

Report on an unannounced inspection of

Dungavel House Immigration Removal Centre

by HM Chief Inspector of Prisons

9–20 February 2015

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 2015

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.justiceinspectorates.gov.uk/hmiprisons/>

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	31
Section 3. Activities	43
Section 4. Preparation for removal and release	47
Section 5. Summary of recommendations and housekeeping points	51
Section 6. Appendices	57
Appendix I: Inspection team	57
Appendix II: Detainee population profile	59
Appendix III: Summary of detainee survey responses	61
Appendix IV: Photographs	71

Introduction

Dungavel House is an immigration removal centre (IRC) in Lanarkshire holding up to 249 detainees, a small number (14) of whom are women. Operating as an IRC since 2001, the facility is an old hunting lodge in a rural setting and the only such centre in Scotland. The IRC is currently operated under contract to the Home Office by GEO Group UK Ltd.

At recent inspections we have reported on good outcomes for detainees at this institution and these positive outcomes were maintained. Indeed, our main concern was about matters that were largely outside of the control of the contractor, namely some very long periods of detention and some decisions to maintain detention of very vulnerable detainees. These included a documented victim of torture and a woman with serious health issues. It is to the centre's credit that in our confidential survey and discussions with detainees, they nevertheless described their treatment in Dungavel in positive terms.

Dungavel was a safe place. Some escort arrangements were disorganised and escort contractors continued to transport detainees during the night, which was poor practice. However, detainees received a supportive welcome in their early days at the centre and were given help to deal with immediate problems. To better inform early risk assessment, both the Scottish and Northern Irish prison services needed to ensure prison files accompanied those detainees who had recently concluded their prison sentences. This was something that was of increasing importance as the centre was now holding more detainees who had previously been engaged in more serious offending. That said, security was applied proportionately, violence was low and those at risk of self-harm were well cared for. Force was rarely used.

There were comprehensive safeguarding and child protection arrangements in place and access to legal support was much better than we usually see. Legal aid is available for a wider variety of immigration matters in Scotland than in England and Wales. This was clearly valued by detainees who had ongoing support with sometimes complex and stressful cases. About two-thirds of detainees had been at the centre for less than eight weeks and nearly half had been there for under a month. However, some had been held for excessively long periods - in the worst case, a detainee was still detained after two-and-a-half years. Some extended stays resulted from avoidable casework delays, a situation compounded by the variable quality of Rule 35 reports. These reports are meant to address the issue of whether detention is likely to be injurious to a detainee's health and address, for example, the potential experience of torture in the detainee's home country.

The small number of women in the centre were held on a separate unit staffed by women officers. They had good freedom of movement around the rest of the centre and their individual needs were being met, but there was no specific policy that could have provided ongoing assurance of appropriate strategic oversight and accountability.

The quality of respect in the centre was very good. Cleanliness could be variable and there was an over-reliance on dormitory accommodation, but the environment was reasonable and relaxed. Relationships between staff and detainees were excellent. There was strong respect for diversity among staff and there was good consultation with various groups and nationalities. The few complaints received from detainees were dealt with properly and promptly. The overall quality of health care was good and was generally well appreciated by detainees. The quality of food and access to self catering, as well as the centre's shop, were similarly very good.

Detainees had excellent access to the grounds and facilities, and the information and learning centre was welcoming. Education and work were available for those who wanted it, although the education provision was mainly at a low level. Welfare support had improved further and detainees could get help, including with complex problems, seven days a week. Welfare staff systematically interviewed all detainees on arrival and before removal, transfer or release. Detainees had good access to various means of communication. Visits arrangements were flexible and effective.

Overall, this report documents a centre that had done some excellent work to mitigate the inevitable stresses of life in detention. The centre was well run, staff were caring and respectful, and detainees, notwithstanding their predicaments, appreciated the help they were given while in Dungavel.

Nick Hardwick
HM Chief Inspector of Prisons

July 2015

Fact page

Task of the establishment

To detain people subject to immigration control

Location

Dungavel, Strathavan, South Lanarkshire

Name of contractor

GEO Group UK Ltd

Number held

215

Certified normal accommodation

249

Operational capacity

249

Last inspection

Short follow-up inspection: 31 July – 2 August 2012

Full inspection: 21 – 25 June 2010

Brief history

Dungavel House Immigration Removal Centre was formerly a hunting lodge for the Duke of Hamilton. It was used as a hospital during two World Wars, after which it became a training college for the Coal Board ('Bevin's boys'), and then an SPS low-category prison. It became an Immigration Removal Centre in 2001. The contract to manage Dungavel House on behalf of the Home Office was awarded to the GEO Group UK Ltd in September 2011.

Name of centre manager

John McClure

Escort provider

Tascor

Short description of residential units

Three residential houses – the main house and two annexes, Loudoun and Hamilton. The separate women's unit holds up to 14 women in the main building. Most of the accommodation is shared and there are dormitories of up to seven beds.

