2	Are you aged under 21 years?	15%	10%	15%	20%
4	Do you understand spoken English?	72%	75%	72%	75%
5	Do you understand written English?	66%	68%	66%	74%
6	Are you Muslim?	40%	37%	40%	24%
7	Do you have a disability?	25%	18%	25%	20%
SECTION 2: Immigration detention					
8	When being detained, were you told the reasons why in a language you could understand?	70%	69%	70%	74%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	8%	12%	8%	8%
10	Have you been detained in this centre for more than one month?	52%		52%	
SECTION 3: Transfers and escorts					
11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	45%	29%	45%	39%
12	Did you spend more than four hours in the escort van to get to this centre?	32%	28%	32%	34%
13	Were you treated well/very well by the escort staff?	65%	54%	65%	52%
SECTION 4: Reception and First Night					
15	Were you seen by a member of health care staff in reception?	89%	87%	89%	90%
16	When you were searched in reception was this carried out in a sensitive way?	67%	68%	67%	61%
17	Were you treated well/very well by staff in reception?	76%	56%	76%	69%
18	Did you receive information about what was going to happen to you on your day of arrival?	29%	30%	29%	40%
19	Did you receive information about what support was available to you in this centre on your day of arrival?	50%		50%	
For those who required information in a translated form:					
20	Was any of this information provided in a translated form?	30%	23%	30%	31%
21	Did you get the opportunity to change into clean clothing on your day of arrival?	73%	49%	73%	74%
22	Did you feel safe on your first night here?	56%	45%	56%	54%
23a	Did you have any problems when you first arrived?	64%	72%	64%	68%
23b	Did you have any problems with loss of transferred property when you first arrived?	9%	25%	9%	20%
23c	Did you have any problems contacting family when you first arrived?	26%	21%	26%	19%

Main comparator and comparator to last time

Key to tables

		Tinsley House 2011	IRC comparator	Tinsley House 2011	Tinsley House 2008
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 4: Reception and first night continued					
23d	Did you have any problems accessing legal advice when you first arrived?	24%	21%	24%	20%
23e	Did you have any problems with feeling depressed or suicidal when you first arrived?	40%	28%	40%	34%
23f	Did you have any health problems when you first arrived?	27%	30%	27%	28%
For those who had problems on arrival:					
24	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	44%	27%	44%	53%
SECTION 5: Legal rights and immigration					
26	Do you have a lawyer?	64%	67%	64%	52%
For those who have a lawyer:					
28	Can you contact your lawyer easily?	68%		68%	
29	Have you had a visit from your lawyer?	44%	56%	44%	40%
27	Do you get free legal advice?	29%	43%	29%	35%
30	Can you get legal books in the library?	55%	25%	55%	22%
31	Is it easy/very easy for you to obtain bail information?	32%	27%	32%	13%
32	Can you get access to official information reports on your country?	14%	14%	14%	10%
33	Is it easy/very easy to see this centre's immigration staff when you want?	44%		44%	
SECTION 6: Respectful detention					
35	Can you clean your clothes easily?	83%		83%	
36	Are you normally able to have a shower every day?	96%	95%	96%	94%
37	Is it normally quiet enough for you to be able to sleep in your room at night?	54%	52%	54%	55%
38	Can you normally get access to your property held by staff at the centre if you need to?	57%	52%	57%	59%
39	Is the food good/very good?	22%	23%	22%	48%
40	Does the shop sell a wide enough range of goods to meet your needs?	52%	29%	52%	33%
41	Do you feel that your religious beliefs are respected?	82%	64%	82%	69%
42	Are you able to speak to a religious leader of your own faith if you want to?	64%	52%	64%	45%
43	Is it easy/very easy to get a complaint form?	49%	47%	49%	28%
44	Have you made a complaint since you have been at this centre?	30%	35%	30%	19%
For those who have made a complaint:					
45	Do you feel complaints are sorted out fairly?	33%	21%	33%	0%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	Tinsley House 2011	IRC comparator	Tinsley House 2011	Tinsley House 2008
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 7: Staff					
47	Do you have a member of staff you can turn to for help if you have a problem?	61%	55%	61%	50%
48	Do most staff treat you with respect?	82%	65%	82%	70%
49	Have any members of staff physically restrained you in the last six months?	12%	14%	12%	21%
50	Have you spent a night in the segregation unit in the last six months?	16%	17%	16%	14%
SECTION 8: Safety					
52	Do you feel unsafe in this centre?	38%		38%	
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	17%	31%	17%	25%
54a	Have you been hit, kicked or assaulted since you have been here? (By detainees)	4%	9%	4%	2%
54b	Have you been victimised because of your nationality since you have been here? (By detainees)	4%	9%	4%	7%
54c	Have you ever had your property taken since you have been here? (By detainees)	3%	8%	3%	5%
54d	Have you been victimised because of drugs since you have been here? (By detainees)	1%	3%	1%	0%
54e	Have you ever been victimised here because you have a disability? (By detainees)	4%	3%	4%	0%
54f	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	4%	5%	4%	0%
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	11%	26%	11%	28%
56a	Have you been hit, kicked or assaulted since you have been here? (By staff)	4%	4%	4%	2%
56b	Have you been victimised because of your nationality since you have been here? (By staff)	4%	9%	4%	16%
56c	Have you been victimised because of drugs since you have been here? (By staff)	0%	2%	0%	0%
56d	Have you ever been victimised here because you have a disability? (By staff)	1%	2%	1%	0%
56e	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	1%	4%	1%	2%
For those who have been victimised by detainees or staff:					
57	Did you report it?	38%	45%	38%	47%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	4%	24%	4%	15%
59	Have you ever felt threatened or intimidated by a member of staff in here?	6%	20%	6%	24%

Main comparator and comparator to last time

Key to tables

		Tinsley House 2011	IRC comparator	Tinsley House 2011	Tinsley House 2008
	Any percentage highlighted in green is significantly better	Tinsley House 2011	IRC comparator	Tinsley House 2011	Tinsley House 2008
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 9: Health services					
61	Is health information available in your own language?	35%	37%	35%	31%
62	Is a qualified interpreter available if you need one during health care assessments?	16%	13%	16%	19%
63	Are you currently taking medication?	48%	45%	48%	52%
For those who have been to health care:					
64	Do you think the overall quality of health care in this centre good/very good?	41%	32%	41%	40%
SECTION 10: Activities					
66	Are you doing any education here?	37%	25%	37%	44%
For those doing education here:					
67	Is the education helpful?	97%	85%	97%	87%
68	Can you work here if you want to?	53%	52%	53%	27%
69	Is there enough to do here to fill your time?	53%	33%	53%	38%
70	Is it easy/very easy to go to the library?	93%	70%	93%	78%
71	Is it easy/very easy to go to the gym?	81%	65%	81%	57%
SECTION 11: Keeping in touch with family and friends					
73	Is it easy/very easy to use the phone?	54%		54%	
74	Have you had any problems with sending or receiving mail?	21%	27%	21%	15%
75	Have you had a visit since you have been in here from your family or friends?	48%	49%	48%	61%
For those who have had visits:					
76	Do you feel you are treated well/very well by staff in the visits area?	86%	62%	86%	72%