

Report on an unannounced inspection of

Dover Immigration Removal Centre

by HM Chief Inspector of Prisons

3–14 March 2014

Glossary of terms

*We try to make our reports as clear as possible, but if you find terms that you do not know, please see the glossary in our 'Guide for writing inspection reports' on our website at:
<http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>*

Crown copyright 2014

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit <http://www.nationalarchives.gov.uk/doc/open-government-licence/> or email: psi@nationalarchives.gsi.gov.uk

Where we have identified any third party copyright material you will need to obtain permission from the copyright holders concerned.

Any enquiries regarding this publication should be sent to us at the address below or:
hmiprisons.enquiries@hmiprisons.gsi.gov.uk

This publication is available for download at: <http://www.justice.gov.uk/about/hmi-prisons>

Printed and published by:
Her Majesty's Inspectorate of Prisons
Victory House
6th floor
30–34 Kingsway
London
WC2B 6EX
England

Contents

Introduction	5
Fact page	7
About this inspection and report	9
Summary	13
Section 1. Safety	19
Section 2. Respect	33
Section 3. Activities	47
Section 4. Preparation for removal and release	53
Section 5. Summary of recommendations and housekeeping points	57
Section 6. Appendices	65
Appendix I: Inspection team	65
Appendix II: Detainee population profile	67
Appendix III: Summary of detainee survey responses	71
Appendix IV: Photographs	81

Introduction

Situated in a 19th century fort on the cliffs above the town, Dover has been an immigration removal centre (IRC) since 2002. Holding up to 280 adult and young adult men the facility is operated by the public sector Prison Service. At the same time as our inspection the centre was anticipating the arrival of a newly appointed centre manager. This was our first full inspection since 2010, although we made a brief follow-up visit in 2012. In recent years we have described a satisfactory institution that was making steady progress. At this inspection there were many aspects of Dover that worked reasonably well but some significant shortcomings that needed to be addressed. Overall our observations were mixed, and there was a clear need for the institution to distinguish and assert its function and character as an IRC, and not the prison it once was.

Dover was a safe institution. Detainees were well received into the centre. Assessment, induction and the management of risk were mostly satisfactory, but in our survey fewer detainees than we would expect said they felt safe on their first night. These negative perceptions improved as detainees settled in, and our survey findings concerning safety became more typical of what we normally see. Recorded incidents of violence and self-harm were low, and there was little evidence of bullying. Structures to help prevent violence were reasonably good, but arrangements to support those at risk of self-harm were less robust. Despite this, those at risk still felt well cared for. Use of separation and segregation was encouragingly low.

A recurring theme of our inspection was that Dover looked and felt like a prison and was too often run like one, even though it held low-risk detainees who were not serving sentences for criminal offences. Some aspects of physical security were excessive, and Dover is probably the last custodial facility in Britain that is still surrounded by a moat. Procedural security sometimes lacked proportionality. The reward scheme was inappropriate and worse, its application punitive.

With immigration processes impacting on detainees' stress levels and their sense of safety, too many detainees did not have an immigration lawyer and although some support was provided, including from the charity Migrant Help, this was inevitably limited. As we often see, the management of cases was too slow, although the assessment of torture survivors was better and had correctly led to some releases.

As indicated some housing blocks had prison-like environments and character, and others were not clean, although association areas were well equipped. Too few detainees thought staff treated them with respect and while this was not universally the case, we observed too many uniformed staff who were dismissive or unhelpful and, in a small number of cases, unprofessional. Diversity work was reasonably good and supported by some consultation structures and useful peer support. However, the provision of translated information was limited. The centre had a visible and active chaplaincy which was appreciated. Detainees had little confidence in formal complaints arrangements; our own assessment of complaints procedures was more positive but some responses were partial and formulaic. The provision of health services was generally very good.

Detainees could access the grounds to the centre for most of the day although, in keeping with the centre's prison-like culture, restrictions and lock up were greater than we normally see or expect. About half of detainees felt they could fill their time while at the centre and there was a reasonable amount of paid work on offer. Similarly there was a sufficient range of education available as well as some vocational opportunities. Despite this many places remained unfilled although the centre was actively trying to address this. Library and gym provision were generally good.

Welfare officers were able to offer good basic support to detainees but access was often problematic, not least because too many detainees did not know about them. Arrangements to help detainees through individual support plans were good in principle, but were hardly applied in practice. Some useful welfare support was provided by the local 'Samphire' charity. Visits arrangements were adequate although poorly organised and excessively controlled. Arrangements to support detainees prior to removal or release were very limited.

Dover IRC is currently experiencing a period of transition in management, and this should be seen as an opportunity. Many arrangements and much of the provision at Dover work adequately well with pockets of good practice. That said there is a complacency and lack of direction to the centre. Staff culture also needs to improve. The institution has not been a prison for over 12 years but in many respects it is still run like one. As indicated in previous reports, the centre needs to give greater emphasis to the specific needs of detainees and respond proportionately to the risks it faces.

Nick Hardwick
HM Chief Inspector of Prisons

July 2014

Fact page

Task of the establishment

To detain people subject to immigration control.

Location

Dover, Kent

Name of contractor

HM Prison Service

Number held

259

Certified normal accommodation

280

Operational capacity

280

Last inspection

24–28 May 2010 (short unannounced follow-up 3–5 April 2012)

Brief history

Dover became a prison in 1952. In 1957 it became a Borstal. It continued to hold young offenders until April 2002, when it was redesignated as an immigration removal centre, operating under the Detention Centre Rules 2001.

Name of centre manager

Sonia Wilkins (Acting)

Escort provider

Tascor

Short description of residential units

The centre consists of five residential units: Deal, Sandwich, Romney, Rye and Hastings, and one small separation unit (Hythe). Deal was temporarily closed and being refurbished. Much of the accommodation comprises six-bed dormitories, although there are also single and double cells. All living accommodation provides integral sanitation and access to a power supply.

Health service commissioner and providers

Commissioner: NHS England Kent & Medway

Provider: Integrated Care 24

Learning and skills providers

Pertemps People Development Group (PPDG)

Independent Monitoring Board chair

William Baker

About this inspection and report

- A1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, immigration detention facilities and police custody.
- A2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.
- A3 All Inspectorate of Prisons reports include a summary of an establishment's performance against the model of a healthy establishment. The four tests of a healthy establishment are:
- | | |
|--|--|
| Safety | that detainees are held in safety and with due regard to the insecurity of their position |
| Respect | that detainees are treated with respect for their human dignity and the circumstances of their detention |
| Activities | that the centre encourages activities and provides facilities to preserve and promote the mental and physical well-being of detainees |
| Preparation for removal and release | that 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. |
- A4 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 Home Office.
- **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.

A5 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.

A6 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.

A7 Our assessments might result in one of the following:

- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
- **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines
- **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for detainees.

A8 Five key sources of evidence are used by inspectors: observation; detainee surveys; discussions with detainees; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.

A9 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection, unless these have already been reviewed by a short follow-up inspection. This inspection follows a short follow-up inspection and does not report directly on progress made against the previous recommendations.

This report

- A10 This explanation of our approach is followed by a summary of our inspection findings against the four healthy establishment tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the conditions for and treatment of immigration detainees*. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection.
- A11 Details of the inspection team and the detainee population profile can be found in Appendices I and II respectively.
- A12 Findings from the survey of detainees and a detailed description of the survey methodology can be found in Appendix III of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

¹ The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance.

Summary

Safety

- S1** *The reception area was comfortable and reception staff were welcoming. There were few violent incidents and the strategic management of violence reduction was good. Those at risk of self-harm were well cared for. Detainees who claimed to be children were not always referred to social services for an age assessment. Procedural security was usually appropriate but there were many examples of over-restrictive security practices. The rewards scheme was punitive and inappropriate for an immigration removal centre. Force was not used frequently and governance was good. Few detainees were separated. Legal surgeries did not meet the need. Some detainees had been detained for long periods with insufficient progress on their cases and two torture survivors were held for longer than absolutely necessary. Rule 35 procedures were generally good. **Outcomes for detainees against this healthy establishment test were reasonably good.***
- S2** In our survey, most detainees reported that they were treated well by escort staff. Some detainees were given little notice of transfer. Detainees being transferred were double searched, once by centre staff and then immediately afterwards by escort staff. The number of overnight centre-to-centre moves had reduced but too many detainees arrived late at night from other locations.
- S3** Reception was somewhat rundown but reasonably comfortable, and most detainees moved to their units quickly. Reception staff were polite, helpful and welcoming to new arrivals. All detainees had a confidential one-to-one interview and health care screening. In our survey, fewer detainees than at comparator establishments said that they had felt safe on their first night, and there were no routine first night checks. Induction took place on the day after arrival but did not consistently cover all key areas, such as access to legal and welfare support. An induction peer mentor provided useful support.
- S4** In our survey, about a third of detainees said that they currently felt unsafe, which was similar to the proportion at other centres. The number of violent incidents was similar to that at other centres, and there was little evidence of bullying. Structures to identify bullying and violence were reasonably good. Relevant information was passed to the safer detention coordinator, incidents were properly investigated and action was taken to support victims.
- S5** The number of self-harm incidents and open assessment, care in detention and teamwork (ACDT) case management forms was low. Detainees subject to ACDT procedures reported positively on the level of care provided, and a case review we observed was handled sensitively. The quality of ACDT documentation was variable and some actions in care plans were not completed. Professional telephone interpreters were often, but not always, used when necessary in case reviews. Detainees on constant watch were inappropriately held in the separation unit. A care suite was due to open imminently but we were not assured that it would provide a sufficiently therapeutic environment.
- S6** There were no adult safeguarding guidelines or procedures, and no links with adult social services. There was a detailed safeguarding children policy. Over the previous year, seven detainees had claimed to be children while at the centre. Not all had been referred to social services for a Merton-compliant age assessment. Location at the centre and access to the regime for age-dispute detainees was appropriately based on individual risk assessment. No staff, other than those in the security department, had undertaken child protection training.

- S7 Security intelligence was well managed and the security committee was effective. Some procedural security practices had improved but many were disproportionate and over-restrictive. Strip-searching was generally proportionate to risk and documentation was appropriate. While nominal risk assessments were carried out for detainees being escorted to outside appointments, there was an inappropriate presumption that they all should be handcuffed.
- S8 There was an inappropriately punitive rewards scheme. The reduction in regime activity and entitlements for the small number of detainees on the standard level was excessive. Reviews of levels were cursory, behaviour warnings were often petty and sanctions were unfair.
- S9 Use of force was infrequent and governance arrangements were good. Written records usually showed that force was proportionate and used as a last resort. Staff carried batons, which was inappropriate in an immigration removal centre (IRC) environment.
- S10 Living conditions in the separation unit were generally good. Cells and communal areas were well decorated and clean, but the exercise yard provided a stark environment. Use of separation was comparatively low but the regime was limited.
- S11 Too many detainees who required an immigration lawyer did not have one. Detainees could wait two weeks for a legal surgery appointment, which was too long, given the rapid turnaround of cases. Detainees could generally access relevant legal websites and legal textbooks were available in the library.
- S12 Some detainees' cases were not progressed quickly enough. Four detainees had been held under immigration powers for more than two years, and two torture survivors had been held in detention for longer than absolutely necessary. In one case, evidence of torture was inadequately investigated by caseworkers but a good Rule 35 report (relating to allegations of torture) had led to release. In the other, the findings of an equally clear Rule 35 report had initially been rejected by the Home Office. Most Rule 35 reports were of adequate quality and some were good. Five of the previous 16 reports had led to release, a much higher proportion than we usually see. Too many monthly progress reports were overdue. Immigration induction interviews were too perfunctory, with no information given about voluntary return or re-entry bans, and we were not assured that the advice given was always accurate.

Respect

- S13** *The establishment had failed to develop an identity as an immigration removal centre (IRC) as opposed to a prison, despite this concern being raised at successive inspections. The culture reflected a prison mindset and little had been done to soften the environment in line with many other IRCs. Cleanliness was variable and many communal areas in residential units were grubby. Some staff were caring but too many were distant and in some cases dismissive and unprofessional. The personal officer scheme was ineffective. The strategic management of diversity was good but diversity work was significantly underdeveloped. Faith provision was good. Detainees had little confidence in the complaints system. Health services were good. The food was reasonable but detainees could not always dine together and there was no cultural kitchen. **Outcomes for detainees against this healthy establishment test were not sufficiently good.***

- S14 The establishment looked and felt like a prison. There was an unnecessary amount of razor wire on fencing, walls and buildings, and the sports pitch was locked within a security fence. Cleanliness was variable and many communal areas in residential units were grubby, although association areas were well equipped. In some cells and dormitories, the toilets were filthy and there was graffiti on the walls and on noticeboards. Laundry rooms were available on each unit.
- S15 Too few detainees said that staff treated them with respect and that they had a member of staff to turn to if they had a problem. We saw some good interactions between staff and detainees but too many staff were distant or unhelpful, and we saw some unacceptable and unprofessional behaviour. Staff congregated in offices, did not mix with detainees and could be dismissive. Most detainees were unaware of their personal officers and case notes showed little evidence of contact.
- S16 There was little evidence of tension between different groups in the centre. There was a comprehensive equality and diversity strategy, with sound data collection, monitoring and analysis, and some appropriate investigation of disparities. The 'Helping Hands' peer supporters provided valued assistance to detainees. There was reasonable use of professional telephone interpretation but it was not always used in sensitive or confidential settings. There was some translated information in reception but little elsewhere. Staff had no training in equality or cultural awareness, or in the specific backgrounds, experiences and needs of a detainee population. There were no information and support groups involving the wider detainee population.
- S17 Arrangements to identify detainees with protected characteristics were not comprehensive. Disability was under-identified and there were no adapted rooms or showers. In our survey, many detainees with disabilities said that they felt unsafe. Some helpful immediate support was given to those who were identified but detainees with ongoing needs received little proactive support. Care plans were well constructed but not always updated, and not all detainees who should have had a personal emergency evacuation plan had one. The discrimination incident reporting system was inaccessible to detainees and used inappropriately.
- S18 Faith provision was good and appreciated by detainees. There was a visible and active chaplaincy team that was well integrated in the life of the centre. Religious and cultural celebrations were well promoted. There was a wide range of study classes and courses, and effective links with external faith-based groups. There were several venues for worship, but many were messy and in need of refurbishment and repair.
- S19 Detainees had little confidence in the complaints system and the number of complaints submitted was low. Investigations were mostly reasonable and prompt, but some responses were formulaic. Not all investigations included interviews with detainee witnesses. Quality assurance arrangements were weak.
- S20 Most detainees were satisfied with the quality of health services provided. Governance structures were mostly robust. Health services staff interacted well with detainees. Health services were easily accessible through the daily drop-in clinic but were restricted by the limited number of clinical rooms. There was an appropriate range of primary care services, and waiting times were short. Pharmacy services were good but the medication administration area lacked privacy. The quality of dental care was good but for most it was only available for emergency treatment. Mental health support was very good. Clinical support was good for the small number of detainees with substance misuse issues but there was inadequate psychosocial support.

- S21 The food was usually varied but detainees remained negative about its quality. They sometimes received less varied and poorer quality take-away food and were not allowed to eat these meals together. There was no cultural kitchen where detainees could prepare and eat food from their country of origin. Consultation about the food was reasonable. We identified concerns about hygiene in the kitchen during our night visit. The shop provided a reasonable service but there were unnecessary restrictions on the number of times that detainees could use it.