Health service commissioner and providers

Commissioner: The GEO Group UK Ltd

Provider: Med-Co Secure Healthcare Services Ltd

Learning and skills providers

In-house

Independent Monitoring Board chair

Richard W Bett

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** *Early days support and induction were good. Levels of violence were low. Some efforts had been made to understand the particular needs of women. There was good support for those at risk of self-harm. Security was generally proportionate but detainees were routinely handcuffed for outside appointments, regardless of individual risk. Levels of use of force were low but not enough had been done to learn lessons from incidents. Use of separation was not excessive, but some detainees were held for long periods. Detainees had good access to legal advice and representation. The quality of Rule 35 initial reports was variable and it was unclear why some people, including a torture survivor, had been detained at all. The on-site Home Office team was efficient and diligent. **Outcomes for detainees were good against this healthy establishment test.***
- S2** Detainees reported fairly positively on their treatment by escort staff. However, delayed or confused escort arrangements had had a serious impact on some detainees, and the high number of night-time moves was unacceptable. Detainees were nearly always handcuffed for outside appointments, regardless of individual risk.
- S3** The reception area provided a welcoming environment and the facilities there were good, but the reception process was sometimes too long. All detainees were risk assessed in private but the lack of prison files from Scottish and Northern Irish prisons compromised the centre's ability to assess some risks fully. Detainees were well supported during their first night at the centre and regular welfare checks took place. Induction was comprehensive and prompt.
- S4** Levels of violence were low and most detainees reported feeling safe at the centre. There had been no significant instances of bullying in the previous six months. The minutes of the safer detention meeting did not properly evidence detailed discussion about the strategy or individual cases, or consider lessons to be learned from violent or other incidents. A monthly survey of women's safety was a useful way of understanding their experiences and the results were generally positive, in line with our own interviews with the women. Women had good access to a full regime, but there were inevitable risks associated with holding women in a predominantly male population. A specific safer custody policy for women would have provided more assurance that risks were being managed.
- S5** Levels of self-harm were low and the quality of care for detainees was generally good. Detainees at risk of self-harm reported positively on staff support. This was reflected in observational entries in assessment, care in detention and teamwork (ACDT) case management documentation for detainees at risk of suicide or self-harm, but care maps were sometimes absent or poorly constructed. ACDT reviews were well managed and multidisciplinary. We were satisfied that staff were aware of the most vulnerable adults and provided them with appropriate support, but there was insufficient training in the signs of human trafficking or the National Referral Mechanism.
- S6** There was a comprehensive safeguarding and child protection policy and training package. There were few age dispute cases, but some were still assessed by a chief immigration officer instead of social services. Detainees whose age was disputed were appropriately located in the centre and access to the regime was regulated by risk.

- S7 The centre held more people who had committed violent and other serious offences than at the time of the previous full inspection. Risks were appropriately balanced and security was managed proportionately. There were no unnecessary restrictions on free movement around the centre, but routine room and rubdown searches were excessive and unnecessary. Dynamic security was good and underpinned by positive staff–detainee relationships.
- S8 Force was rarely used. Most incidents involved detainees resisting removal. De-escalation was often good, but we saw video footage of one incident that had been poorly handled. The number of detainees going into the separation unit (known locally as the secure unit) was not excessive, but paperwork did not always clearly justify the reasons for separation. The separation unit was clean and provided a reasonable environment, with a particularly good association room.
- S9 In our survey, nearly every detainee who needed a lawyer reported having one. Detainees were able to keep in contact with their lawyers, and to access legal textbooks, forms and websites that could assist with immigration matters.
- S10 Some detainees had been held for long periods, with one detainee having been held for two and a half years. Some cases of prolonged detention had resulted from avoidable casework delays, especially in the processing of asylum claims. The quality of Rule 35 reports (requiring notification to the Home Office if a detainee’s health is likely to be injuriously affected by detention, including if they may have been the victim of torture) was variable; some were very clear, detailed and persuasive, while others were short and lacked diagnostic findings. Two of the 10 Rule 35 reports we looked at had led to release, but in other compelling cases detention had been maintained. For example, a torture survivor and a woman with serious health issues had both been kept in detention. Detainees reported generally good access to local immigration staff. Few monthly progress reports were outstanding and immigration induction interviews were good.

Respect

S11 *Accommodation was generally reasonable, but some refurbishment was needed and cleanliness was variable. Staff–detainee relationships were generally very good and there was a strong culture of decency and respect in the centre. The needs of diverse groups were well met and faith provision was good. Complaints were managed well. Health services were good. The quality of the food provided was good and the shop sold a wide range of items. **Outcomes for detainees were good against this healthy establishment test.***

- S12 Outside areas were pleasant and well maintained. The overall standard of accommodation was reasonable, but some bathrooms and rooms had mould and damp and were in need of refurbishment, and cleanliness was variable. Association rooms were well equipped, but some were inappropriately locked during the day. There were few single or double rooms for men, and none for women. Many detainees said that their dormitory rooms were not quiet enough to sleep at night. Red telephones in rooms and on corridors connected detainees directly to gate staff if they needed help during the night, although not all of these were working. Weekly consultation meetings promptly addressed the issues raised by detainees.

- S13 Most detainees said that staff treated them with respect, and we saw some good interactions between staff and detainees. All of our detainee group meetings identified the decency of staff as a major positive aspect of the centre. The personal officer scheme was reasonably effective.
- S14 Diversity outcomes were good and there was an ingrained sense of respect for diversity among staff. The strategic management of equality work was adequate, but underdeveloped in some areas. Consultation arrangements were good for the various nationality groups, but inadequate for other protected groups. Investigations into the very small number of discrimination incident reports submitted were thorough, and racist behaviour was challenged robustly. Detainees in our groups reported an absence of discrimination. In our survey, detainees with disabilities reported a similar experience to others. Although there was little specific provision for older or younger detainees, we were satisfied that their needs were reasonably well met. A confidential helpline for gay detainees was a good initiative. Faith provision was adequate for the needs of the population. Facilities for worship were good and well used.
- S15 Few detainees made a complaint. Replies were prompt and polite, addressing the issues raised. Quality assurance processes were good.
- S16 Detainees generally reported positively on health care provision, and the overall quality of health services was good. Governance arrangements were reasonable, but certain areas, including some policies and clinical supervision, had not been formalised. Detainees' access to primary care services was very good. Pharmacy services were good but the dispensary and medication administration areas were not fit for purpose. Dental services were good and mental health services were very good. All health services staff had completed a comprehensive package on torture recognition and management. Detainees on opiate substitution therapy were automatically put onto a dose reduction schedule, an approach that was too inflexible. However, the few detainees at the centre with substance misuse issues received reasonable support overall.
- S17 The quality of the food provided was good and met different dietary needs. The cultural kitchen was valued by detainees; they had excellent access to it and it was well used. Detainees could also do some basic cooking using the microwave ovens on the units, and could visit a night café. They had good access to a well-stocked shop, selling a wide range of goods, including fresh food and culturally appropriate items. Opening hours were appropriate and a seating area provided a relaxed environment.

Activities

S18 *Detainees had excellent freedom of movement around the centre and had access to a wide range of recreational activities, seven days a week. The information and learning centre was welcoming and well run. Education provision was generally good but some was at a very low level. Most detainees could work if they wanted to but there was a long waiting list. The library and fitness provision were very good. **Outcomes for detainees were good against this healthy establishment test.***

- S19 Detainees had excellent freedom of movement around the centre. There was good access to a wide range of activities, including at weekends and in the evenings. About half of detainees said that there was enough for them to do to fill their time. There was some appropriate women-specific and women-only provision. The information and learning centre (ILC) provided a sufficient range of interesting and stimulating recreational activities throughout the week. Staff in the ILC were motivated, responsive to need and engaged well with

detainees, creating a positive and welcoming atmosphere. Approximately a fifth of detainees were engaged in education, and all of them said that they found the classes helpful. There was good access to a wide range of education classes, but the level of information and communication technology (ICT) programmes was low. Learning resources were generally good and detainees had access to a suitable number of internet-ready computers. Teaching staff were appropriately qualified and responded to individual learning needs. The ILC offered a limited range of external Scottish Qualifications Authority certificates, in English for speakers of other languages and ICT, and internal certificates in food hygiene and hospitality. Detainees had been very successful in the previous few years in gaining Koestler awards in arts and crafts.

- S20 Most detainees were able to access paid work opportunities, which were promoted well at induction in the ILC. Although some interesting roles were available, such as barbering, most of the jobs were routine cleaning roles and few had relevance to skills that would be of use in destination countries. There was a long waiting list for allocation to a work role. There was no certification associated with work roles. Some detainees were inappropriately prevented from working as a result of alleged non-compliance with the Home Office.
- S21 The library provided a welcoming and accessible service. It was well used by detainees. Library staff were helpful and supportive. There was a good stock of DVDs and books, and a range of appropriate daily newspapers and periodicals.
- S22 There was a wide range of well-attended indoor and outdoor fitness activities, and detainees were appropriately assessed before they engaged in them. Fitness staff had recognised qualifications and suitable experience.

Preparation for removal and release

S23 *Welfare support had improved and was good. Visits arrangements were flexible and effective. Detainees had good access to various means of communication. All detainees, including those released or transferred, were given support and help before discharge. Information about destination countries was not systematically provided. Individual strategy meetings were convened for complex removals but were focused on effecting the removal rather than detainee welfare. **Outcomes for detainees were good against this healthy establishment test.***

- S24 Welfare officers were available seven days a week, as part of the 'continuity of care' unit. They dealt with a range of issues, including some complex problems, and the service was valued by detainees. Detainees' needs were proactively assessed on arrival and before departure from the centre. In our survey, more detainees than elsewhere said that they had received help from a member of staff within the first 24 hours at the centre. Welfare staff engaged well with other welfare officers across the immigration estate.
- S25 The visits room was welcoming and visiting hours were good. The searching of visitors was proportionate, and there were good transport arrangements for them to and from the centre. The Scottish Detainee Visitors group provided good support for detainees who did not have family and friends who could visit them.
- S26 Access to telephones was good. There was no restriction on the number of letters that detainees could send each week, free of charge, and there was timely distribution of incoming mail and faxes via the ILC. Detainees had good access to the internet and email, but could not print off attachments independently. Use of Skype and social media websites was not allowed, which was inappropriate for a detainee population.

S27 A welfare officer interviewed all detainees before they left the centre, to identify and address outstanding needs. Travel warrants and information on local support agencies were provided to those being released, and information about other centres was given to those being transferred. Some useful information was provided to help detainees reintegrate into destination countries, but this was not yet done consistently. Individual strategy meetings were convened for complex removals but were focused on effecting the removal rather than detainee welfare. Not all detainees were provided with the resources to enable them to reach their final destination safely.

Main concerns and recommendations

S28 Concern: There were inevitable risks associated with holding women in a predominantly male centre. There were no specific policies focusing on this issue.

Recommendation: The risks associated with holding women and men should be routinely assessed and discussed at security meetings, and a specific safer custody and safeguarding policy should be developed for women.

S29 Concern: The quality of Rule 35 reports was too variable, and in compelling cases detention had been maintained despite identification of torture and serious health issues.