Activities

S22 *Just over half of detainees said that they could fill their time while at the centre. Detainees were locked in their rooms and on residential units for too long. A wide range of education and vocational provision was offered, and there was a reasonable range of work. Fitness facilities were good and generally well used. The library provided an effective service. **Outcomes for detainees against this healthy establishment test were reasonably good.***

- S23 Detainees could move freely around the centre for only 10–11 hours a day at the most. They spent too long locked in their rooms and on residential units. In our survey, just over half of respondents said that there was enough for them to do, which was in line with other IRCs. Detainees remaining a short time benefited from reasonable recreational facilities and other activities, but there was less provision for the small number of long-stay detainees. There was a reasonable volume of education and work during weekdays but, despite improved promotion of activities, too many work and education places were unfilled. Good use was made of feedback from detainees to improve provision and they were able to develop skills that would be helpful to them on leaving the centre. Scheduling of activity effectively allowed detainees to combine work, education and other pursuits.
- S24 There was a wide range of education provision, with a growing focus on vocational skills, and learning was increasingly taken into workplaces and residential units. The education department was appropriately rebranding itself as a college to raise its profile across the centre in response to detainee feedback. Despite minor cosmetic improvements, the fencing and razor wire enclosing the education building was unwelcoming.
- S25 The quality of teaching and learning was variable and required improvement overall. All tutors worked effectively with individuals during learning sessions and were highly flexible in their response to the needs of a transient population. Learning resources for art and music classes were very good, and were at least adequate for most other provision. There was an increasing range of external accreditation in subjects such as English for speakers of other languages, which complemented established centre-based awards. Although there were some limited opportunities for progression, most education provision and awards were at foundation level. Self-assessment of education was sound.
- S26 There was a good amount of paid work and most detainees in our survey said that it was easy to get a job. Many jobs were mundane but a minority provided more interesting roles. Recruitment to work was timely. Some detainees were prevented from working because of non-compliance with the Home Office, which interfered with the centre's ability to manage the population. All detainees received at least basic training before taking up work roles.

- S27 The library provided an effective service and was increasingly well used. Weekday opening times were good but it was closed at weekends. There was a wide stock of books, newspapers and periodicals in English and foreign languages, as well as an extensive collection of DVDs for loan. Management and staffing of the library were effective.
- S28 Fitness provision was very good. Staff were expert, enthusiastic and effective in providing excellent recreational and specialist PE. Facilities were good and well used, although outdoor fitness facilities could not be accessed without PE staff supervision. Access to supervised fitness activity was very good: it was offered morning, afternoon and evening, seven days a week.

Preparation for removal and release

S29 *Individual welfare officers gave reasonably good basic practical help to detainees but the overall service was underdeveloped. The visits centre and hall were too institutional and some security rules were excessive. There was reasonable access to various means of communication but detainees were required to use an immigration removal centre email address. There was no systematic support for those being removed or released. **Outcomes for detainees against this healthy establishment test were not sufficiently good.***

- S30 In our survey, three-quarters of detainees said that they had had problems when they first arrived at the centre. The detainee support plan was a useful tool but was not routinely completed or used by personal officers to identify detainee needs. Those that had been initiated were of poor quality, lacked detail and most were completed during the first week of the inspection, suggesting a lack of institutional commitment towards the approach.
- S31 Welfare officers provided useful support but too many detainees were unaware of them. The welfare office was not always staffed and there was no service at the weekend. Welfare staff had had no specific training for the role and were less able to deal with complex welfare problems. 'Sapphire', formerly Dover Detainee Visitors Group, provided some useful welfare support, basic legal assistance and other services through a weekly drop-in surgery.
- S32 Most detainees said that they were treated well by visits staff. The visitors centre was stark and was not staffed sufficiently early to ensure that all visits started on time. The visits hall was too institutionalised and had unwelcoming fixed furniture. Some visits security rules were excessive, including prohibiting detainees from leaving their seats and the requirement to wear a fluorescent sash.
- S33 Detainees had good access to telephones and fax machines. However, they reported delays in receiving faxes and could not send them confidentially. They were only permitted to use an IRC email address and were not able to download and print attachments themselves. There was a blanket prohibition on the use of social networking sites and Skype.
- S34 There was no systematic assessment of need before removal or release. Sapphire provided some support to the large number of detainees released into the UK. Minimal information was provided to those being removed and they were not provided with the means to reach their final destination safely.

Main concerns and recommendations

S35 Concern: Two torture survivors had been held in detention for longer than absolutely necessary following poor consideration of Rule 35 reports by caseworkers.

Recommendation: No person alleging torture should be detained, unless the allegation has been fully investigated and rejected, and detainees should be released immediately on the receipt of independent medical evidence of torture.

S36 Concern: Dover had failed to develop an identity as an IRC as opposed to a prison. There was an excess of razor wire. Little had been done to soften the environment. The culture reflected a prison mindset and there were too many disproportionate restrictions.

Recommendation: The living environment should be more open and less prison-like, and security measures should reflect the generally low-risk immigration detainee population.

S37 Concern: There was no systematic assessment of welfare need on arrival or before removal or release.

Recommendation: Detainees' welfare needs should be systematically assessed during induction. The useful detainee support plan approach should be embedded and support offered throughout the detention period, especially in preparation for release or removal.

Section 1. Safety

Escort vehicles and transfers

Expected outcomes:

Detainees travelling to and from the centre are treated safely, decently and efficiently.

I.1 *Most detainees were treated well by escort staff. Some were given little notice of transfer. Detainees being transferred were double searched. The number of overnight centre-to-centre moves had reduced but too many detainees still arrived late at night from other locations.*

I.2 In our survey, 58% of detainees said that they had been treated well by escort staff, an increase from 41% at the time of the previous full inspection. We saw escort staff treating detainees politely and respectfully. The escort vehicles we inspected were clean but not all carried a first-aid kit and anti-ligature knife. Person escort records (PERs) were generally well completed and showed that refreshments and comfort breaks were offered at appropriate intervals.

I.3 Detainees were not given sufficient notice of transfer. We spoke to three who were in the reception area at 10am ready for transfer; one had been told that he was moving at 8.45am, and the other two at 9.15am, even though the movement orders had been received by the centre the day before. Such detainees were routinely and pointlessly double searched (by centre staff and immediately afterwards by the receiving escorts).

I.4 The number of overnight centre-to-centre moves had reduced but too many detainees still arrived late at night from other locations, such as reporting centres and police stations. For example, during January 2014, 115 detainees had arrived at the centre between 9pm and 7am.

Recommendations

I.5 **Detainees should be given reasonable notice of planned transfers.**

I.6 **Detainees should not be escorted during the night unless this is required for urgent operational reasons.**

Housekeeping points

I.7 All escort vehicles should be equipped with a first-aid box and anti-ligature knife.

I.8 Detainees being transferred should be searched only once.

Early days in detention

Expected outcomes:

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.

- I.9** *Reception was shabby but reasonably comfortable, and most detainees were moved to their units quickly. Reception staff were polite, helpful and welcoming to new arrivals. All detainees had a confidential one-to-one interview and health care screening. In our survey, fewer detainees than at comparator establishments said that they had felt safe on their first night and there were no routine first night checks. Induction was carried out on the day after arrival but did not consistently cover all key areas, such as access to legal and welfare support. An induction peer mentor provided useful support.*
- I.10** The reception area was open 24 hours a day, seven days a week. It was rundown and shabby but reasonably comfortable, and plans were being considered to move it to another location in the centre.
- I.11** Some alterations had been made to the layout to improve the facilities for receiving and discharging detainees simultaneously. There were two holding rooms, which were both reasonably equipped (including with hot drinks) and each had a small prayer room. One holding room had a shower. It was inadequately screened but rarely used because detainees were generally moved out of reception quickly. Freeze-dried meals were available, but a number of detainees who had arrived late said that they had not been offered food.
- I.12** In our survey, 61% of detainees said that they had been treated well by reception staff, which was much better than at the time of the previous full inspection (43%), and we saw staff being polite, helpful and welcoming to new arrivals. All detainees had a one-to-one interview and room sharing risk assessment in a separate room, to maintain confidentiality, and also underwent a health care screening. Reception procedures had been translated into 34 languages other than English, and cards indicating the need for an interpreter were issued to detainees where appropriate, for use in the centre.
- I.13** Most detainees were moved from reception to Sandwich unit (the induction unit). In our survey, fewer detainees than at comparator establishments said that they had felt safe on their first night at the centre (44% versus 55%). The reasons for this were unclear. Although staff regularly patrolled the unit at night, they did not routinely carry out first night checks on newly arrived detainees.
- I.14** Induction groups usually took place on the day after arrival. In our groups, some detainees said that induction had not been meaningful; the session we observed was detailed but did not include information on key areas, such as access to legal surgeries and welfare support. An induction leaflet was distributed and had been translated into a range of languages, although foreign language versions were not always readily available when required. A newly introduced multilingual peer mentor provided useful support, including taking new detainees on a tour of the centre.

Recommendations

- I.15** First night checks should be carried out routinely on newly arrived detainees.
- I.16** Induction should effectively engage detainees and incorporate all key information about the centre and available support services.

Housekeeping points

- I.17** Detainees arriving late at night should be offered food.
- I.18** Foreign language induction leaflets should be readily accessible.

Bullying and violence reduction

Expected outcomes:

Everyone feels and is safe from bullying and victimisation. Detainees at risk or subject to victimisation are protected through active and fair systems known to staff and detainees.

I.19 *In our survey, about a third of detainees said that they currently felt unsafe, which was similar to the proportion at other centres. The number of violent incidents was similar to that at other centres, and bullying was rare. Victims received reasonably good support. Structures to identify bullying and violence were sound. A wide range of data was collated and analysed for trends at monthly meetings. A safer detention survey had not been conducted since 2012 and the violence reduction policy was out of date.*

- I.20** A dedicated full-time safer detention coordinator managed both bullying and violence reduction and self-harm and suicide prevention, with the assistance of a safer detention officer.
- I.21** In our survey, about a third of detainees said that they currently felt unsafe, which was similar to the proportion at other centres. The number of violent incidents was also similar to that at other centres. In the previous six months, there had been five assaults: four on staff and one on a detainee. In 2013, there had been 18 fights, some of which had been serious.
- I.22** Bullying was rare. The number of identified bullies had reduced; there had been 18 in 2010, three in 2011, two in 2012 and none in 2013. Support plans were used to protect victims, and a three-stage process was used to manage bullies. Support plans and investigations into alleged bullying and violent incidents were of a reasonably good quality.
- I.23** Structures to identify bullying and violence were reasonably good. The safer detention coordinator reviewed risk information on all new arrivals. She checked movement orders and Prison Service electronic records (P-Nomis) and, if necessary, PERs, room sharing risk assessments and prison files. Detainees, staff and visitors could call a safer detention hotline. We left a message on the hotline and received a response within two hours. Notices promoting the hotline were displayed in English and other languages around the centre. Detainees could also report bullying by submitting forms in sealed boxes located around the centre. The boxes were emptied only once a week and the forms were available only in English.

- I.24** The safer detention coordinator collated a wide range of data and information from around the centre, including incident reports, and recorded the information on a detailed database. This information was synthesised into a report, which was analysed for trends and patterns at the monthly violence reduction meeting. The meetings were reasonably well attended and underpinned by an action plan.
- I.25** The centre had not conducted a safer detention survey since 2012. The results of this survey suggested that most detainees felt safe and that bullying was challenged by staff. The centre's violence reduction policy was out of date and was not tailored to the needs of the population. Staff had not received recent violence reduction training.

Recommendations

- I.26** Detainees should be surveyed about safer detention, and the results should be used to inform an updated violence reduction policy.
- I.27** Staff should receive regular updates in violence reduction training.

Housekeeping points

- I.28** Bullying report forms should be available in languages other than English.
- I.29** Boxes containing bullying report forms should be emptied every day.

Self-harm and suicide prevention

Expected outcomes:

The centre provides a safe and secure environment that reduces the risk of self-harm and suicide. Detainees are identified at an early stage and given the necessary support. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

I.30 *The number of detainees who self-harmed or were subject to assessment, care in detention and teamwork (ACDT) procedures was low. Detainees on ACDT procedures were positive about the care they received but the quality of documentation was variable. Case reviews were generally well attended. Professional telephone interpreting was not always used when required. A case review we observed was sensitively handled. Detainees were inappropriately held in the separation unit for constant watches. A new care suit lacked a therapeutic environment.*

- I.31** In the previous six months, 13 detainees had self-harmed; two detainees had self-harmed twice, bringing the total number of incidents to 15. This figure was low compared with that at other centres. Similarly, the number of assessment, care in detention and teamwork (ACDT) case management documents opened within the previous six months for detainees at risk of suicide or self-harm was relatively low (46).

- I.32** Detainees subject to ACDT procedures reported positively on the care they received. The quality of ACDT documentation was variable. Triggers that might have caused the detainee to self-harm were sometimes incorrectly or unclearly recorded. Some care plans contained helpful actions tailored to meet the needs of the individual in crisis but others were vague or not implemented. Some observational entries were detailed and documented meaningful interaction with the detainee; others were perfunctory. Not all staff had received up-to-date training on self-harm and suicide prevention and there was a lack of trained ACDT case managers.
- I.33** Case reviews were generally well attended. Health services and chaplaincy staff attended many reviews but Home Office staff attended only a minority, even though immigration issues were often the main trigger for such incidents. On occasion, before the review, the Home Office briefed the case manager on the latest developments. Staff told us that detainees did not always wish immigration staff to attend but we did not see this documented in case review notes. Professional telephone interpreting was used in many, but not all, cases. On occasion, fellow detainees acted as interpreters, which could have compromised confidentiality and accuracy. A case review we observed was sensitively handled. The case manager asked open questions, maintained eye contact and listened carefully to a challenging detainee. However, the views of others present at the review – for example, the health services representative – were not included. The detainee in question was to be transferred to another centre on the day after the review but this information was withheld from him, for reasons that we did not consider to be credible. In another case, the safer detention coordinator had communicated with a detainee’s family to support him through his crisis.
- I.34** The Samaritans attended the centre once a week, and told us that arrangements for their visits were sound. The Samaritans telephone number was displayed around the centre and printed on the reverse of detainees’ identification cards.
- I.35** Detainees who required constant watch were inappropriately held in the separation unit. This unit had been used on 13 occasions in 2011 and on 17 occasions in both 2012 and 2013. Construction of a new cell for constant watches was under way on Romney unit. The new cell did not have a therapeutic atmosphere: the mattress was on a large plinth, the in-cell toilet had no seat and the sink had no taps. These attempts at minimising ligature points were undermined by the presence of other, obvious ligature points.
- I.36** Anti-rip clothing was held in the separation unit but staff could not remember the last time it had been used. The centre’s self-harm and suicide prevention policy was out of date.

Recommendations

- I.37** **Assessment, care in detention and teamwork (ACDT) documentation should be completed to a high standard, including the triggers that may cause self-harm. Care plans should be tailored to individual need and actions completed. Observational entries should be thorough and record meaningful interaction.**
- I.38** **Staff should receive regular training in self-harm and suicide prevention. There should be a sufficient number of staff trained in ACDT case management.**
- I.39** **Professional telephone interpreting should be used wherever necessary for detainees who do not understand English.**

- I.40 The separation unit should not be used routinely to accommodate detainees on constant watch, and the new care suite should have a therapeutic environment and the number of ligature points minimised.**

Housekeeping points

- I.41** A Home Office representative should attend all case reviews where immigration is a trigger for self-harm. If a detainee requests that they do not attend, this should be recorded on the ACDT documentation.
- I.42** Detainees in crisis should be advised as soon as is practicable of transfers, release or removal.
- I.43** At case reviews, the views of all staff present should be considered.
- I.44** The self-harm and suicide prevention policy should be up to date.

Safeguarding (protection of adults at risk)

Expected outcomes:

The centre promotes the welfare of all detainees, particularly adults at risk, and protects them from all kinds of harm and neglect.²

- I.45** *There was no centre-wide safeguarding adults policy or links with adult social services.*

- I.46** The health care department had a safeguarding policy but the centre lacked an overarching safeguarding policy. There were no links with adult social services or the local safeguarding adults board. Work had not begun on developing these policies or links.

Recommendation

- I.47 The centre manager should contact the local director of adult social services and the local safeguarding adults board to develop local safeguarding processes.**

² We define an adult at risk as a person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

Safeguarding children

Expected outcomes:

The centre promotes the welfare of children and protects them from all kind of harm and neglect.

I.48 *Over the previous year, seven detainees had claimed to be children while at the centre; not all had been referred to social services for a Merton-compliant age assessment. Location at the centre and access to the regime were appropriately based on individual risk assessment. Staff had not undertaken child protection training.*

I.49 There was a detailed safeguarding children policy but no staff other than those in the security department had undertaken child protection training.

I.50 Over the previous year, seven detainees had claimed to be children while at the centre. Three of these were being held without a Merton-compliant age assessment. Croydon Social Services had assessed one young person as being an adult but not in compliance with the Merton judgement. The detainee had attempted self-harm on a number of occasions while at the establishment but the Home Office case owner, reviewing his detention shortly before the inspection, said that he had 'no medical conditions or special needs'. At the time of the inspection, he had been detained for over three months.