Recommendation: Rule 35 reports should include diagnostic findings and be given due weight by Home Office decision makers. Detainees who have experienced torture or who have serious health issues should not be detained.

Section 1. Safety

Escort vehicles and transfers

Expected outcomes:

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

I.1 *Detainees were treated well by escort staff but could be held on escort vehicles for too long without adequate comfort breaks. There were too many exhausting overnight journeys. The escort contractor was unreliable and there had been a number of delays. Detainees were nearly always handcuffed to outside appointments regardless of individual risk.*

I.2 We saw escort staff engaging respectfully with detainees and, in our survey, 66% of detainees said that they had been treated well by them.

I.3 Many detainees had long and exhausting journeys to the centre and, in our survey, more respondents than at comparator centres said that they had spent more than four hours on escort vans en route to the centre (54% versus 23%). Too many detainees were transported overnight. The centre's own arrival time monitoring data for November 2015 showed that over half of detainees had arrived between 10pm and 6am. During the inspection, two detainees arrived at 5am and a further five at 7am, the latter having left Pennine House short-term holding facility in Manchester at 2.30am. Another detainee left Dungavel at 1.55am to travel to Colnbrook Immigration Removal Centre (IRC) in London. Some detainees told us, and person escort records confirmed, that detainees were not always allowed to stop for comfort breaks during long journeys.

I.4 Detainees and reception staff said that escort vans did not always arrive at the centre when expected, that escort arrangements were sometimes confused and that the details of some transfers changed at very short notice. As a result of such problems, we found that one detainee had had an important bail hearing postponed and another had missed a flight.

I.5 Detainees attending medical appointments nearly always had restraints applied, regardless of individual risk. Documentation did not provide assurance that restraints were removed during medical procedures, which was unacceptable (see section on security).

Recommendations

I.6 **Detainees should not be subjected to prolonged escort journeys without regular comfort breaks.**

I.7 **Detainees should not be escorted during the night unless this is required for urgent operational reasons.**

I.8 **Escorts should arrive as scheduled and centre staff and detainees alike should receive reasonable notice of transfer.**

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** *Early days support and induction were good. Staff engaged well with new arrivals but there were some delays in the reception process. Detainees' welfare was monitored well and they had good access to information.*
- I.10** The reception area was well maintained and provided a welcoming environment which was staffed adequately. There was good staff engagement with detainees in reception. The holding rooms were clean, with sufficient space for women to be held separately from men.
- I.11** All detainees received a private interview on arrival, including an assessment of the risk of self-harm or suicide, and a room sharing risk assessment was carried out before location on residential units. The risk assessment checklist did not include any particular references to vulnerable women or human trafficking, and staff had little awareness of these issues. Translated information was provided to new detainees and professional telephone interpreting services were used in reception regularly. Detainees had access to clean clothing, a shower and free telephone calls on arrival. Some detainees spent several hours in reception, often when arriving during the early hours of the morning (see recommendation I.7). A limited range of food was provided in reception to detainees arriving at the centre late at night.
- I.12** Most ex-prisoners arrived with their prison files but not those coming from prisons in Scotland and Northern Ireland, curtailing staff's ability to risk assess and support these detainees.
- I.13** Detainees with problems on arrival were helped by the welfare team based in reception. In our survey, more detainees than at comparator centres said that they had received help or support from a member of staff in dealing with their problems during the first 24 hours at the centre.
- I.14** Detainees were supported well on their first night at the centre. First night accommodation was prepared in advance and clean. Women were accommodated separately to men, in a locked unit in the main house. Night staff were aware of all of the new arrivals on their units, and checked on them during night patrols.
- I.15** The induction process was comprehensive and multidisciplinary, and included a tour of the centre, a talk in the multi-faith centre and a PowerPoint presentation, all delivered by a designated detainee known as a buddy, supported by a welfare officer. At the end of each induction session, detainees were encouraged to ask questions, and individual one-to-one sessions with a member of the welfare team were arranged if required. Induction was usually carried out on the day after arrival, depending on the number of new detainees. Each detainee was provided with basic information and a map of the centre, which included symbols and numbers to aid communication with non-English speakers.

Recommendations

- I.16 All staff should have a basic knowledge of human trafficking issues and the National Referral Mechanism.**
- I.17 Detainees arriving from prisons should always be accompanied by their prison files.**

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.18 *Levels of violence were low and detainees, including women, reported feeling safe at the centre. There had been no significant recorded instances of bullying in the previous six months. The minutes of the safer detention meeting did not properly evidence detailed discussion about the strategy and individual cases, and the meeting did not consider lessons to be learned from violent or other incidents. There was not a specific safer custody policy for women.*

- I.19** Levels of violence, bullying and antisocial behaviour were low and detainees in our survey and in our groups said that they felt safe at the centre. Only 12% of respondents to our survey said that they had been victimised by another detainee or group of detainees, against the 20% comparator. In the previous six months, there had been five assaults and three reports of bullying.
- I.20** The violence reduction policy required some updating to reflect the current circumstances in the centre and to reflect practice. The policy made no explicit reference to the particular circumstances and needs of women.
- I.21** The centre's monthly survey of women's safety was a useful way of understanding their experiences, and the results were generally positive, in line with our own interviews with the women. Women had good access to a full regime, but there were inevitable risks associated with holding women in a predominantly male population. A specific safer custody policy for women would have provided better assurance that risks were being managed (see main recommendation S28).
- I.22** The violence reduction policy was overseen by the monthly multidisciplinary safer detention meeting. No detainees attended the meeting. The minutes of this meeting did not evidence a detailed discussion about the strategy, individual cases or assaults, or consider lessons to be learnt from violent or other incidents (see recommendation I.34).
- I.23** Detainee support plans were available for those who required additional support, but were not used routinely for victims of bullying or assault.
- I.24** There was a useful 'Dealing with Situations' workshop to help detainees manage the emotional challenges and frustrations of detention, and this was often recommended to detainees who were suspected of bullying. The workshop was facilitated monthly by health services staff, according to need. Ten detainees had completed the workshop in the previous six months. Provision was made for non-English speakers to attend the course.

Recommendation

I.25 Detainee support plans should be used for all victims of bullying and violence.

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.26 *Levels of self-harm were low and the quality of care for detainees was generally good. Detainees subject to assessment, care in detention and teamwork (ACDT) procedures reported positively on staff support and this was reflected in observational entries in ACDT documentation. ACDT reviews were well managed and multidisciplinary, and immigration staff attended most of them. However, care maps were sometimes absent or poorly constructed.*

- I.27** There were low levels of self-harm at the centre. During the previous six months, seven detainees had self-harmed and 46 assessment, care in detention and teamwork (ACDT) case management documents had been opened for detainees at risk of suicide or self-harm.
- I.28** Most of the ACDT books we examined had been open for less than a week. About half of all detainees on ACDTs had been placed on constant observation. This was far more than we usually see, but observations were usually reduced within a day. Detainees requiring constant observation were usually located in single accommodation. They could move around the centre, take their meals with other detainees and use centre facilities if they wished, but the designated staff member always kept the detainee in sight.
- I.29** At night, male detainees who were on constant observation were accommodated on the separation unit. While a dedicated care unit would have been a more appropriate location, the environment of the separation unit, particularly the pleasant association room, was much better than we normally see elsewhere. It was possible for women to be located there too, but this had not happened in the previous year.
- I.30** ACDT documentation required improvement. Events which might trigger self-harm were not always documented. In some cases, there were no care maps, and in others care maps appeared generic and did not engage sufficiently with detainees' specific circumstances. Many contained just one action. Quality assurance checks had identified some of these issues but were not solving recurrent problems.
- I.31** ACDT case reviews were well managed and attended by the detainee, a nurse and a detainee custody officer, and were chaired by a detainee custody manager. Home Office Immigration Enforcement staff attended most reviews, which was important as anxiety about immigration status was the most common concern. The duty welfare officer visited all detainees receiving removal directions.
- I.32** Detainees subject to ACDT procedures reported positively on staff support. ACDT documents recorded regular and sensitive interaction with the detainee, rather than simply observation, and we were satisfied that this compensated for some of the deficiencies in care planning. There was also good documented evidence of staff briefing each other on cases when shifts changed. All detainees on ACDTs were referred for a mental health assessment.

- I.33** The management of self-harm and suicide prevention was overseen by the safer detention meeting. Safer detention monitoring data were provided to each meeting, including the number of ACDT documents that had been opened, although there was no documented discussion of the data. The minutes provided no indication of a discussion about individual cases or about the quality checks of ACDT documentation. We were told that a discussion about the progress of individual cases took place at the fortnightly ‘multidisciplinary meeting’ (a separate multidisciplinary safer custody meeting); again, although such discussion might have taken place, it was not documented. During the inspection, key staff told us that they were unaware of specific incidents of self-harm that occurred while they were on leave and we were concerned that the lack of detail in the meeting minutes contributed to poor institutional memory and learning.

Recommendations

- I.34** **The safer custody meeting should review all cases involving violence, bullying and self-harm, and discuss quality checks of safer custody documentation to learn lessons. Minutes should document its conclusions and any required actions.**
- I.35** **Assessment, care in detention and teamwork (ACDT) documents should be completed in full and care plans should all be tailored to the individual.**

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.36** *We were satisfied that staff would identify and provide good support to the most vulnerable adults at risk, although there were some significant gaps in knowledge.*

- I.37** The safeguarding policy specified the action to be taken if an adult needed extra care. In common with the centre’s other safeguarding policies (see also section on bullying and violence reduction), there was no specific provision on safeguarding issues concerning migrant women (see main recommendation S28).
- I.38** We were satisfied that staff would identify and provide good support to the most vulnerable adults at risk. However, there were some significant gaps in knowledge (see section on early days in detention and recommendation I.16). Contacts with external agencies were better developed for children than for adults at risk.

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.39 *There was a comprehensive safeguarding and child protection policy and training package. There were few age dispute cases, but some were assessed by a chief immigration officer instead of social services. Detainees whose age was disputed were appropriately located in the centre and access to the regime was regulated by risk.*

I.40 There was a comprehensive safeguarding and child protection policy, agreed with the local authority, setting out detailed information on both the nature and signs of abuse and how to report them. An in-house safeguarding children training package was delivered by a designated child protection officer and all staff were in date.

I.41 The management of age dispute cases was incorporated into the safeguarding policy. It required a detainee individual support plan (DISP) to be opened; we were able to inspect only one DISP, which was not sufficiently detailed, although it had been active for only a few hours. Detainees disputing their age were appropriately accommodated on their own in a room normally designated for detainees with disabilities, and access to the regime was determined according to risk.