I.51 In another case, a young Afghani asylum seeker had been detained shortly after arriving in the UK and wanted to join his father, who lived in Birmingham. He had submitted a copy of his birth certificate but had been incorrectly told by the Home Office that a copy was 'not sufficient'. Home Office records showed that he was 'very upset in detention', 'distressed' and felt he was 'being ignored'.

I.52 Only after we raised safeguarding concerns with the Home Office were children's social services contacted; they said that it would be a week before they could attend the centre to assess the young people, which was too long. Location at the centre and access to the regime for age-dispute detainees were appropriately based on individual risk assessment, and a care plan system was used to care for them.

Recommendations

I.53 All staff who may come into contact with minors should undertake appropriate child protection training.

I.54 No person claiming to be a minor should be detained without a Merton-compliant age assessment, which should be undertaken as soon as possible.

Security

Expected outcomes:

Detainees feel secure in an unoppressive environment.

- I.55** *Security intelligence was processed efficiently and the security committee was effective. Some procedural security was reasonably well managed but many practices were disproportionate and over-restrictive.*
- I.56** Security committee meetings were well attended. The standing agenda was comprehensive and included an analysis of the security information reports (SIRs) that had been submitted. Monthly security objectives were agreed through the appropriate consideration of intelligence. Reports from other areas of the centre, such as residential areas, and from the use of force coordinator were also discussed.
- I.57** The security department received an average of 80 SIRs a month, and they were processed and categorised quickly. Intelligence was communicated to other areas of the centre, particularly the residential wings and the safer custody department. Responses were timely. All searching of detainees, including the cells and dormitories, was intelligence driven, and strip-searching, although rare, was also justified by intelligence.
- I.58** The random selection of SIRs that we reviewed had been submitted by staff from a range of departments; much of the information reported was observational and there seemed to be a reliance on the security department to deal with arising issues.
- I.59** Some risk assessment systems were good and there was clear use of information about some detainees' recent custodial behaviour, as well as historical data to inform assessments. The receipt of information from prisons about detainees who had recently been in prison was often helpful in identifying risks.
- I.60** There was an over-reliance on prison-like physical security features, such as fences and razor wire, and less emphasis on managing appropriate risk through relationships (see also section on residential units). Some elements of dynamic security were weak and some security practices were over-restrictive. Relationships between staff and detainees were distant and supervision was poor (see also section on staff–detainee relationships).
- I.61** During roll checks, detainees were required to be locked onto their landing, and those on Rye unit were locked in their cells. They were also restricted to their units for a further hour in the early evening, while staff had their breaks.
- I.62** Nominal risk assessments were carried out for every detainee being escorted to hospital but there was an inappropriate presumption that all should be handcuffed unless there was evidence to the contrary, which meant that almost all detainees were handcuffed at these times.

Recommendations

- I.63** **Security procedures should not be over-restrictive. Detainees should only be handcuffed on external appointments following an individual risk assessment.**
- I.64** **Detainees should not be locked up for roll checks or during staff breaks.**

Rewards scheme

Expected outcomes:

Detainees understand the purpose of any rewards scheme and how to achieve incentives or rewards. Rewards schemes are not punitive.

I.65 *The punitive rewards scheme was inappropriate for an immigration removal centre. For the small number of detainees on the standard level, the reduction in regime activity and entitlements was disproportionate. Reviews of levels were cursory, behaviour warnings were often petty and sanctions were unfair.*

I.66 All detainees arriving at the establishment were placed on the enhanced level of a two-tier rewards scheme. At the time of the inspection, most of the detainees at the centre were on the enhanced level, with four detainees on the standard level. There had been only about 15 detainees on the standard level in the previous six months.

I.67 Failure to comply with centre rules and acts of anti-social behaviour led initially to a verbal warning, which remained valid for three months. Further breaches resulted in the issue of a written warning, and usually a review board. Warnings were often inconsistent, and some were petty. There was little evidence that the scheme had an impact on behaviour.

I.68 Detainees were also considered for immediate demotion to the standard level as a result of single acts of what was described as 'serious anti-social behaviour'. A few such demotions had taken place without a proper investigation of the facts.

I.69 The regime for detainees on the standard regime was punitive and inappropriate for an immigration removal centre (IRC). Although periods on the standard level did not last long, detainees were often not permitted to work or attend education. These detainees often had limited access to the gym and the computer suite, and their televisions were taken away

I.70 Reviews of levels were often cursory and there was little information to assure us that detainees' progress, in terms of changes to behaviour or circumstances, was monitored or acted on. Individual behaviour targets were not set and officers who knew the detainees concerned were not engaged in formal planning processes.

Recommendation

I.71 **The reward scheme should not be punitive or based on sanctions. It should be administered fairly and behaviour warnings should be consistent.**

The use of force and single separation

Expected outcomes:

Force is only used as a last resort and for legitimate reasons. Detainees are placed in the separation unit on proper authority, for security and safety reasons only, and are held on the unit for the shortest possible period.

I.72 *Levels of use of force were comparatively low and governance arrangements were good. Written records usually showed that force was proportionate and used as a last resort but we saw a video recording where de-escalation had clearly not been used to good effect. Custodial officers carried batons. Living conditions in the separation unit were generally good. Cells and communal areas were well decorated and clean. There was comparatively little use of separation but the regime on the unit was poor.*

I.73 There were few incidents involving the use of force, at 18 in the previous six months. Nearly all incidents were spontaneous and about half involved the use of pain compliance techniques.

I.74 In the previous six months, there had been two planned incidents involving the use of force, and both had been video-recorded. In one, although the detainee had not been harmed, the incident had been poorly organised and managed, and we were not assured that the use of force had been fully justified. The centre was aware of this incident and had conducted an investigation. We were satisfied that appropriate remedial action had been taken.

I.75 Incidents involving the use of force were monitored through the quarterly use of force committee meeting and there were good links to security, safer custody and the senior management team. Information on the nature of the incident, its location, and the ethnicity and age of the detainee was collated each month and there was some analysis to identify and deal with any emerging patterns and trends. The use of force documentation we examined had been completed correctly and written accounts from officers gave assurance that the use of force had been justified and proportionate, and used as a last resort. However, custodial officers carried batons, which was inappropriate in the IRC setting.

I.76 The accommodation in the separation unit (Hythe) consisted of 14 conventional prison cells and included a gated cell (the safer cell) and two special cells to accommodate detainees separated under Rule 42 (temporary confinement). In the previous six months, the gated cell had been used eight times to accommodate detainees believed to be at immediate risk of self-harm on constant observations (see also section on self-harm and suicide prevention). Living conditions on the unit were generally good. The communal corridor was clean, all areas were bright and well decorated, and the well-furnished association room was comfortable. Cells were properly furnished and clean.

I.77 Use of separation was comparatively low, at 84 cases in the previous six months. Nearly all of these had comprised separation under Rule 40 (removal from association). Only four had been separated under Rule 42, and these had been for short periods (less than two hours). The average length of stay for those separated under Rule 40 was about 21 hours.

- I.78** Governance and management arrangements of the separation unit were good and decisions to segregate detainees were usually justified. However, the routine use of Hythe unit to accommodate detainees at risk of self-harm was inappropriate (see also section on self-harm and suicide prevention).
- I.79** The basic daily regime for most separated detainees was restricted to a shower, escorted access to the centre shop and an hour's exercise. Detainees were not usually allowed to keep their mobile telephones while locked in their cells. Those on constant watch were often permitted to use the association room to watch television.

Recommendations

- I.80** **Staff should not carry defensive weapons.**
- I.81** **Detainees in separation should have access to a full regime.**
- I.82** **Subject to an assessment of risk, detainees should be permitted to keep their mobile telephones while separated.**

Legal rights

Expected outcomes:

Detainees are fully aware of and understand their detention, following their arrival at the centre and on release. Detainees are supported by the centre staff to exercise their legal rights freely.

I.83 *Too many detainees who required an immigration lawyer did not have one. Waiting times for the legal advice surgeries were too long. The extended enforced lunch breaks during legal visits were too long and impacted on legal representatives' ability to see all detainees. Professional interpreting services were not always used during legal advice surgeries. Detainees could generally access relevant legal websites, and legal textbooks were available in the library.*

- I.84** In our survey, 37% of detainees said they did not have an immigration lawyer, but only 8% of those surveyed said they did not require one, suggesting 29% were in need of legal representation. The number of publically funded legal advice surgeries had increased from two to three days a week. There were 10 slots a day on the advice rota but on one day during the inspection, lawyers saw only four out of the 10 detainees on the list. Staff said that the lawyers regularly attended the centre late, and the problem was compounded by an extended staff lunch break (11.20am to 1.45pm), during which lawyers could not see detainees. This lack of capacity meant that detainees waited two weeks for an appointment, which was too long, given the rapid turnaround of cases.
- I.85** Lawyers in the advice surgery did not use professional telephone interpreting services; instead, detainees had to bring a friend with them who could speak English (see recommendation I.39). Lawyers we spoke to said that they were prohibited from bringing mobile telephones and laptop computers into the centre, but staff told us that they were free to bring them in. Two of the five interview booths were equipped with speaker telephones but these were solely for the use of Home Office staff, and lawyers were not allowed to use them. Migrant Help (a charity which assists foreign nationals) attended the centre two days a week and provided basic immigration advice up to Office for the Immigration Services Commissioner level 1.

- I.86** In general, detainees could access relevant legal and migrant support websites. However, they could not freely download Word documents attached to emails without the assistance of staff, which may have breached confidentiality (see section on communications). The Bail for Immigration Detainees handbook was available in the library and the welfare office. However, fewer detainees than at comparator establishments said that it was easy to obtain bail information (23% versus 31%). Access to legal textbooks in the library had improved and was reasonably good.

Recommendation

- I.87 The Home Office should invite the Legal Aid Agency to investigate the reasons for poor access to representation in IRCs. Detainees, IRC staff and legal representatives should clearly understand legal surgery arrangements and detainees' entitlement to free representation.**

Housekeeping points

- I.88** The visits hall should not be closed for more than one hour during visits by legal representatives.
- I.89** Legal visitors should be able to use the landline speaker telephones in the legal visits booths and be told that they can bring mobile telephones and laptop computers into the centre.

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 the progress of their cases.

- I.90** *Some cases were not progressed quickly enough. Most Rule 35 reports were of adequate quality and more detainees were released as a result of Rule 35 reports than we usually see. However, the cases of two torture survivors had been poorly assessed by the Home Office. Home Office induction interviews were perfunctory.*

- I.91** At the time of the inspection, four detainees had been held under immigration powers for over two years, the longest period being two years and nine months. Some cases had not been progressed promptly and, when removal had not been possible within a reasonable period, had resulted in prolonged and possibly unlawful detention.³

³ The Home Office should follow the Hardial Singh principles when using their power to detain. The principles, reiterated by the Supreme Court in the case of *Walumba Lumba (Congo) v SSHD* [2011] UKSC 12, are:

- (i) The Secretary of State must intend to deport the person and can only use the power to detain for that purpose;
- (ii) The deportee may only be detained for a period that is reasonable in all the circumstances;
- (iii) If, before the expiry of the reasonable period, it becomes apparent that the Secretary of State will not be able to effect deportation within a reasonable period, he should not seek to exercise the power of detention;
- (iv) The Secretary of State should act with reasonable diligence and expedition to effect removal.

- I.92** A detainee from the Ivory Coast had been detained for 18 months, since August 2012. It was clear from the outset of his detention that removal was a remote prospect: records confirmed there was *'no known time scale for a non-voluntary removal to the Ivory Coast'*. The Home Office had applied to the Ivorian authorities for a travel document in September 2012 but had still not obtained one by the time of the inspection. By then, they were more optimistic about the prospects of removal, but only *'within the next few months'*.
- I.93** Another case involved a detainee who had been detained for even longer, since April 2012. The Home Office had been trying to obtain a travel document for him since 2007. He said he was from Sudan and had spent several years in France before coming to the UK, and that he had lost contact with his family members in Sudan. The Sudanese authorities had refused to document him without evidence of his nationality. There was a suspicion that he might have been from Chad, but the authorities of that country had also refused to accept him. He had been granted bail shortly before the inspection.
- I.94** The local Home Office contact team had a system for ensuring that detainees received monthly detention progress reports but 40 such reports were overdue at the start of the inspection, which was unacceptable.
- I.95** The contact team had a system for monitoring Rule 35 reports.⁴ Five of the last 16 reports had led to the release of the detainee, a much higher proportion than we usually see. All Rule 35 reports contained body maps and most were of adequate quality. We saw a number of high-quality reports which, after documenting scarring, included a specific section detailing the practitioner's impressions, stating the degree to which scarring was consistent with the alleged torture, remarking on the demeanour of the detainee and noting relevant interventions such as the referral of the detainee for counselling.
- I.96** In one case, a Sri Lankan asylum seeker had been detained, despite evidence of recent torture. Official documentation giving reasons for his detention noted his claim to be suffering from various injuries as a result of being beaten, but this did not appear to have been investigated. Two days after being detained, the detainee had been examined by medical staff at the establishment. The Rule 35 report recorded that he had been blindfolded, beaten, kicked and burnt with a hot metal rod. It documented extensive burn marks and other injuries *'entirely consistent'* with his account of torture. He had been released as a result of the report.
- I.97** In a similar case, detention of a Sri Lankan man had been maintained, despite medical evidence of torture and mental trauma. The Rule 35 report had documented multiple burns and cut scarring consistent with the detainee's account of torture. He had presented to medical staff as mentally traumatised and was referred for counselling. The case owner had produced a draft response to the report, stating that *'continued detention will ensure he receives help and support'* and would not be detrimental to his physical and mental well-being. It appeared that a senior officer had rejected this draft, and another, equally inappropriate response had been prepared, maintaining detention to enable the detainee to be interviewed about his claim three days later. The detainee had broken down during this interview and been released the next day (see main recommendation S35).

⁴ A Rule 35 report should be made by health care staff to the Home Office where they consider a detainee's health is likely to be injuriously affected by detention, where it is suspected a detainee may have suicidal intentions, or where it is considered the detainee may have been a victim of torture.

I.98 Home Office on-site induction interviews with detainees were inadequate. Insufficient time was spent to induct and advise each detainee properly. We observed five detainees being inducted in half an hour. The information given lacked detail and in one instance was incorrect. A detainee who had previously claimed asylum in Sweden and was to be returned there was incorrectly advised that he would have an asylum interview in the UK. In the interviews we observed, the door to the room was left open and a prison officer inappropriately listened in. Detainees were not advised about re-entry bans. The Assisted Voluntary Return scheme was not routinely promoted. A useful leaflet was given to detainees reinforcing the information given in the induction but it was available only in English. Professional telephone interpreting services were not used in some instances where they were clearly required (see recommendation I.39). Chairs in the interview rooms were chained to the floor, which was uninviting and disproportionate.

Recommendation

I.99 **Decisions to maintain detention should be based on a realistic appraisal of the prospects of removal and made in accordance with the law.**

Housekeeping points

I.100 The Home Office should issue monthly progress reports on time.

I.101 Chairs in Home Office interview rooms should not be chained to the floor.

Section 2. Respect

Residential units

Expected outcomes:

Detainees live in a safe, clean and decent environment. Detainees are aware of the rules, routines and facilities of the unit.

- 2.1** *The environment was prison-like. There was an unnecessary amount of razor wire in many areas and many detainees were accommodated in prison cells. Many communal areas in residential units were grubby but association areas were reasonably well equipped. Some cells and dormitories were dirty, toilets were filthy and there was graffiti on the walls.*
- 2.2** Overall, the environment looked and felt more like a prison than an immigration removal centre (IRC). There was unnecessary razor wire on top of all security fencing and on the roof of most buildings, and the sports pitch in the middle of the centre compound was enclosed by a locked security fence. There was security netting between the open landings on Rye unit (see main recommendation S36 and Appendix IV).
- 2.3** The residential units were generally old and worn. Although some communal areas were clean and association rooms were well equipped, many areas were grubby, particularly on the upper landings. Floors were cracked and worn in many places. Most cells and dormitories were adequately furnished and all had small lockable safe boxes, but conditions in many across the centre were poor. We saw dirty cells on all residential units, particularly on Romney unit. We also found graffiti on the walls and on noticeboards in cells and dormitories across the centre. Many of the toilets in cells and dormitories were stained, and some were filthy.
- 2.4** There were hot water boilers on most landings on all the units but detainees had no access to them at night, when they were locked in their cells and dormitories. They were not permitted kettles. Showers were generally clean and adequately screened but detainees said that they were often out of order and that it took a long time to get them repaired. We found that four of the 12 showers on Rye unit were broken during the inspection.
- 2.5** There was little information posted on noticeboards in residential units, and the centre rules were not displayed in a wide enough range of languages. There were well-equipped laundry rooms on all residential units, and a reasonable supply of clean bedding.
- 2.6** Monthly consultation meetings were held with detainees to discuss issues about the environment and facilities. Although attendance was variable, some meetings were well attended and some of the issues discussed, particularly about food, were followed up.