I.42 There had only been two age dispute cases in the previous year. In the first, in April 2014, an immigration caseworker had made the centre aware of information indicating that the detainee was a minor. Social services had been contacted and collected the detainee from the centre on the same day. In the most recent case, in November 2014, a detainee had claimed to be 17 but had been assessed as being significantly over the age of 18 by a chief immigration officer before arriving at the centre. No Merton-compliant age assessment had been conducted by social services.

Recommendation

I.43 All detainees disputing their age should undergo a Merton-compliant age assessment with social services.

Security

Expected outcomes:

Detainees feel secure in an unoppressive environment.

I.44 *Despite holding a higher-risk population than at the previous full inspection, security arrangements were proportionately managed. Detainees had good free movement around the centre but were subject to excessive rubdown and room searches. Too many detainees were unnecessarily handcuffed for external appointments.*

- I.45** The overall number of ex-prisoners held was the same as at the time of the previous full inspection but the number of those who had committed violent and other serious offences had increased. Despite these increased risks, overall security was managed proportionately.
- I.46** Detainees had good free movement around the centre and there were no unnecessary restrictions. The previous practice of restricting detainees' movements for a lunchtime roll call had been dropped. The Home Office stipulated that all rooms had to be searched once a month and the occupants given a rubdown search, this was excessive and unnecessary; and very few banned items were found. Dynamic security was effective and underpinned by positive staff–detainee relationships (see section on staff–detainee relationships). Physical security was proportionate.
- I.47** Too many detainees were unnecessarily handcuffed during external appointments. In theory, each detainee's risk of absconding was assessed; however, in practice, assessments were not meaningful and almost all detainees were handcuffed. We examined 50 risk assessments, all but one of which had led to handcuffing.
- I.48** There was a good flow of security information reports into the security department, with about 72 reports a month submitted in 2014. Actions were allocated where necessary.
- I.49** Attendance at the monthly security meetings was not sufficiently multidisciplinary. In the previous six months, a representative from the Home Office had attended only once. Women's security was not given enough attention at the meetings (see main recommendation S28). Links with the local police were good.
- I.50** Security arrangements for visitors were proportionate. Visitors were subject to a rubdown search on arrival and could sit beside detainees. The closed visits room was rarely used, with only two cases in the previous year. No visitors were banned during the inspection.
- I.51** The security department was sighted on substance misuse issues, and information on new psychoactive substances had been widely circulated. In August 2014, two detainees had required hospital treatment for symptoms related to suspected use of these substances. There had been a small number of finds of medication, herbal matter and illicit alcohol. Security and the health department worked together closely to ensure that detainees with substance misuse issues were identified and supported.

Recommendations

- I.52** **Detainees should not be subject to routine rubdown and room searches.**
- I.53** **Detainees on external appointments should only be handcuffed when an individual risk assessment clearly justifies it.**

Housekeeping point

- I.54** Staff from a broad range of departments across the centre, including the Home Office, should attend the security meetings.

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.55 *The rewards scheme had little impact on detainees' lives. Although rarely used, some sanctions were disproportionate.*

I.56 In theory, the centre operated a three-tier rewards scheme. In practice, the scheme had little bearing on detainees' lives and many were unaware of its existence. During the inspection, the four detainees who acted as buddies (see section on early days in detention) were on the elevated level and were given access to the internet for an extra hour a day. All other detainees were on the standard level. Although the basic level was rarely used, some of its sanctions were disproportionate – for example, denying access to paid work and single room occupancy. A scheme to encourage detainees to clean their rooms ran weekly and involved a prize of £2.50.

Recommendation

I.57 **Detainees should not lose access to paid work or single room occupancy when demoted to the basic level of the rewards scheme.**

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.58 *Staff seldom used force. Many incidents were de-escalated successfully without force. Male escorts had inappropriately restrained a partially dressed woman. The number of detainees being separated was low but they spent more time in separation than those at other centres. Paperwork did not always clearly justify the reasons for separation. The separation unit was in good condition.*

I.59 Force was rarely used, with only 12 incidents in the previous six months. Nearly all incidents involved detainees who were resisting removal. Paperwork assured us that force was used only when necessary and for the minimum amount of time.

I.60 We reviewed video footage of eight incidents, six of which had been de-escalated and resolved without force. One incident had been poorly handled. Female officers from the centre had restrained a detainee who had begun to remove her clothes in protest at her removal. Before she was fully dressed again, the detainee had been transferred inappropriately to the custody of an escorting team, comprising men and women. The men had restrained her while the women pulled her trousers up. The escorts had then carried her outside without anyone controlling her head. Lessons from this incident had not been learned and disseminated to staff.

- I.61** In the previous six months, the Rule 42 accommodation (used to hold violent or refractory detainees) had been used three times and the Rule 40 accommodation (used in the interests of security or safety) had been used 53 times. Although these numbers were lower than we find at other centres, detainees were held in this accommodation for longer. In part, this was because of delays by the escort contractor (see section on escorts and transfers). Paperwork did not always clearly justify the reasons for separation. Home Office and health services staff regularly attended the unit but did not always record their visits on the relevant paperwork.
- I.62** Conditions in the separation unit (known locally as the secure unit) were good, with an association room that was regularly used. The room was carpeted and contained a large sofa and a television. Separated detainees were offered access to the gym. Cells on the unit were clean, ready for use and had properly screened toilet and showers.

Recommendation

- I.63 Incidents involving force should be systematically reviewed. Lessons should be learned and disseminated to centre staff and escorts.**

Housekeeping point

- I.64** Health care and Home Office staff should clearly record their visits to the separation unit in detainees' paperwork.

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.65** *More detainees than at other centres had an immigration lawyer to assist them. Detainees could easily keep in touch with their lawyers, and could access legal textbooks, forms and websites.*

- I.66** Access to legal representation was excellent. In our survey, 95% of detainees who said that they needed a lawyer had one. Unlike in England and Wales, legal aid was not subject to a merits test and was available to those challenging their removal on family life grounds. For detainees without a lawyer, library staff held a list of 17 lawyers they could contact. Detainees told us that this system worked well, and that they were usually seen by a lawyer within a couple of days of making the request. For those with a lawyer, more detainees responding to our survey than at other IRCs said that it was easy to contact them (85% versus 75%) and, despite the distance of the centre from Glasgow, where most lawyers were based, more said that they had received a visit from them (62% versus 43%).
- I.67** Consultations with lawyers took place in the visits hall, where there were three consultation rooms. Up until recently, lawyers had been able to drop into the centre to see their clients without an appointment but this had changed. Lawyers we spoke to said that the new appointment system was too inflexible to meet the needs of detainees facing imminent removal. Lawyers could bring laptops, tablets and mobile phones into the centre but could not charge them there. In other respects, lawyers said that staff were helpful.

- I.68** The library contained a good stock of legal textbooks and legal forms. Detainees could read country of origin reports online and some were printed off in hard copy. They could also access useful legal websites and those of support groups.
- I.69** Detainees had to rely on staff to print out attachments to emails they received (see section on communications), which impinged on their confidential communication with their lawyers.
- I.70** Lawyers told us that they would continue to act for detainees who had received removal directions and were transferred to an IRC in England, but would stop representing them in non-urgent cases, so the detainee would have to seek representation from the legal advice surgery at the centre they were transferred to.
- I.71** Bail hearings were usually heard by video link. Between August and December 2015, there had been an average of 42 hearings a month, of which 14% had been granted.

Housekeeping points

- I.72** The centre should consult lawyers about improving the legal visits booking system.
- I.73** Lawyers should be able to charge their laptops and tablets in 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.74 *Some detainees were held for prolonged periods. Home Office delays in processing asylum claims unnecessarily extended some detainees' stay in detention. Some detainees were held for too long in police custody. The quality of Rule 35 reports varied. The on-site immigration team was effective.*

- I.75** Some detainees were held for unreasonably long periods. For example, at the time of the inspection an Iranian detainee had been held for over two and a half years. The Home Office could not remove him because he was refusing to cooperate with re-documentation. At the most recent detention review, a manager had authorised detention for a further week. By the time of the inspection, the week had elapsed but another review had not taken place. The Home Office had not threatened prosecution in order to resolve this case. Home Office delays in processing asylum claims prolonged some periods of detention. For example, a Somali national had been detained in June 2014 and claimed asylum in the middle of August. The Home Office had not made a decision on the case by the time of the inspection, a delay of seven months.
- I.76** Some detainees spent too long in police custody under immigration powers. In one case, a young Iraqi had been held in a police cell for four days in conditions unsuitable for lengthy detention.
- I.77** Slow responsiveness by the Home Office had also led to a traumatised women being held for too long. On 21 January 2015, two days after she had arrived at the centre, Glasgow social services advised the Home Office that the detainee was being counselled after an alleged rape and that detention could cause further trauma. The following day, the centre's health

care team advised that the detainee was 'very traumatised' and that 'she should be released'. A Rule 35 report (requiring notification to the Home Office if a detainee's health is likely to be injuriously affected by detention, including if they may have been the victim of torture) was completed the following day, stating that she was 'unsuitable for detention'. On 26 January 2015, a decision was made to release the detainee but she had already left the centre, earlier that day, for Yarl's Wood IRC. It took four days to transfer her back to Dungavel House, where she was released into the care of social services. In all, the detainee had been held for nine days after the Home Office had been first alerted to her history of trauma.

- I.78** The quality of Rule 35 reports was variable. Some were clear, persuasive and commented on consistency with the alleged method of torture. Others were short, lacked diagnostic findings and failed to comment on consistency. We reviewed 10 reports, two of which had led to release. In two other cases, the reports were compelling but detention had been maintained. For example, one reply conceded: '...you may have been a victim of torture. However, it has been decided that you will remain in detention'. The reply did not explain the exceptional circumstances to justify his detention. The same detainee had previously been released from another IRC following the submission of a Rule 35 report. In another case, a seriously ill woman had been detained, despite being at 'high risk of metastatic disease' (see main recommendation S29).
- I.79** The on-site immigration team worked hard to facilitate communication between case owners and detainees. Only two monthly progress reports were overdue at the time of the inspection. Immigration induction interviews were good, and officers were polite, clear and diligent. Telephone interpreters were used as required. In our survey, more detainees than at other IRCs said that it was easy to see the centre's immigration staff when they wanted (37% versus 26%). Chairs in interview rooms were chained to the floor.