Recommendation

- 2.7** **Communal areas, cells and dormitories should be clean, well maintained and free from graffiti, and toilets should be clean and stain free.**

Housekeeping points

- 2.8 Detainees should be allowed to keep kettles in their cells and dormitories.
- 2.9 Showers should be repaired quickly.
- 2.10 The centre rules should be displayed in a wide range of languages.

Staff–detainee relationships

Expected outcomes:

Detainees are treated with respect by all staff, with proper regard for the uncertainty of their situation and their cultural backgrounds.

2.11 *Too few detainees said that staff treated them with respect. Many staff–detainee interactions were distant or unhelpful, and on occasion we saw unacceptable and unprofessional behaviour towards detainees. The personal officer scheme was ineffective.*

- 2.12 In our survey, fewer detainees than at comparator establishments said that staff treated them with respect (70% versus 77%). Numerous detainees told us that many staff lacked cultural sensitivity or understanding (see recommendation 2.22). Fewer respondents to our survey than elsewhere (57% versus 65%) said that they had a member of staff to turn to for help, and the situation was worse for non-English speakers (42% of non-English speakers versus 62% of their English-speaking counterparts) (see also recommendation 1.39).
- 2.13 We saw some good interactions between staff and detainees, with a few staff actively helpful to detainee needs. However, we also saw too many interactions that were distant or unhelpful and some were unacceptable and unprofessional; on one occasion, a member of staff swore at a detainee while arguing with him. Staff regularly congregated in staff rooms on each unit, did not often mix with detainees, and were perceived by many detainees as dismissive and unhelpful.
- 2.14 Personal officers were allocated within detainees' first few weeks at the establishment but most detainees were unaware of them. In the random selection of P-Nomis (electronic case note) entries we checked, there were no entries made by personal officers. Some of the cases we examined documented detainees going through difficult periods where personal officers could have provided support.

Recommendations

- 2.15 **Staff behaviour towards detainees should be professional and respectful at all times.**
- 2.16 **The personal officer scheme should support detainees effectively.**

Equality and diversity

Expected outcomes:

The centre demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no detainee is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. At a minimum, the distinct needs of each protected characteristic⁵ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

2.17 *The strategic management of equality and diversity was generally good and peer supporters provided valuable support to detainees. There was reasonable use of professional interpretation but not always in sensitive or confidential settings. There was no staff training on diversity. Arrangements to identify detainees with protected characteristics were not comprehensive. There were no dedicated support forums. There were no adapted cells or showers. The discrimination incident reporting system was ineffective.*

Strategic management

- 2.18** There was a comprehensive equality and diversity strategy, with sound processes for data collection and monitoring of ethnicity, nationality and language usage. There was evidence of some thorough analysis and investigation of negative trends (see also section on sport and physical activity). Disparities were investigated and remedial action taken.
- 2.19** A full-time equality officer developed diversity work across the centre. Diversity was well promoted at all levels, with a range of meetings and a high level of detainee involvement. Ten ‘Helping Hands’ peer support workers had been trained to support equality work, and were visible on each unit and supported by staff. They were chosen on the basis of their language skills and detainees reported positively on the help provided by them. An equality drop-in centre to see the equality officer was open, on average, 12–14 times a month during lunchtimes but was underused. It was in a highly visible location in the dining hall, with many staff present near the entrance, which could have inhibited detainees from visiting it to air confidential or sensitive issues.
- 2.20** The diversity equality action team (DEAT) meetings were held quarterly. Membership was multidisciplinary and attendance was good, including from detainees. Monitoring of equality and how to implement changes were discussed. The equality team also wrote a monthly diversity report for the senior management team meetings. Detainee consultative meetings also covered diversity issues.
- 2.21** Staff equality training had ceased in March 2013. There was no training on the diverse cultural backgrounds of detainees or on the specific experiences of a detainee population.

Recommendation

- 2.22 All staff should receive training on equality, cultural awareness and the specific backgrounds, experiences and needs of a detainee population.**

⁵ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Housekeeping point

- 2.23** A more suitable venue, or alternative opening times, should be given to the equality drop-in centre.

Protected characteristics

- 2.24** There was little evidence of tension between different groups in the centre. Progress had been made in identifying detainees with protected characteristics on arrival, and a good level of immediate support was given to some groups, including older detainees and those identified by the centre as having a disability. However, there was no specific support for young adults, who represented 14.2% of the population. There were no dedicated forums for detainees with specific protected characteristics to enhance communication and provide support.
- 2.25** Helping Hands peer supporters provided useful help with interpretation and there was reasonable use of professional telephone interpreting services, especially on arrival (see section on early days in detention); however, professional interpretation was not used sufficiently regularly in sensitive or confidential settings (see also sections on self-harm and suicide prevention, legal rights and casework, and recommendation 1.39). There was some translated information in reception but little elsewhere
- 2.26** The discrimination incident reporting form (DIRF) system was used minimally, and entirely by staff, who had submitted six DIRFs in the previous 12 months. Detainees were unaware of the system and had no access to the forms.
- 2.27** In our survey, 12% of detainees said that they had a disability but only 2% had been identified by the centre. Half of respondents with a disability said that they had felt unsafe at the establishment. The layout of the centre, with steep slopes, narrow corridors and stairs, meant that it was generally unsuitable for those with mobility problems. The centre did not accept detainees using a wheelchair but did receive some with severe disabilities, including amputees, who had difficulty in getting around the centre. There were no adapted cells or showers and one detainee with disabilities reported slipping in the showers. Those with identified disabilities were interviewed and given multidisciplinary care plans, which were generally of good quality but not always updated. Not all detainees who should have had a personal emergency evacuation plan (PEEP) had one. The care plans were kept on the units and accessible to residential staff.
- 2.28** Efforts were made to identify gay and bisexual detainees and give them immediate support, but there was little ongoing support and there were no links with external community groups.

Recommendations

- 2.29** **Detainees with protected characteristics should be identified effectively and supported through dedicated forums, links with external support groups and regular contact with the equality team.**
- 2.30** **Older detainees and those with disabilities should have a suitably adapted living environment.**

Housekeeping points

- 2.31 The discrimination incident reporting system should be available to detainees.
- 2.32 All detainees who need them should have accessible personal emergency evacuation plans, and care plans should be kept up to date.
- 2.33 More translated relevant information should be available throughout the centre in the most frequently used languages.

Faith and religious activity

Expected outcomes:

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

2.34 *Faith provision was good. There were numerous venues for worship but some needed repair and decoration. The managing chaplain was involved in all aspects of detention centre life. Religious festivals and events were regularly marked and celebrated.*

- 2.35 A wide range of faiths were provided for on a regular or needs basis. In our survey, many more detainees than at the time of the previous full inspection said that their religious beliefs were respected (81% versus 53%).
- 2.36 There were several venues for worship, including a mosque, a chapel, five multi-faith rooms and two small prayer rooms in reception. However, the multi-faith rooms were unkempt and some were damp, grubby and in a poor state of decoration. A faulty boiler in the mosque affected hot water ablutions. Staff were concerned that worship venues were at full capacity, especially the mosque, which catered for 164 Muslim detainees, the largest religious affiliation in the centre. Although temporary arrangements were being made, a sustainable longer-term solution was needed to ensure adequate faith provision to all detainees.
- 2.37 There was an active, visible and integrated chaplaincy. The managing chaplain was involved in all aspects of detention centre life, participating in induction, care reviews, senior management team meetings, equality meetings and visits to the separation unit, among others. A wide range of religious study classes and pastoral courses was regularly available. Links with external faith-based groups were maintained, including the Prison Outreach Network and interfaith groups. Religious festivals and events were regularly marked, celebrated and promoted.

Recommendations

- 2.38 **The multi-faith rooms should be refurbished, kept clean and in a good state of repair, and the water boiler in the mosque should be fixed.**
- 2.39 **A sustainable long-term solution should be found to ensure that worship venues continue to be large enough to meet demand.**

Complaints

Expected outcomes:

Effective complaints procedures are in place for detainees, which are easy to access and use and provide timely responses.

2.40 *Detainees had little confidence in the complaints system, and the number of complaints submitted was low. Investigations were mostly reasonable and prompt. Some responses were formulaic and not all investigations were comprehensive. Quality assurance arrangements were weak.*

2.41 In our survey, more detainees than at comparator establishments said that they had made a complaint, and fewer said that they had been dealt with fairly (15% versus 27%). Only 36 complaints had been submitted in the previous six months, nine of which had been upheld. The main topics for complaints were residential units and staff behaviour.

2.42 Complaint forms were available on all units, in a wide range of languages. Responses to complaints were generally timely and polite, and most addressed the substantive issue. They included information about how to contact the Prisons and Probation Ombudsman. However, some responses were formulaic and the repeated use of stock phrases was unhelpful. Investigation of some complaints about staff behaviour failed to include any interviews with detainee witnesses.

2.43 There was some limited monitoring of complaints trends and outcomes, but little evidence that this was discussed by senior managers. Approximately 10% of complaints were checked by a manager, but there was no structured comment on the quality of the response or any documentation to show that shortcomings were addressed or followed up.

Recommendations

2.44 **Complaint investigations should be comprehensive and include interviews with detainee witnesses.**

2.45 **Trends and patterns in complaints should be monitored by the senior management team and action taken to address any underlying issues.**

2.46 **Quality assurance of complaints processes should clearly document any action taken to address poor quality responses.**

Health services

Expected outcomes:

Health services assess and meet detainees' health needs while in detention and promote continuity of health and social care on release. Health services recognise the specific needs of detainees as displaced persons who may have experienced trauma. The standard of health service provided is equivalent to that which people expect to receive elsewhere in the community.

2.47 *Health services were generally good and most detainees were satisfied with the service provided. Medicines management was good but the medication administration area lacked privacy. Mental health services were very good.*

Governance arrangements

- 2.48** NHS England Kent & Medway commissioned Integrated Care 24 (IC24) to provide primary health services, and Oxleas NHS Trust to provide mental health services. Well-attended clinical governance meetings covered all essential areas. There were good working relationships with commissioners. A new health needs assessment was being completed.
- 2.49** Complaints, audits and learning from serious incidents informed service delivery. There was no service user forum. The medical complaints system was confidential but was poorly advertised. The responses to the two complaints received in the previous six months had been courteous and addressed the issues raised.
- 2.50** There had been four different health care managers and significant staffing shortages since January 2013, which had created instability. However, staff told us that the new manager had improved morale and was driving service improvement. Staffing shortages were covered with regular agency staff and overtime. There was active ongoing recruitment to vacancies. The core nursing team was enthusiastic about detainee care and had a good skill mix. Staffing levels throughout the day and night were appropriate. There was a GP clinic every morning.
- 2.51** Most health services staff had not been trained in torture recognition and management, and not all doctors who completed Rule 35 paperwork (relating to allegations of torture) had been trained. However, some Rule 35 applications were completed very well (see also section on casework).
- 2.52** New arrivals received basic written information about health services, but it was too limited and was offered only in English. A reasonable selection of health promotion information was displayed in the health care unit but there was insufficient information available around the centre, and most was in English only.
- 2.53** All services were provided from the health department. Daily drop-in clinics gave detainees good access to support but the limited space severely restricted services. An infection control audit identified that many rooms did not meet the required infection control standards. Refurbishment was planned to increase the clinical space and to achieve compliance with infection control standards.
- 2.54** Health services staff were clearly identifiable and interacted well with detainees. Professional telephone interpreting services were used extensively. Electronic clinical records were good. A comprehensive range of policies, including on communicable diseases and safeguarding, were available. Health services staff had regular mandatory training and performance reviews,

and reasonable access to development opportunities. They reported good access to informal supervision but there were inadequate records of supervision.

- 2.55** The available emergency equipment, including an automatic external defibrillator on each residential unit, was appropriate, easily accessible and received regular documented checks. There were always defibrillator-trained detention staff on duty.
- 2.56** There was good access to smoking cessation support and condoms. There was no nurse identified as the lead for older detainees but demand was low. Mobility and health aids were available as required. Detainees had good access to age-appropriate screening and immunisation programmes, but screening for blood-borne viruses was not routinely offered.

Recommendations

- 2.57** **There should be a regular, dedicated consultation with service users about health services and effective systems to disseminate the minutes to all detainees.**
- 2.58** **All health services staff should be trained in recognising and dealing with torture and its consequences.**
- 2.59** **Detainees should have easy access to written information about all health services, including complaints processes and health promotion materials, in an appropriate range of languages.**
- 2.60** **The health care environment should provide sufficient clinical space which fully complies with primary care infection control regulations.**

Housekeeping points

- 2.61** All clinical staff should access regular, documented clinical supervision within agreed policies.
- 2.62** A senior nurse should have responsibility for the overall care of older detainees and should ensure that all health services staff are trained to recognise the signs of mental health problems and to identify the social care needs of older detainees.

Delivery of care (physical health)

- 2.63** Detainees saw a nurse in reception for a combined primary and secondary health screen, which was too detailed for many detainees to manage at that stage of their detention. Consent to liaise with other agencies was obtained on a case-by-case basis. Those requiring follow-up saw a GP within 24 hours.
- 2.64** In our survey, more detainees than at comparator establishments and than at the time of the previous full inspection were satisfied with the quality of health services (59% versus 46% and 17%, respectively). Detainees attended the health centre or submitted an application to request services. Nurses trained in assessing minor illness evaluated detainees and either administered appropriate treatments or signposted them to services.
- 2.65** There was an appropriate range of primary care clinics, and waiting times were short. The failure-to-attend rate was relatively high but it was monitored, and strategies to improve it were in place. There was good access to out-of-hours services. Detainees on food and/or

fluid refusal were identified and supported well. There was an end-of-life policy; however, no detainee had required end-of-life care since the previous full inspection.

- 2.66** Detainees were appropriately referred for external hospital appointments; few were cancelled and waiting times were reasonable. Most external appointments were for the optician and there were advanced plans to run optician clinics on site. There were robust systems to hold detainees at the centre for ongoing medical treatment if required.
- 2.67** Systems to inform the health care department about discharges had improved. Most detainees were discharged with sufficient medication and a copy of their clinical records but some were released on short notice without sufficient medication. Health services staff wrote to the Home Office about detainees on critical treatment, requesting at least five days notice of discharge where possible to ensure that sufficient medication was available. The need for immunisation or malaria prophylaxis was not routinely considered before removal.

Recommendations

- 2.68 Detainees should receive an initial primary health screen in reception, followed by a separate secondary screen within 72 hours.**
- 2.69 Discharge planning should start as early as possible and detainees should be released, transferred or removed having received sufficient medication and appropriate immunisation or prophylactic treatment.**

Pharmacy

- 2.70** Medicines were supplied promptly, patient information leaflets were obtained if necessary and professional telephone interpreting services were used to explain medication issues to detainees with limited English. A pharmacist and pharmacy technician attended monthly to complete required audits. Detainees had no access to pharmacist-led clinics.
- 2.71** Medication was stored correctly but some cupboards were inadequately secured to the wall. There was a satisfactory range of medicine management policies and procedures, although many were overdue for review. The prescribing formulary (list of approved medicines) was appropriate to the population. Alerts and adverse incidents were managed correctly. A well-attended quarterly medicines and therapeutics committee discussed all key issues, including prescribing trends.
- 2.72** Medication prescribing and administration records were maintained electronically on SystemOne (the electronic clinical record). Nurses ordered repeat prescriptions from SystemOne, but the original authorising prescriber was not always clear. Most medication was administered from a small dispensary directly into the waiting area, which was not private or confidential. The in-possession policy was appropriate and nurses in reception completed in-possession risk assessments, which were reviewed as required.
- 2.73** Controlled drugs were administered from a dedicated room into a private area. Contrary to regulations and the local protocol, the SystemOne administration record was recognised as the valid controlled drug prescription rather than the original signed one, and we found one instance where methadone had been incorrectly administered for four days without a legal prescription.

- 2.74** Nurses administered a wide range of medicines without a doctor's prescription, using patient group directions (which enable nurses to supply and administer prescription-only medicine) and the over-the-counter remedies formulary, although both were overdue for review. Many medicines were dispensed from stock immediately after a dental or GP consultation. Use of stock was well audited and monitored.

Recommendations

- 2.75** Detainees should have access to pharmacist-led clinics.
- 2.76** All medicine management policies, procedures, formularies and patient group directions should be in-date and regularly reviewed.
- 2.77** Medication should be administered with adequate privacy and confidentiality.
- 2.78** Controlled drugs should be administered against the original signed prescription.

Housekeeping points

- 2.79** The controlled drug cabinet should be bolted to the wall and all other medicine cupboards should be secured to the wall.
- 2.80** The original authorising prescriber should be clear on all repeat prescriptions.

Dentistry

- 2.81** Kent Community Health NHS Trust provided two dental clinics weekly. Primary care nurses were trained in dental triage and waiting times were good. However, the dental contract stipulated that only detainees who had been at the centre for more than a year could receive the full range of NHS-equivalent dental treatment. Consequently, most detainees received only emergency dental treatment, and many were seen repeatedly because the underlying cause was not being treated.
- 2.82** The large dental surgery met best-practice guidelines and included resuscitation equipment. The dental consultations we observed were good and all dental records were included in the core record. Detainees were given verbal advice on oral health, but there was no written information available in any language (see recommendation 2.59). All instruments were sterilised off site. Dental waste received professional disposal and all equipment was appropriately maintained.

Recommendation

- 2.83** Detainees should have access to the full range of NHS-equivalent dental treatment.

Delivery of care (mental health)

- 2.84** Mental health nurses provided monthly mental health awareness training for detention staff, and several officers were trained as mental health champions.
- 2.85** Oxleas NHS Trust provided an integrated primary and secondary mental health service. Improving Access to Psychological Therapies (IAPT) services were available to detainees with mild-to-moderate mental health issues. A senior mental health nurse and a psychiatrist supported detainees with severe and enduring mental health problems. Mental health staff were routinely on site three days a week, but attended more often or urgently if required.
- 2.86** A total of 111 referrals had been received through the open referral system in the six months to January 2014 and there were generally around 20 detainees receiving support at any one time. Urgent referrals were assessed within 48 hours and routine referrals within 14 days. There was good access to guided self-help materials, but only in English. There was evidence of good care planning with detainees, and appropriate liaison with community services.
- 2.87** Since 2012, four detainees had been transferred promptly to external mental health hospitals. In 2013, one detainee had been transferred to another IRC with inpatient facilities because of poor mental health.

Recommendation

- 2.88** **Guided self-help materials should be available in an appropriate range of languages to meet the needs of detainees.**

Substance misuse

Expected outcomes:

Detainees with drug and/or alcohol problems are identified at reception and receive effective treatment and support throughout their detention.

- 2.89** *The clinical support for detainees with substance misuse issues was reasonably good but there was inadequate psychosocial support.*

- 2.90** Central and North West London NHS Trust (CNWL) provided clinical prescribing services for detainees with substance misuse issues and IC24 staff provided monitoring and drug administration services. There was appropriate first night treatment for detainees dependent on alcohol. Detainees with opiate dependence usually received only symptomatic prescribing on the first night; however, nurses had 24-hour access to specialist advice if they were concerned about a detainee's level of withdrawal. Detainees were assessed by a GP the next day and received daily monitoring by nurses until they were stable.
- 2.91** Newly arrived detainees with severe alcohol or drug dependence were admitted to a dedicated room in the health care department for monitoring and support. There were plans to move this service to a consultation room because the room had been used only seven times in the previous six months and was unpopular with detainees, as their movements were restricted and they were isolated.

- 2.92** The identified GP lead for substance misuse completed comprehensive assessments and ongoing regular reviews. All IC24 staff had received specialist training in substance misuse. There was a range of IC24 policies but they did not cover all situations and the prescribing elements had not been agreed with CNWL.
- 2.93** Since September 2013, two detainees had received alcohol detoxification and nine had required opiate substitution treatment. At the time of the inspection, five detainees were receiving opiate substitution treatment. All were on flexible, individualised reducing programmes and there was proactive discharge planning. There was no group or individual support to help detainees to address their dependence, which increased the risk of relapse on release.
- 2.94** The published drug strategy was out of date but a draft revised strategy had been completed; this covered all key areas but was not informed by a needs assessment. There was no action plan and, although supply reduction was adequately discussed at security meetings, there were no overarching drug and alcohol strategy meetings.

Recommendations

- 2.95** **Detainees should have access to an adequate range of individual and group support for drug and alcohol issues.**
- 2.96** **The drug strategy should be informed by an annual needs assessment and be supported by a detailed action plan which specifies outcome-focused targets and accountabilities.**

Services

Expected outcomes:

Detainees are offered varied meals to meet their individual requirements and food is prepared and served according to religious, cultural and prevailing food safety and hygiene regulations. Detainees can purchase a suitable range of goods at reasonable prices to meet their diverse needs, and can do so safely.

2.97 *The food provided was reasonably good and varied but detainees were negative about its quality. Consultation arrangements were reasonable. There was no cultural kitchen. We noted some hygiene concerns during our night visit to the kitchen. There was no translated information and there were no pictorial signs in the dining room or shop. There were unnecessary restrictions on the number of daily shop purchases.*

- 2.98** In our survey, 23% of detainees said that the food provided was good or very good, against the comparator of 29%. During the inspection, the food was of reasonable quality and variety but detainees told us that it was often poorly cooked. There was no cultural kitchen where detainees could prepare and eat food from their country of origin. Detainees ate most meals together in a large dining hall. To access the dining hall, detainees had to line up outside, and we saw long queues with no shelter from inclement weather. Meals were appropriately spaced and served on time.
- 2.99** A trial was under way whereby cold food was served in the evening in take-away bags. This food was of poorer quality than other meals and lacked cultural variety. As there were no communal seating areas on most units, detainees ate this evening meal in their rooms.

- 2.100** A cyclical menu provided a range of meal choices, including vegetarian, vegan and halal. Menus were available in English only, and during the inspection no pictorial menus were displayed. A food comments book was available and was checked regularly. There had been several food surveys in the previous six months. Consultation meetings were routinely attended by the catering manager.
- 2.101** Detainee kitchen workers wore appropriate clothing and were given a food hygiene induction. During our night visit, we found food waste in the kitchen that had not been cleaned from the floor, and saw several cockroaches.
- 2.102** In our survey, 30% of detainees said that the shop sold a wide enough range of goods to meet their needs, against the comparator of 50%. The range of stock was reasonable, but there was no translated information or pictorial signs displayed about items on sale. We saw some detainees struggle to communicate with shop staff. The shop area was unwelcoming and detainees had to queue outside, with no shelter. There was an arbitrary and unnecessary limit of three transactions a day on groceries, and one on telephone credit. Detainees were able to buy a range of clothing and other items from a catalogue, and lists were displayed on the units. They could also arrange foreign currency exchange.

Recommendations

- 2.103** Detainees should have access to a cultural kitchen where they can prepare and eat food from their country of origin.
- 2.104** Detainees should be able to eat communally at all mealtimes and have access to sheltered areas while queuing for food.
- 2.105** Translated information and pictorial signs should be displayed in the dining room and shop.

Housekeeping points

- 2.106** Kitchen areas should be adequately cleaned at the end of the day.
- 2.107** Detainees should not have daily limits on the number of transactions at the shop.

Section 3. Activities

Expected outcomes:

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

- 3.1** *There was sufficient activity for detainees remaining at the centre for short periods. Recreational facilities were satisfactory. There was a good and improving range of education classes and ample paid work. Despite better promotion, too many work and education places were unfilled. Detainees were locked in their rooms too early and for too long. The well-stocked library provided an effective service. Fitness facilities and provision were good and supervised well by highly enthusiastic, expert staff.*
- 3.2** In our survey, 54% of detainees said that there was enough for them to do, which was much better than at the time of the previous inspection (24%) and was now in line with other immigration removal centres (IRCs). Overall survey results on access to activities were generally better than previously reported. The range of activity available was broadly sufficient for detainees remaining at the centre for short periods. Provision to meet the needs of the minority of detainees who remained at the centre for extended periods was not well developed.
- 3.3** Residential units were suitably equipped for recreational activity, with table football, table tennis and pool tables, as well as board games. Detainees' bedrooms and dormitories had DVD players and televisions.
- 3.4** A dedicated internet suite provided detainees with email and internet facilities, seven days a week, and was well used. A new, smaller internet suite had just opened in the education department, although with limited opening hours (see section on communications).
- 3.5** The centre provided a reasonable volume of education and work, sufficient for around 60% of the population when the centre was at maximum capacity; this proportion was higher at the time of the inspection as detainee numbers were relatively low. Provision was more limited at weekends, with both the library and the education department closed.
- 3.6** Detainees were able to move freely around the centre for around 11 hours a day during the week and 10 hours a day at weekends. They had to return to their residential units for a roll check at the middle of the day, and again between the afternoon and early evening, when they were confined to their units between 4.30pm and 5.50pm. They were locked in their rooms between 8.30pm and 7.30am, which was an excessive restriction.
- 3.7** Outreach initiatives by the education provider had increased the proportion of detainees who visited education classes and facilities. Detainee jobs were advertised widely in residential units, and the number applying for work was often high. However, despite improved promotion of activities, the extent to which work and education places were filled was variable and often low, especially during recent months when the IRC's capacity had been reduced.

- 3.8** Feedback from detainees via surveys and the regular detainee consultation meetings had led to successful developments such as barbering courses, and tutors providing education and training in workplaces and residential units. Cooperation between the centre managers responsible for activities and the education provider had improved in the previous year. They had jointly prioritised provision which developed practical skills that detainees could use after they left the centre. The scheduling of activity was effective in allowing detainees to combine work, education and other pursuits.

Recommendations

- 3.9** The centre should fill the available activity places and ensure appropriate provision for detainees remaining for extended periods.
- 3.10** Detainees should have greater freedom of movement around the centre and not be locked into rooms.
- 3.11** Education and library provision should be offered at weekends.

Learning and skills

- 3.12** Classes in English for speakers of other languages (ESOL), arts and crafts, music and information technology were well established. In the previous year, new provision with a vocational focus had been introduced, including barbering, tuition in the centre's bicycle workshop and training in food hygiene for kitchen workers. New provision in bee keeping and horticulture was soon to start. Additionally, tutors offered individual education tuition to detainees in their residential units. Classes in the education centre and outreach provision were offered in the mornings, afternoons and evenings during the week, but not at weekends.
- 3.13** The education department had started to describe itself as a 'college' to raise its profile across the centre, in response to detainee feedback. However, despite minor cosmetic improvements, the fencing and razor wire enclosing the education building presented an unwelcoming aspect (see main recommendation S36).
- 3.14** The quality of teaching and learning was too variable and required improvement overall. All tutors worked effectively with individuals during learning sessions, providing expert help and guidance. They were highly flexible in their response to the needs of the transient population. In the better sessions, they used question and answer techniques particularly well to check and develop learners' understanding. Less successful sessions were characterised by a narrow range of teaching strategies which did not sufficiently meet all learners' needs and limited the progress they made.
- 3.15** Learning resources for art and music classes were very good, and at least adequate for most other provision. Resources and accommodation for barbering were basic but a move to a spacious, better-equipped training salon was imminent.
- 3.16** The centre provided an increasing range of externally accredited awards in subjects such as ESOL, supplementing the centre's own certificates of achievement. Courses were structured appropriately into units small enough to enable learners to achieve awards within short periods. Most education provision and awards were at foundation level and opportunities for detainees to start or progress to studies at intermediate or higher levels were very limited.

- 3.17** Self-assessment of education was sound. A detailed self-assessment report covered the first 14 months of the period during which the current education provider, Pertemps Personal Development Group, had held the contract for education. The report was suitably evaluative and drew on a wide range of evidence, although it overstated strengths in areas such as teaching and learning. The accompanying quality improvement plan contained broadly suitable goals for improving the provision, but was out of date.

Recommendations

- 3.18** **The education provider should improve the quality of teaching, learning and assessment so that it is consistently good or better, ensuring that the range of teaching strategies is broad enough to meet learners' needs.**
- 3.19** **The centre should increase the amount of education and vocational provision that is above foundation level.**

Housekeeping point

- 3.20** The quality improvement plan accompanying the self-assessment of education should be kept up to date.

Paid work

- 3.21** The centre offered a good amount of paid work. In our survey, 59% of detainees responding said that it was easy to get a job at the centre, which was in line with the proportion at other IRCs. However, too many of the jobs were mundane and offered little challenge or potential for job satisfaction. Over a third were for unit cleaners, while a further third were in other cleaning work or waste collection. A minority provided more interesting roles likely to develop detainees' skills usefully, including 10 roles as 'Helping Hands', providing peer support to other detainees, and 12 in the bicycle refurbishment workshop.
- 3.22** Recruitment to work was timely. Detainees rarely waited more than 10 days between making an application and being allocated to a job, and the process was often completed more quickly. An employment board, which met weekly, processed and considered applications. Written notification to detainees on whether their application had been successful was swift but did not sufficiently detail what the detainee needed to do next or when they could start work. The appointment process was largely satisfactory, but the Home Office prevented some detainees from working because they were judged to be 'non-compliant'; the criteria for non-compliance were unclear and this practice interfered with the centre's ability to manage the population.
- 3.23** Payment for work was at a standard rate of £1 per hour, although the number of hours worked differed according to roles. Workplace learning was paid at the same rate but no payment was made for attendance at education classes.

- 3.24** All detainees received at least basic training for their work roles. The centre required all detainees to complete a half-day course in health and safety, delivered by the education department, before starting work. In addition, detainees working in the kitchen received a brief introductory training in food hygiene, and 'Helping Hands' had initial training in mentoring.

Recommendations

- 3.25** The centre should increase the proportion of challenging and interesting work roles which allow detainees to develop useful skills.
- 3.26** Detainees should not be prevented from taking up work because of non-compliance with the Home Office.

Housekeeping point

- 3.27** Written notification to detainees on the outcome of a job application should state when the job will start and what the detainee needs to do next, or advise them of their options if the application was unsuccessful.

Library

- 3.28** The library provided an effective service. It was located conveniently within the education building and was readily accessible. It was well stocked with fiction and non-fiction books in English and a wide range of foreign languages. An extensive stock of dictionaries covered more than 46 languages. It had a suitable range of British and foreign newspapers and periodicals, and was extending this by providing access to online editions of a large number of foreign newspapers. An extensive collection of DVDs and music CDs was available for detainees to borrow. Stock was well organised and attractively displayed.
- 3.29** Management of the library was effective. Successful initiatives had led to a doubling of library users over the previous year, and a large number of regular borrowers. In our survey, 76% of respondents said that it was easy to go to the library, in line with other IRCs and a considerable improvement since the previous inspection. Stock loss was low. A sound strategy for purchasing new titles included using a specialist bookseller to suggest and supply appropriate foreign language books. A trained officer from the library provider, Kent County Council, had a part-time role providing oversight and management responsibility for the library. Two trained staff were responsible for the day-to-day running of the facility, supported by two trained orderlies. Cancellations and closures due to staff absence were rare.
- 3.30** There were sufficient facilities for private study, including one internet-enabled computer, good tables and seating. Weekday opening hours were satisfactory, spanning morning, afternoon and evening sessions, but it was closed at weekends (see recommendation 3.11).

Sport and physical activity

- 3.31** Fitness provision was very good. Staff were expert, enthusiastic and highly effective in providing excellent recreational and more specialist PE. Good facilities included an outdoor astro-turf pitch, which was used regularly for supervised activity such as five-a-side football and cricket matches, and a popular, well-equipped weights and cardiovascular exercise room. A sports hall provided a good setting for a wide range of well-resourced indoor activity.
- 3.32** Access to supervised fitness activity was very good; morning, afternoon and evening sessions were offered seven days a week. In our survey, 76% of respondents said that it was easy to go to the gym, which was considerably above the comparator and improved since the time of the previous inspection. However, detainees were not able to use outdoor fitness facilities without PE staff supervision, which limited the scope for informal activity at other times. Arrangements for health care assessments and induction were thorough and effective. Clean kit and suitable footwear were readily available. Shower facilities were appropriate. Recording of injuries and incidents was thorough, and reporting appropriate.
- 3.33** The monitoring of detainees' attendance at fitness activity was thorough and used effectively to identify patterns of participation. Analysis of these data showed a downturn in attendance by particular groups of detainees in the previous year. PE and diversity staff had identified the reasons for this and implemented effective changes to the provision to restore participation rates.

Housekeeping point

- 3.34** Detainees should be able to use outdoor fitness facilities informally when they are not in use for supervised activity.

Section 4. Preparation for removal and release

Welfare

Expected outcomes:

Detainees are supported by welfare services during their time in detention and prepared for release, transfer or removal before leaving detention.

4.1 *Individual welfare officers gave reasonably good basic practical help to detainees but the overall service was underdeveloped.*

4.2 In our survey, 75% of detainees said that they had had problems when they first arrived at the centre. The detainee support plan was a useful tool, aimed at ensuring that a detailed assessment of need was undertaken on arrival and before release or removal. However, it was not routinely completed or used by personal officers, some of whom told us that many of the welfare questions within the plan were irrelevant to them. Those plans that had been initiated were of poor quality, lacked detail and most were completed during the first week of the inspection, suggesting a lack of institutional commitment towards the approach (see main recommendation S37).

4.3 There was one welfare officer on duty from Monday to Friday but no provision at weekends. The service was well used: in December 2013 it had dealt with 158 queries, in January 2014 it had dealt with 202 queries and in February 2014 it had dealt with 171 queries. A large proportion of these contacts had been from detainees wanting an appointment with the legal surgery, but other issues included retrieval of property from police stations and requests for immigration case worker details. However, too many detainees we spoke to were unaware of the service, which may have been a result of the lack of involvement in induction by welfare staff (see recommendation 1.16). The welfare office was not always staffed as the rota welfare officer was often dealing with issues elsewhere in the centre. Welfare staff had received no specific training for the role; this meant that they were able to give reasonably good basic practical help to detainees but were less able to deal with more complex welfare problems such as closing down financial affairs.

4.4 'Samphire', formerly the Dover Detainee Visitors Group, provided some useful welfare support, including the provision of clothing, emotional support, signposting to services, and basic legal assistance to detainees through a weekly drop-in surgery.

Recommendation

4.5 **Welfare officers should undergo appropriate training for the role and the welfare office should be routinely staffed.**

Visits

Expected outcomes:

Detainees can easily maintain contact with the outside world. Visits take place in a clean, respectful and safe environment.

4.6 *The visits centre and hall were too institutional and some security rules were excessive. Detainees were treated well by visits staff but some visits started late.*

4.7 In our survey, 75% of detainees said that they were treated well by visits staff, more than at the previous inspection (58%). Social visits were available from 1.45pm to 4.20pm from Monday to Friday; 2.20pm to 4.20pm on Saturdays and Sundays; and 6pm to 8.10pm on Monday and Wednesday evenings. Visitors could attend both the afternoon and evening sessions but had to leave the centre in between. No booking was required. Visitors could bring in property and money for detainees. In our survey, only 29% of detainees said that they had received a visit from family or friends since being at the centre, which was lower than the comparator (44%) and than at the time of the previous inspection (49%).

4.8 Visitors were required to book in at the visitors centre, which provided a stark environment, with little to occupy children while waiting. While we were there, the television was showing a channel which was designed for use in prisons; it included scenes of violence and several references to prison, which was inappropriate. Staff did not open up the booking desk until five minutes before the start of visits, which meant that some visits did not start on time; for example, we saw visitors arriving at 1.15pm on a weekday not reaching the visits hall until 2.10pm. All visitors were searched in the gate area in front of other visitors and staff, and were provided with a wrist band. Males over the age of 18 were photographed.

4.9 The visits hall was too institutionalised and contained unwelcoming fixed furniture. Some security rules were excessive, including prohibiting detainees from leaving their seats to play with their children in the small play area, and the requirement for them to wear a fluorescent sash (see main recommendation S36). The closed visits booths seen at previous inspections had been removed. Samphire provided a useful volunteer visitor scheme, and a few detainees accessed the service.

Recommendations

4.10 Arrangements should be made to allow visitors who wish to attend both visits sessions to remain in the centre.

4.11 The visitors centre should provide a more welcoming environment for children and families, and should be staffed sufficiently early to ensure that all visits start on time.

4.12 The visits hall should be refurbished and include moveable tables and soft chairs.

Housekeeping point

4.13 Visitors should be searched in private.

Communications

Expected outcomes:

Detainees can regularly maintain contact with the outside world using a full range of communications media.

4.14 *There was reasonable access to various means of communication but detainees were not able to use private email addresses or access social networking sites or Skype.*

4.15 Detainees had good access to telephones. They were not permitted to keep their own mobile telephone if it had a camera or internet facilities, but were given one by the centre immediately on arrival in reception. Fax machines were available on each unit; detainees reported delays in receiving their faxes but it was not clear what was causing the delay. Staff were required to send faxes on detainees' behalf, which potentially breached confidentiality; some detainees told us that staff read the faxes before they were sent.

4.16 Detainees had good access to the internet and email. However, they were only permitted to use an 'IRC.org' email address, making email recipients aware that the sender was in detention. In addition, they were required to ask staff to download and print their email attachments. The use of social networking sites and Skype was inappropriately prohibited; for most detainees, using these sites posed no security risks and could have helped them to prepare for removal.

Recommendations

4.17 **Detainees should be permitted to use their own email address, download attachments themselves and have free access to fax machines.**

4.18 **Social networking sites and Skype should be available to detainees, subject to risk assessment.**

Removal and release

Expected outcomes:

Detainees leaving detention are prepared for their release, transfer, or removal.

Detainees are treated sensitively and humanely and are able to retain or recover their property.

4.19 *There was no systematic support or information for those being removed or released. Samphire provided some useful assistance to detainees being released into the UK.*

4.20 In the previous six months, 401 detainees had been removed, 605 had been released and 544 had been transferred to other places of detention. The poor use of the detainee support plan mean there was no systematic assessment of need before removal or release (see main recommendation S37). Welfare officers did not visit detainees being removed or released to discuss outstanding needs and concerns. Information packs about destination countries were available for those being removed to Jamaica and Pakistan only, and detainees were not

provided with the means to ensure that they were able to reach their final destination safely after landing in their home country.

- 4.21** Samphire provided some support to the large number of detainees (40%) released into the UK via their Ex-Detainee Project, including help to address homelessness and destitution, and signposting to relevant services. Beyond the provision of a travel warrant, little support was provided to these detainees by the centre, such as information about support organisations in the city they were being released to.
- 4.22** Inefficiencies by the escort contractor had had a negative impact on one detainee who was being removed. Tascor had failed to pick up the detainee to take him to the airport for his flight, and as a result the detainee's detention had been prolonged unnecessarily. The airline had refunded the cost of his ticket, less £100. The Home Office had subsequently set removal directions to return the detainee at public expense. At the time of the inspection, it was unclear if the detainee would be subject to the five-year re-entry ban for those who return voluntarily at public expense or a one-year re-entry ban for those who return at their own expense. The detainee's complaint to the Home Office's Detention Services requesting £100 in compensation was unresolved at the time of the inspection.

Recommendations

- 4.23 Detainees being removed should be provided with the means to reach their final destination safely.**
- 4.24 Detainees being removed or released should be given information about sources of support in the destination country or the country they are being released to.**

Section 5. Summary of recommendations and housekeeping points

The following is a listing of repeated and new recommendations, housekeeping points 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, and in the previous report where recommendations have been repeated.

Main recommendation

To the Home Office

- 5.1** No person alleging torture should be detained, unless the allegation has been fully investigated and rejected, and detainees should be released immediately on the receipt of independent medical evidence of torture. (S35)

Main recommendations

To the centre manager

- 5.2** The living environment should be more open and less prison-like, and security measures should reflect the generally low-risk immigration detainee population. (S36)
- 5.3** Detainees' welfare needs should be systematically assessed during induction. The useful detainee support plan approach should be embedded and support offered throughout the detention period, especially in preparation for release or removal. (S37)

Recommendations

To the Home Office

Safeguarding children

- 5.4** No person claiming to be a minor should be detained without a Merton-compliant age assessment, which should be undertaken as soon as possible (1.54)

Casework

- 5.5** Decisions to maintain detention should be based on a realistic appraisal of the prospects of removal and made in accordance with the law. (1.99)

Activities

- 5.6** Detainees should not be prevented from taking up work because of non-compliance with the Home Office. (3.26)

Removal and release

- 5.7** Detainees being removed should be provided with the means to reach their final destination safely. (4.23)

Recommendations **To the Home Office and escort contractors**

Escort vehicles and transfers

- 5.8** Detainees should be given reasonable notice of planned transfers. (1.5)
- 5.9** Detainees should not be escorted during the night unless this is required for urgent operational reasons. (1.6)

Recommendations **To the Home Office and centre manager**

Removal and release

- 5.10** Detainees being removed or released should be given information about sources of support in the destination country or the country they are being released to. (4.24)

Security

- 5.11** Security procedures should not be over-restrictive. Detainees should only be handcuffed on external appointments following an individual risk assessment. (1.63)

Legal rights

- 5.12** The Home Office should invite the Legal Aid Agency to investigate the reasons for poor access to representation in IRCs. Detainees, IRC staff and legal representatives should clearly understand legal surgery arrangements and detainees' entitlement to free representation. (1.87)

Services

- 5.13** Detainees should have access to a cultural kitchen where they can prepare and eat food from their country of origin. (2.103)

Communications

- 5.14** Social networking sites and Skype should be available to detainees, subject to risk assessment. (4.18)

Recommendations **To the centre manager**

Early days in detention

- 5.15** First night checks should be carried out routinely on newly arrived detainees. (1.15)
- 5.16** Induction should effectively engage detainees and incorporate all key information about the centre and available support services. (1.16)

Bullying and violence reduction

- 5.17** Detainees should be surveyed about safer detention, and the results should be used to inform an updated violence reduction policy. (I.26)
- 5.18** Staff should receive regular updates in violence reduction training. (I.27)

Self-harm and suicide prevention

- 5.19** Assessment, care in detention and teamwork (ACDT) documentation should be completed to a high standard, including the triggers that may cause self-harm. Care plans should be tailored to individual need and actions completed. Observational entries should be thorough and record meaningful interaction. (I.37)
- 5.20** Staff should receive regular training in self-harm and suicide prevention. There should be a sufficient number of staff trained in ACDT case management. (I.38)
- 5.21** Professional telephone interpreting should be used wherever necessary for detainees who do not understand English. (I.39)
- 5.22** The separation unit should not be used routinely to accommodate detainees on constant watch, and the new care suite should have a therapeutic environment and the number of ligature points minimised. (I.40)

Safeguarding (protection of adults at risk)

- 5.23** The centre manager should contact the local director of adult social services and the local safeguarding adults board to develop local safeguarding processes. (I.47)

Safeguarding children

- 5.24** All staff who may come into contact with minors should undertake appropriate child protection training. (I.53)

Security

- 5.25** Detainees should not be locked up for roll checks or during staff breaks. (I.64)

Rewards scheme

- 5.26** The reward scheme should not be punitive or based on sanctions. It should be administered fairly and behaviour warnings should be consistent. (I.71)

The use of force and single separation

- 5.27** Staff should not carry defensive weapons. (I.80)
- 5.28** Detainees in separation should have access to a full regime. (I.81)
- 5.29** Subject to an assessment of risk, detainees should be permitted to keep their mobile telephones while separated. (I.82)

Residential units

- 5.30** Communal areas, cells and dormitories should be clean, well maintained and free from graffiti, and toilets should be clean and stain free. (2.7)

Staff–detainee relationships

- 5.31** Staff behaviour towards detainees should be professional and respectful at all times. (2.15)
- 5.32** The personal officer scheme should support detainees effectively. (2.16)

Equality and diversity

- 5.33** All staff should receive training on equality, cultural awareness and the specific backgrounds, experiences and needs of a detainee population. (2.22)
- 5.34** Detainees with protected characteristics should be identified effectively and supported through dedicated forums, links with external support groups and regular contact with the equality team. (2.29)
- 5.35** Older detainees and those with disabilities should have a suitably adapted living environment. (2.30)

Faith and religious activity

- 5.36** The multi-faith rooms should be refurbished, kept clean and in a good state of repair, and the water boiler in the mosque should be fixed. (2.38)
- 5.37** A sustainable long-term solution should be found to ensure that worship venues continue to be large enough to meet demand. (2.39)

Complaints

- 5.38** Complaint investigations should be comprehensive and include interviews with detainee witnesses. (2.44)
- 5.39** Trends and patterns in complaints should be monitored by the senior management team and action taken to address any underlying issues. (2.45)
- 5.40** Quality assurance of complaints processes should clearly document any action taken to address poor quality responses. (2.46)

Health services

- 5.41** There should be a regular, dedicated consultation with service users about health services and effective systems to disseminate the minutes to all detainees. (2.57)
- 5.42** All health services staff should be trained in recognising and dealing with torture and its consequences. (2.58)
- 5.43** Detainees should have easy access to written information about all health services, including complaints processes and health promotion materials, in an appropriate range of languages. (2.59)

- 5.44** The health care environment should provide sufficient clinical space which fully complies with primary care infection control regulations. (2.60)
- 5.45** Detainees should receive an initial primary health screen in reception, followed by a separate secondary screen within 72 hours. (2.68)
- 5.46** Discharge planning should start as early as possible and detainees should be released, transferred or removed having received sufficient medication and appropriate immunisation or prophylactic treatment. (2.69)
- 5.47** Detainees should have access to pharmacist-led clinics. (2.75)
- 5.48** All medicine management policies, procedures, formularies and patient group directions should be in-date and regularly reviewed. (2.76)
- 5.49** Medication should be administered with adequate privacy and confidentiality. (2.77)
- 5.50** Controlled drugs should be administered against the original signed prescription. (2.78)
- 5.51** Detainees should have access to the full range of NHS-equivalent dental treatment. (2.83)
- 5.52** Guided self-help materials should be available in an appropriate range of languages to meet the needs of detainees. (2.88)

Substance misuse

- 5.53** Detainees should have access to an adequate range of individual and group support for drug and alcohol issues. (2.95)
- 5.54** The drug strategy should be informed by an annual needs assessment and be supported by a detailed action plan which specifies outcome-focused targets and accountabilities. (2.96)

Services

- 5.55** Detainees should be able to eat communally at all mealtimes and have access to sheltered areas while queuing for food. (2.104)
- 5.56** Translated information and pictorial signs should be displayed in the dining room and shop. (2.105)

Activities

- 5.57** The centre should fill the available activity places and ensure appropriate provision for detainees remaining for extended periods. (3.9)
- 5.58** Detainees should have greater freedom of movement around the centre and not be locked into rooms. (3.10)
- 5.59** Education and library provision should be offered at weekends. (3.11)
- 5.60** The education provider should improve the quality of teaching, learning and assessment so that it is consistently good or better, ensuring that the range of teaching strategies is broad enough to meet learners' needs. (3.18)

- 5.61** The centre should increase the amount of education and vocational provision that is above foundation level. (3.19)
- 5.62** The centre should increase the proportion of challenging and interesting work roles which allow detainees to develop useful skills. (3.25)

Welfare

- 5.63** Welfare officers should undergo appropriate training for the role and the welfare office should be routinely staffed. (4.5)

Visits

- 5.64** Arrangements should be made to allow visitors who wish to attend both visits sessions to remain in the centre. (4.10)
- 5.65** The visitors centre should provide a more welcoming environment for children and families, and should be staffed sufficiently early to ensure that all visits start on time. (4.11)
- 5.66** The visits hall should be refurbished and include moveable tables and soft chairs. (4.12)

Communications

- 5.67** Detainees should be permitted to use their own email address, download attachments themselves and have free access to fax machines. (4.17)

Housekeeping point

To the escort contractor

Escort vehicles and transfers

- 5.68** All escort vehicles should be equipped with a first-aid box and anti-ligature knife. (1.7)

Housekeeping point

To the escort contractor and centre manager

Escort vehicles and transfers

- 5.69** Detainees being transferred should be searched only once. (1.8)

Housekeeping points

To the Home Office

Self-harm and suicide prevention

- 5.70** A Home Office representative should attend all case reviews where immigration is a trigger for self-harm. If a detainee requests that they do not attend, this should be recorded on the ACDT documentation. (1.41)

Casework

- 5.71** The Home Office should issue monthly progress reports on time. (1.100)
- 5.72** Chairs in Home Office interview rooms should not be chained to the floor. (1.101)

Housekeeping point **To the Home Office and centre manager****Self-harm and suicide prevention**

- 5.73** Detainees in crisis should be advised as soon as is practicable of transfers, release or removal. (1.42)

Housekeeping points **To the centre manager****Early days in detention**

- 5.74** Detainees arriving late at night should be offered food. (1.17)
- 5.75** Foreign language induction leaflets should be readily accessible. (1.18)

Bullying and violence reduction

- 5.76** Bullying report forms should be available in languages other than English. (1.28)
- 5.77** Boxes containing bullying report forms should be emptied every day. (1.29)

Self-harm and suicide prevention

- 5.78** At case reviews, the views of all staff present should be considered. (1.43)
- 5.79** The self-harm and suicide prevention policy should be up to date. (1.44)

Legal rights

- 5.80** The visits hall should not be closed for more than one hour during visits by legal representatives. (1.88)
- 5.81** Legal visitors should be able to use the landline speaker telephones in the legal visits booths and be told that they can bring mobile telephones and laptop computers into the centre. (1.89)

Residential units

- 5.82** Detainees should be allowed to keep kettles in their cells and dormitories. (2.8)
- 5.83** Showers should be repaired quickly. (2.9)
- 5.84** The centre rules should be displayed in a wide range of languages. (2.10)

Equality and diversity

- 5.85** A more suitable venue, or alternative opening times, should be given to the equality drop-in centre. (2.23)
- 5.86** The discrimination incident reporting system should be available to detainees. (2.31)
- 5.87** All detainees who need them should have accessible personal emergency evacuation plans, and care plans should be kept up to date. (2.32)
- 5.88** More translated relevant information should be available throughout the centre in the most frequently used languages. (2.33)

Health services

- 5.89** All clinical staff should access regular, documented clinical supervision within agreed policies. (2.61)
- 5.90** A senior nurse should have responsibility for the overall care of older detainees and should ensure that all health services staff are trained to recognise the signs of mental health problems and to identify the social care needs of older detainees. (2.62)
- 5.91** The controlled drug cabinet should be bolted to the wall and all other medicine cupboards should be secured to the wall. (2.79)
- 5.92** The original authorising prescriber should be clear on all repeat prescriptions. (2.80)

Services

- 5.93** Kitchen areas should be adequately cleaned at the end of the day. (2.106)
- 5.94** Detainees should not have daily limits on the number of transactions at the shop. (2.107)

Activities

- 5.95** The quality improvement plan accompanying the self-assessment of education should be kept up to date. (3.20)
- 5.96** Written notification to detainees on the outcome of a job application should state when the job will start and what the detainee needs to do next, or advise them of their options if the application was unsuccessful. (3.27)
- 5.97** Detainees should be able to use outdoor fitness facilities informally when they are not in use for supervised activity. (3.34)

Visits

- 5.98** Visitors should be searched in private. (4.13)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas
Hindpal Singh Bhui
Colin Carroll
Bev Alden
Gordon Riach
Francesca Gordon
Fionnuala Gordon
Sarah Cutler

Deputy Chief Inspector
Team leader
Inspector
Inspector
Inspector
Inspector
Inspector
Inspector

Majella Pearce
Sharon Monks
Ian Craig
Alastair Pearson

Health services inspector
Pharmacy inspector
Care Quality Commission
Ofsted inspector

Sam Booth
Alissa Redmond
Lucy Higgins
Rachel Prime

Senior researcher
Researcher
Researcher
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
1 to 6 years	0			0
7 to 11 years	0			0
12 to 16 years	0			0
16 to 17 years				0
18 years to 21 years	38			14.2
22 years to 29 years	115			43.1
30 years to 39 years	87			32.6
40 years to 49 years	17			6.4
50 years to 59 years	9			3.4
60 years to 69 years	1			0.4
70 or over	0			
Total	267			100

(ii) Nationality Please add further categories if necessary	No. of men	No. of women	No. of children	%
Afghan	22			8.2
Albanian	19			7.1
Algerian	9			3.4
Angolan	3			1.1
Bangladeshi	34			12.7
Brazilian	3			1.1
British	1			0.4
Cameroonian	1			0.4
Chadian	1			0.4
Chinese	4			1.5
Congolese	1			0.4
Egyptian	1			0.4
Eritrean	4			1.5
Ethiopian	1			0.4
Finnish	1			0.4
French	1			0.4
Gambian	3			1.1
Ghanaian	4			1.5
Honduran	1			0.4
Indian	27			10.1
Iranian	3			1.1
Iraqi	4			1.5
Ivorian	2			0.7
Jamaican	9			3.4
Kenyan	2			0.7
Kuwaiti	1			0.4
Latvian	1			0.4
Libyan	1			0.4
Lithuanian	2			0.7

Malian	1			0.4
Mauritian	1			0.4
Moroccan	4			1.5
Nepalese	2			0.7
Nigerian	6			2.2
Nigerien	1			0.4
Pakistani	27			10.1
Palestinian	1			0.4
Polish	5			1.9
Portuguese	2			0.7
Qatari	1			0.4
Russian	1			0.4
Sierra Leonean	3			1.1
Slovakian	1			0.4
Somalian	2			0.7
South African	1			0.4
Sri Lankan	14			5.2
Sudanese	9			3.4
Syrian	7			2.6
Tanzanian	1			0.4
Togolese	1			0.4
Turkish	1			0.4
Ugandan	2			0.7
Uzbekistani	1			0.4
Vietnamese	1			0.4
Zimbabwean	2			0.7
Other (not stated)	3			1.1
Total	267			100

(iii) Religion/belief Please add further categories if necessary	No. of men	No. of women	No. of children	%
Buddhist	3			1.1
Roman Catholic	16			6.0
Orthodox	1			0.4
Other Christian religion	30			11.2
Hindu	17			6.4
Muslim	164			61.4
Sikh	18			6.7
Agnostic/atheist	16			6.0
Unknown	0			0.0
Other (please state what) Nil religion	2			0.7
Total	267			100

(iv) Length of time in detention in this centre	No. of men	No. of women	No. of children	%
Less than 1 week	49			18.4
1 to 2 weeks	40			15.0
2 to 4 weeks	61			22.8
1 to 2 months	56			21.0
2 to 4 months	41			15.4

4 to 6 months	10			3.7
6 to 8 months	3			1.1
8 to 10 months	1			0.4
More than 10 months (please note the longest length of time)	6			2.2
Total	267			100

Appendix III: Summary of detainee survey responses

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.

Sampling

The questionnaire was offered to all detainees.

Distributing and collecting questionnaires

Every attempt was made to distribute the questionnaires to respondents individually. This gave researchers an opportunity to explain the purpose of the survey and to answer respondents' questions. We also stressed the voluntary nature of the survey and provided assurances about confidentiality and the independence of the Inspectorate. This information is also provided in writing on the front cover of the questionnaire.

Our questionnaire is available in a number of different languages and via a telephone translation service for respondents who don't read English. Respondents with literacy difficulties were offered the option of an interview.

Respondents were not asked to put their names on their questionnaire. In order to ensure confidentiality, respondents were asked to seal their completed questionnaire in the envelope provided and either hand it back to a member of the research team at a specified time or leave it in their room for collection.

Refusals were noted where possible.

Survey response

At the time of the survey on 3 March 2014 the detainee population at Dover IRC was 264. Using the method described above, questionnaires were offered to all 264 detainees.

We received a total of 148 completed questionnaires, a response rate of 56%. This included three questionnaires completed via interview using an interpreter, and one questionnaire completed via interview in English. There were 107 respondents who either refused or whose questionnaires were not returned and nine were returned blank.

Returned language	Number of completed survey returns
English	82 (55%)
Arabic	13 (9%)
Bengali	12 (8%)
Urdu	6 (4%)
Pashtu	6 (4%)
Albanian	5 (3%)
Kurdish – Sorani	4 (3%)
Punjabi	4 (3%)
Tamil	3 (2%)

Chinese	2 (1%)
Farsi	2 (1%)
Hindi	2 (1%)
Polish	2 (1%)
Portuguese	1 (1%)
Russian	1 (1%)
Spanish	1 (1%)
Tigrinya	1 (1%)
Vietnamese	1 (1%)
Total	148 (100%)

Presentation of survey results and analyses

Over the following pages we present the survey results for Dover IRC.

First a full breakdown of responses is provided for each question. In this full breakdown all percentages, including those for filtered questions, refer to the full sample. Percentages have been rounded and therefore may not add up to 100%.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant⁶ differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in detainees' background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the entire sample. All missing responses have been excluded from analyses.

Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data has been weighted to enable valid statistical comparison between establishments.

The following comparative analyses are presented:

- The current survey responses from Dover IRC in 2014 compared with responses from detainees surveyed in all other detention centres. This comparator is based on all responses from detainee surveys carried out in nine detention centres since April 2009.
- The current survey responses from Dover IRC in 2014 compared with the responses of detainees surveyed at Dover IRC in 2010.
- A comparison within the 2014 survey between the responses of non-English-speaking detainees with English-speaking detainees.
- A comparison within the 2014 survey between the responses of detainees who consider themselves to have a disability and those who do not consider themselves to have a disability.

⁶ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

Survey summary

Section I: About you

Q1	Are you male or female?	
	Male	145 (100%)
	Female	0 (0%)
Q2	What is your age?	
	Under 18	7 (5%)
	18-21	16 (11%)
	22-29	55 (37%)
	30-39	54 (37%)
	40-49	11 (7%)
	50-59	2 (1%)
	60-69	1 (1%)
	70 or over	1 (1%)
Q3	What region are you from? (Please tick only one)	
	Africa	31 (22%)
	North America	3 (2%)
	South America	2 (1%)
	Indian subcontinent (India, Pakistan, Bangladesh, Sri Lanka)	64 (45%)
	China	7 (5%)
	Other Asia	10 (7%)
	Caribbean	3 (2%)
	Europe	14 (10%)
	Middle East	8 (6%)
Q4	Do you understand spoken English?	
	Yes	115 (79%)
	No	31 (21%)
Q5	Do you understand written English?	
	Yes	103 (71%)
	No	43 (29%)
Q6	What would you classify, if any, as your religious group?	
	None	8 (6%)
	Church of England	5 (4%)
	Catholic	9 (6%)
	Protestant	0 (0%)
	Other Christian denomination	6 (4%)
	Buddhist	4 (3%)
	Hindu	10 (7%)
	Jewish	2 (1%)
	Muslim	88 (63%)
	Sikh	8 (6%)
Q7	Do you have a disability?	
	Yes	16 (12%)
	No	121 (88%)

Section 2: Immigration detention

Q8	When being detained, were you told the reasons why in a language you could understand?	
	Yes	90 (66%)
	No	47 (34%)
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	94 (72%)
	Three to five	28 (22%)
	Six or more	8 (6%)
Q10	How long have you been detained in this centre?	
	Less than 1 week	19 (13%)
	More than 1 week less than 1 month	46 (32%)
	More than 1 month less than 3 months	45 (31%)
	More than 3 months less than 6 months	15 (10%)
	More than 6 months less than 9 months	6 (4%)
	More than 9 months less than 12 months	5 (3%)
	More than 12 months	7 (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	52 (36%)
	No	73 (51%)
	Do not remember	19 (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	17 (12%)
	One to two hours	29 (21%)
	Two to four hours	50 (36%)
	More than four hours	30 (22%)
	Do not remember	11 (8%)
Q13	How did you feel you were treated by the escort staff?	
	Very well	27 (19%)
	Well	56 (39%)
	Neither	30 (21%)
	Badly	15 (10%)
	Very badly	10 (7%)
	Do not remember	6 (4%)

Section 4: Reception and first night

Q15	Were you seen by a member of healthcare staff in reception?	
	Yes	119 (83%)
	No	20 (14%)
	Do not remember	5 (3%)
Q16	When you were searched in reception, was this carried out in a sensitive way?	
	Yes	84 (58%)
	No	38 (26%)

	<i>Do not remember/ Not applicable</i>	23 (16%)
Q17	Overall, how well did you feel you were treated by staff in reception?	
	<i>Very well</i>	30 (21%)
	<i>Well</i>	58 (40%)
	<i>Neither</i>	30 (21%)
	<i>Badly</i>	10 (7%)
	<i>Very badly</i>	8 (6%)
	<i>Do not remember</i>	8 (6%)
Q18	On your day of arrival did you receive information about what was going to happen to you?	
	<i>Yes</i>	44 (31%)
	<i>No</i>	84 (59%)
	<i>Do not remember</i>	14 (10%)
Q19	On your day of arrival did you receive information about what support was available to you in this centre?	
	<i>Yes</i>	62 (44%)
	<i>No</i>	66 (46%)
	<i>Do not remember</i>	14 (10%)
Q20	Was any of this information given to you in a translated form?	
	<i>Do not need translated material</i>	45 (34%)
	<i>Yes</i>	16 (12%)
	<i>No</i>	72 (54%)
Q21	On your day of arrival did you get the opportunity to change into clean clothing?	
	<i>Yes</i>	72 (53%)
	<i>No</i>	56 (41%)
	<i>Do not remember</i>	7 (5%)
Q22	Did you feel safe on your first night here?	
	<i>Yes</i>	62 (44%)
	<i>No</i>	65 (46%)
	<i>Do not remember</i>	13 (9%)
Q23	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)	
	<i>Not had any problems</i>	34 (25%)
	<i>Loss of property</i>	13 (10%)
	<i>Contacting family</i>	21 (15%)
	<i>Access to legal advice</i>	25 (18%)
	<i>Feeling depressed or suicidal</i>	55 (40%)
	<i>Health problems</i>	37 (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>	34 (27%)
	<i>Yes</i>	32 (26%)
	<i>No</i>	58 (47%)

Section 5: Legal rights and immigration

Q26	Do you have a lawyer?	
	<i>Do not need one</i>	11 (8%)
	<i>Yes</i>	89 (63%)

	No	41 (29%)
Q27	Do you get free legal advice?	
	<i>Do not need legal advice</i>	19 (14%)
	Yes	47 (35%)
	No	70 (51%)
Q28	Can you contact your lawyer easily?	
	Yes	61 (45%)
	No	23 (17%)
	<i>Do not know/ Not applicable</i>	52 (38%)
Q29	Have you had a visit from your lawyer?	
	<i>Do not have one</i>	52 (38%)
	Yes	28 (21%)
	No	56 (41%)
Q30	Can you get legal books in the library?	
	Yes	63 (46%)
	No	29 (21%)
	<i>Do not know/ Not applicable</i>	44 (32%)
Q31	How easy or difficult is it for you to obtain bail information?	
	<i>Very easy</i>	5 (4%)
	<i>Easy</i>	26 (19%)
	<i>Neither</i>	17 (13%)
	<i>Difficult</i>	29 (22%)
	<i>Very difficult</i>	41 (31%)
	<i>Not applicable</i>	16 (12%)
Q32	Can you get access to official information reports on your country?	
	Yes	26 (19%)
	No	76 (56%)
	<i>Do not know/ Not applicable</i>	33 (24%)
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>	38 (27%)
	<i>Very easy</i>	7 (5%)
	<i>Easy</i>	23 (17%)
	<i>Neither</i>	20 (14%)
	<i>Difficult</i>	20 (14%)
	<i>Very difficult</i>	31 (22%)

Section 6: Respectful detention

Q35	Can you clean your clothes easily?	
	Yes	109 (78%)
	No	31 (22%)
Q36	Are you normally able to have a shower every day?	
	Yes	126 (91%)
	No	12 (9%)
Q37	Is it normally quiet enough for you to be able to relax or sleep in your room at night time?	
	Yes	95 (71%)
	No	39 (29%)

Q38	Can you normally get access to your property held by staff at the centre if you need to?	
	Yes	52 (39%)
	No	34 (26%)
	Do not know	46 (35%)
Q39	What is the food like here?	
	Very good	3 (2%)
	Good	28 (20%)
	Neither	30 (22%)
	Bad	20 (15%)
	Very bad	56 (41%)
Q40	Does the shop sell a wide enough range of goods to meet your needs?	
	Have not bought anything yet	15 (11%)
	Yes	41 (30%)
	No	79 (59%)
Q41	Do you feel that your religious beliefs are respected?	
	Yes	109 (81%)
	No	14 (10%)
	Not applicable	11 (8%)
Q42	Are you able to speak to a religious leader of your faith in private if you want to?	
	Yes	79 (57%)
	No	22 (16%)
	Do not know/ Not applicable	38 (27%)
Q43	How easy or difficult is it to get a complaint form?	
	Very easy	24 (17%)
	Easy	43 (31%)
	Neither	18 (13%)
	Difficult	10 (7%)
	Very difficult	14 (10%)
	Do not know	30 (22%)
Q44	Have you made a complaint since you have been at this centre?	
	Yes	39 (28%)
	No	88 (63%)
	Do not know how to	12 (9%)
Q45	If yes, do you feel complaints are sorted out fairly?	
	Yes	5 (4%)
	No	30 (22%)
	Not made a complaint	100 (74%)

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	76 (57%)
	No	57 (43%)

Q48	Do most staff at the centre treat you with respect?	
	Yes	97 (70%)
	No	41 (30%)
Q49	Have any members of staff physically restrained you (C and R) in the last six months?	
	Yes	14 (11%)
	No	111 (89%)
Q50	Have you spent a night in the separation/isolation unit in the last six months?	
	Yes	19 (15%)
	No	111 (85%)

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	46 (34%)
	No	89 (66%)
Q53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	
	Yes	22 (17%)
	No	109 (83%)
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>	4 (3%)
	<i>Because of your nationality</i>	5 (4%)
	<i>Having your property taken</i>	2 (2%)
	<i>Drugs</i>	1 (1%)
	<i>Because you have a disability</i>	2 (2%)
	<i>Because of your religion/religious beliefs</i>	4 (3%)
Q55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	
	Yes	23 (17%)
	No	109 (83%)
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>	3 (2%)
	<i>Because of your nationality</i>	8 (6%)
	<i>Drugs</i>	1 (1%)
	<i>Because you have a disability</i>	1 (1%)
	<i>Because of your religion/religious beliefs</i>	6 (5%)
Q57	If you have been victimised by detainees or staff, did you report it?	
	Yes	13 (10%)
	No	21 (16%)
	Not been victimised	94 (73%)
Q58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	
	Yes	10 (8%)

	No	122 (92%)
Q59	Have you ever felt threatened or intimidated by a member of staff in here?	
	Yes	17 (13%)
	No	113 (87%)

Section 9: Healthcare

Q61	Is health information available in your own language?	
	Yes	52 (38%)
	No	44 (32%)
	Do not know	41 (30%)
Q62	Is a qualified interpreter available if you need one during healthcare assessments?	
	Do not need an interpreter/ Do not know	68 (52%)
	Yes	22 (17%)
	No	42 (32%)
Q63	Are you currently taking medication?	
	Yes	65 (49%)
	No	68 (51%)
Q64	What do you think of the overall quality of the healthcare here?	
	Have not been to healthcare	20 (15%)
	Very good	30 (23%)
	Good	36 (27%)
	Neither	17 (13%)
	Bad	16 (12%)
	Very bad	13 (10%)

Section 10: Activities

Q66	Are you doing any education here?	
	Yes	50 (37%)
	No	85 (63%)
Q67	Is the education helpful?	
	Not doing any education	85 (64%)
	Yes	43 (33%)
	No	4 (3%)
Q68	Can you work here if you want to?	
	Do not want to work	24 (18%)
	Yes	78 (59%)
	No	30 (23%)
Q69	Is there enough to do here to fill your time?	
	Yes	68 (54%)
	No	59 (46%)
Q70	How easy or difficult is it to go to the library?	
	Do not know/ Do not want to go	15 (11%)
	Very easy	63 (47%)
	Easy	39 (29%)
	Neither	13 (10%)
	Difficult	3 (2%)

	Very difficult	2 (1%)
--	----------------	--------

Q71	How easy or difficult is it to go to the gym?	
	<i>Do not know/ Do not want to go</i>	18 (13%)
	Very easy	63 (45%)
	Easy	44 (31%)
	Neither	7 (5%)
	Difficult	2 (1%)
	Very difficult	6 (4%)

Section I I: Keeping in touch with family and friends

Q73	How easy or difficult is it to use the phone?	
	<i>Do not know/ Have not tried</i>	10 (7%)
	Very easy	56 (41%)
	Easy	45 (33%)
	Neither	8 (6%)
	Difficult	7 (5%)
	Very difficult	12 (9%)
Q74	Have you had any problems with sending or receiving mail?	
	Yes	38 (28%)
	No	53 (39%)
	Do not know	45 (33%)
Q75	Have you had a visit since you have been here from your family or friends?	
	Yes	38 (29%)
	No	94 (71%)
Q76	How did staff in the visits area treat you?	
	<i>Not had any visits</i>	58 (44%)
	Very well	23 (18%)
	Well	32 (24%)
	Neither	11 (8%)
	Badly	1 (1%)
	Very Badly	6 (5%)

Section I 2: Resettlement

Q78	Do you feel that any member of staff has helped you to prepare for your release?	
	Yes	14 (11%)
	No	111 (89%)

Appendix IV: Photographs

Barbed wire fence



Fence and chaplaincy sign



Fence and education sign



Football pitch



Main comparator and comparator to last time



Detainee survey responses: Dover IRC 2014

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

		Dover IRC 2014	IRC comparator	Dover IRC 2014	Dover IRC 2010
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		148	1415	148	86
SECTION 1: General information					
1	Are you male?	100%	89%	100%	100%
2	Are you aged under 21 years?	16%	11%	16%	9%
4	Do you understand spoken English?	79%	72%	79%	77%
5	Do you understand written English?	70%	68%	70%	65%
6	Are you Muslim?	63%	51%	63%	33%
7	Do you have a disability?	12%	12%	12%	18%
SECTION 2: Immigration detention					
8	When being detained, were you told the reasons why in a language you could understand?	66%	74%	66%	61%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	6%	6%	6%	22%
10	Have you been detained in this centre for more than one month?	55%	54%	55%	
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?	36%	42%	36%	28%
12	Did you spend more than four hours in the escort van to get to this centre?	22%	25%	22%	21%
13	Were you treated well/very well by the escort staff?	58%	62%	58%	41%
SECTION 4: Reception and first night					
15	Were you seen by a member of health care staff in reception?	83%	87%	83%	78%
16	When you were searched in reception was this carried out in a sensitive way?	58%	67%	58%	61%
17	Were you treated well/very well by staff in reception?	61%	63%	61%	43%
18	Did you receive information about what was going to happen to you on your day of arrival?	31%	36%	31%	21%
19	Did you receive information about what support was available to you in this centre on your day of arrival?	44%	44%	44%	
For those who required information in a translated form:					
20	Was any of this information provided in a translated form?	18%	33%	18%	8%
21	Did you get the opportunity to change into clean clothing on your day of arrival?	53%	64%	53%	42%
22	Did you feel safe on your first night here?	44%	55%	44%	36%
23a	Did you have any problems when you first arrived?	75%	65%	75%	79%
23b	Did you have any problems with loss of transferred property when you first arrived?	10%	9%	10%	33%
23c	Did you have any problems contacting family when you first arrived?	15%	16%	15%	26%

Key to tables

Main comparator and comparator to last time

		Dover IRC 2014	IRC comparator	Dover IRC 2014	Dover IRC 2010
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 4: Reception and first night continued					
23d	Did you have any problems accessing legal advice when you first arrived?	19%	17%	19%	29%
23e	Did you have any problems with feeling depressed or suicidal when you first arrived?	41%	33%	41%	25%
23f	Did you have any health problems when you first arrived?	27%	26%	27%	37%
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?	36%	36%	36%	21%
SECTION 5: Legal rights and immigration					
26	Do you have a lawyer?	63%	66%	63%	69%
For those who have a lawyer:					
28	Can you contact your lawyer easily?	73%	76%	73%	
29	Have you had a visit from your lawyer?	33%	49%	33%	58%
27	Do you get free legal advice?	35%	44%	35%	40%
30	Can you get legal books in the library?	46%	47%	46%	18%
31	Is it easy/very easy for you to obtain bail information?	23%	31%	23%	25%
32	Can you get access to official information reports on your country?	19%	23%	19%	9%
33	Is it easy/very easy to see this centre's immigration staff when you want?	22%	25%	22%	
SECTION 6: Respectful detention					
35	Can you clean your clothes easily?	78%	83%	78%	
36	Are you normally able to have a shower every day?	91%	92%	91%	94%
37	Is it normally quiet enough for you to be able to sleep in your room at night?	71%	67%	71%	52%
38	Can you normally get access to your property held by staff at the centre, if you need to?	40%	52%	40%	37%
39	Is the food good/very good?	23%	29%	23%	17%
40	Does the shop sell a wide enough range of goods to meet your needs?	30%	50%	30%	15%
41	Do you feel that your religious beliefs are respected?	81%	77%	81%	53%
42	Are you able to speak to a religious leader of your own faith if you want to?	57%	55%	57%	44%
43	Is it easy/very easy to get a complaint form?	48%	52%	48%	44%
44	Have you made a complaint since you have been at this centre?	28%	22%	28%	40%
For those who have made a complaint:					
45	Do you feel complaints are sorted out fairly?	15%	27%	15%	19%
SECTION 7: Staff					
47	Do you have a member of staff you can turn to for help if you have a problem?	57%	65%	57%	44%
48	Do most staff treat you with respect?	70%	77%	70%	53%
49	Have any members of staff physically restrained you in the last six months?	11%	10%	11%	23%
50	Have you spent a night in the segregation unit in the last six months?	15%	13%	15%	22%
SECTION 8: Safety					
52	Do you feel unsafe in this centre?	34%	33%	34%	
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	17%	19%	17%	43%

Key to tables

Main comparator and comparator to last time

		Dover IRC 2014	IRC comparator	Dover IRC 2014	Dover IRC 2010
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
54a	Have you been hit, kicked or assaulted since you have been here? (By detainees)	3%	4%	3%	13%
54b	Have you been victimised because of your nationality since you have been here? (By detainees)	4%	6%	4%	17%
54c	Have you ever had your property taken since you have been here? (By detainees)	2%	2%	2%	17%
54d	Have you been victimised because of drugs since you have been here? (By detainees)	1%	1%	1%	7%
54e	Have you ever been victimised here because you have a disability? (By detainees)	2%	1%	2%	5%
54f	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	3%	4%	3%	12%
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	17%	14%	17%	40%
56a	Have you been hit, kicked or assaulted since you have been here? (By staff)	2%	2%	2%	8%
56b	Have you been victimised because of your nationality since you have been here? (By staff)	6%	5%	6%	17%
56c	Have you been victimised because of drugs since you have been here? (By staff)	1%	1%	1%	3%
56d	Have you ever been victimised here because you have a disability? (By staff)	1%	1%	1%	7%
56e	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	5%	3%	5%	8%
For those who have been victimised by detainees or staff:					
57	Did you report it?	38%	43%	38%	46%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	8%	11%	8%	36%
59	Have you ever felt threatened or intimidated by a member of staff in here?	13%	11%	13%	34%
SECTION 9: Health services					
61	Is health information available in your own language?	38%	39%	38%	25%
62	Is a qualified interpreter available if you need one during health care assessments?	17%	22%	17%	8%
63	Are you currently taking medication?	49%	42%	49%	42%
For those who have been to health care:					
64	Do you think the overall quality of health care in this centre is good/very good?	59%	46%	59%	17%
SECTION 10: Activities					
66	Are you doing any education here?	37%	21%	37%	40%
For those doing education here:					
67	Is the education helpful?	92%	93%	92%	69%
68	Can you work here if you want to?	59%	57%	59%	49%
69	Is there enough to do here to fill your time?	54%	54%	54%	24%
70	Is it easy/very easy to go to the library?	76%	71%	76%	64%
71	Is it easy/very easy to go to the gym?	76%	67%	76%	70%
SECTION 11: Keeping in touch with family and friends					
73	Is it easy/very easy to use the phone?	73%	66%	73%	
74	Have you had any problems with sending or receiving mail?	28%	21%	28%	32%
75	Have you had a visit since you have been in here from your family or friends?	29%	44%	29%	49%
For those who have had visits:					
76	Do you feel you are treated well/very well by staff in the visits area?	75%	73%	75%	58%
SECTION 12: Resettlement					
78	Has any member of staff helped you to prepare for your release?	11%	15%	11%	

Diversity analysis - Disability



Key questions (Disability analysis) Dover IRC 2014

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

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		16	121
4	Do you understand spoken English?	86%	82%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	19%	4%
10	Have you been in this centre for more than one month?	62%	52%
13	Were you treated well/very well by the escort staff?	57%	58%
15	Were you seen by a member of health care staff in reception?	81%	84%
16	When you were searched in reception was this carried out in a sensitive way?	62%	57%
17	Were you treated well/very well by staff in reception?	62%	60%
22	Did you feel safe on your first night here?	33%	44%
23	Did you have any problems when you first arrived?	80%	74%
23f	Did you have any health problems when you first arrived?	50%	25%
26	Do you have a lawyer?	93%	60%
33	Is it easy/very easy to see this centre's immigration staff when you want?	44%	20%
35	Can you clean your clothes easily?	86%	76%
36	Are you normally able to have a shower every day?	93%	90%
43	Is it easy/very easy to get a complaint form?	46%	51%
44	Have you made a complaint since you have been at this centre?	44%	26%
47	Do you have a member of staff you can turn to for help if you have a problem?	56%	60%

Diversity analysis - Disability

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
48	Do most staff treat you with respect?	84%	70%
49	Have any members of staff physically restrained you in the last six months?	20%	11%
50	Have you spent a night in the segregation unit in the last six months?	9%	16%
52	Do you feel unsafe in this centre?	50%	34%
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	16%	16%
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	15%	18%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	0%	8%
59	Have you ever felt threatened or intimidated by a member of staff in here?	8%	15%
62	Is a qualified interpreter available if you need one during health care assessments?	20%	17%
63	Are you currently taking medication?	81%	45%
66	Are you doing any education here?	56%	33%
69	Is there enough to do here to fill your time?	52%	54%
70	Is it easy/very easy to go to the library?	81%	74%
71	Is it easy/very easy to go to the gym?	81%	76%
73	Is it easy/very easy to use the phone?	50%	76%
74	Have you had any problems with sending or receiving mail?	39%	27%
75	Have you had a visit since you have been in here from your family or friends?	24%	30%
78	Has any member of staff helped you to prepare for your release?	0%	12%



Key questions (non-English speakers) Dover IRC 2014

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

Key to tables

		Non-English speakers	English speakers
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		31	115
8	When being detained, were you told the reasons why in a language you could understand?	52%	68%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	5%	6%
10	Have you been in this centre for more than one month?	68%	51%
11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	10%	43%
13	Were you treated well/very well by the escort staff?	48%	61%
17	Were you treated well/very well by staff in reception?	68%	60%
18	Did you receive information about what was going to happen to you on your day of arrival?	18%	35%
19	Did you receive information about what support was available to you on your day of arrival?	29%	48%
22	Did you feel safe on your first night here?	35%	47%
23	Did you have any problems when you first arrived?	84%	73%
26	Do you have a lawyer?	57%	65%
33	Is it easy/very easy to see the centre's immigration staff when you want?	14%	23%
35	Can you clean your clothes easily?	76%	78%
36	Are you normally able to have a shower every day?	92%	91%
43	Is it easy/very easy to get a complaint form?	48%	49%
44	Have you made a complaint since you have been at this centre?	23%	29%

Key to tables

		Non-English speakers	English speakers
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
47	Do you have a member of staff you can turn to for help if you have a problem?	42%	62%
48	Do most staff treat you with respect?	77%	69%
52	Do you feel unsafe in this centre?	40%	33%
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	18%	17%
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	14%	19%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	7%	8%
59	Have you ever felt threatened or intimidated by a member of staff in here?	8%	15%
61	Is health information available in your own language?	23%	42%
62	Is a qualified interpreter available if you need one during health care assessments?	25%	15%
66	Are you doing any education here?	30%	39%
68	Can you work here if you want to?	29%	67%
69	Is there enough to do here to fill your time?	39%	57%
70	Is it easy/very easy to go to the library?	71%	76%
71	Is it easy/very easy to go to the gym?	74%	77%
73	Is it easy/very easy to use the phone?	79%	72%
74	Have you had any problems with sending or receiving mail?	15%	31%
75	Have you had a visit since you have been in here from your family or friends?	28%	30%
78	Has any member of staff helped you to prepare for your release?	10%	12%