Recommendations

- I.80** **Detainees should not be held for unreasonable periods. Home Office caseworkers should act with diligence and expediency to conclude cases, and asylum claims should be decided as soon as practicable.**
- I.81** **Detainees should be held in police cell accommodation for the shortest possible time.**

Housekeeping point

- I.82** Chairs in 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 *Outside areas were pleasant and well maintained. The overall standard of accommodation was reasonable, but some areas were in need of refurbishment and cleanliness was variable. Association rooms were well equipped, but some were inappropriately locked during the day. There were few single or double rooms for men, and none for women, and many detainees said that their dormitory rooms were not quiet enough to sleep at night. Detainees were quickly and easily able to contact staff during the night. Weekly detainee consultation meetings promptly addressed issues raised by detainees.*

2.2 Outside areas were pleasant and well maintained. There were three residential units for men (Main House, Loudoun House and Hamilton House) and a unit for up to 14 women. The men's units comprised a mixture of single, double and triple rooms, and dormitories housing between five and 12 men, which meant that rooms could be noisy at night. In our survey, only 53% of detainees said that it was quiet enough to sleep at night time, which was worse than the 67% comparator. Some rooms had en suite shower facilities, while others had allocated showers on the units; all were in working order, although some were not sufficiently hot.

2.3 The overall standard of accommodation was reasonable but some bathrooms (particularly in Loudoun House) and rooms (particularly in Main House) had signs of mould and damp, and were in need of refurbishment. Cleanliness was variable. Association rooms were well equipped (for example, with pool tables), but were not kept sufficiently clean. Some were locked during the day to prevent detainees smoking in them; this meant that the facilities were inaccessible to all. Units had their own laundry facilities, and in our survey almost all detainees said that they could clean their clothes easily. Clean bedding was provided weekly. There were red telephones, to connect detainees directly to gate staff if they needed help during the night, in all rooms in Loudoun House and Main House, and in the corridors in Hamilton House, although not all were in working order. Detainees did not have privacy keys to their rooms, but all had lockable storage cupboards.

2.4 Clothing was provided if detainees required it, but the stock of clothing for women was insufficient. Basic toiletries, and sanitary products for women, were freely available.

2.5 The women's unit comprised two dormitories, one for eight and the other for six women. There were no single or double rooms, which some women said they would value, particularly on arrival. The dormitories were attractively furnished and well equipped, and all detainees had a lockable wardrobe. There was also a small but welcoming association room and a small hair salon. Only female officers worked on the unit.

2.6 There were weekly consultation meetings, which all detainees were invited to attend. These meetings were often focused on maintenance issues on residential units, and the minutes demonstrated that issues raised by detainees were followed up promptly.

Recommendations

- 2.7 All accommodation and showers should be clean, free of mould and adequately furnished and fit for purpose.**
- 2.8 More single and double rooms should be made available, particularly for women.**

Housekeeping points

- 2.9 Showers should be sufficiently hot.**
- 2.10 Association rooms should be accessible to detainees during the day.**
- 2.11 Red telephones, used by detainees to contact staff, should all be kept in good working order.**
- 2.12 Sufficient stocks of women's clothing should be available.**

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.

2.13 *Most detainees said that staff treated them with respect and all of our detainee group meetings identified the decency of staff as a major positive aspect of the centre. There was a personal officer scheme and we saw some good interactions between staff and detainees.*

2.14 In our survey, 75% of respondents said that staff treated them with respect. Although this was worse than at the time of the previous full inspection (87%), all of our detainee group meetings identified the decency of staff as a major positive aspect of the centre. We saw some good interactions between staff and detainees; most staff knew detainees well, addressed them politely and demonstrated a caring attitude toward them.

2.15 There was a personal officer scheme, and we saw a number of detailed and helpful entries by personal officers in detainee case notes. In our survey, 71% of detainees, more than at other centres, said that they had a member of staff they could turn to if they had a problem.

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 characteristic³ 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.

2.16 *Diversity outcomes were good and staff appeared to have a strong culture of respect for diversity. The strategic management of equality work was adequate, but underdeveloped in some areas. Consultation arrangements were good for the various nationality groups but inadequate for other protected groups. There was evidence that racist behaviour was challenged robustly, and detainees in our groups reported an absence of discrimination. Provision of a confidential helpline for gay detainees was a good initiative.*

Strategic management

- 2.17** Diversity outcomes were good, and among most staff there appeared to be an ingrained sense of respect for diversity. The management of equality provision was adequate but could have been improved through better strategic focus and action planning. The equality policy covered all protected groups but did not adequately cover the needs of women and young adults.
- 2.18** Attendance at the monthly equality meeting was adequate. There was no external equality partner, although the centre had sought to appoint one. While detainees did not attend the meeting, the cultural manager met with prisoner representatives beforehand to discuss equality monitoring data. Beyond this, the role of the Friends of Dungavel in equality provision was limited.
- 2.19** There was no equality action plan and the equality meeting contained few actions. Only one equality impact assessment had been carried out in the previous six months. Monitoring data did not include trends and population analyses, which would help to identify possible areas of need. There was no monitoring of the use of Rule 40, which was a significant omission, or of the experience of non-English speakers.
- 2.20** There had been regular ad hoc meetings with different nationality groups, usually linked to forthcoming religious celebrations, which was a good approach. However, there had been insufficient consultation with other protected groups, such as older and younger detainees.

Recommendation

- 2.21** **Equality policies, planning, monitoring and consultation should cover all protected groups.**

³ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Protected characteristics

- 2.22** Detainees in our groups did not report experiences of discrimination. The number of discrimination incident reports submitted was very low, with only three in 2014. These were well investigated and evidenced a robust response to racist behaviour.
- 2.23** Although 14% of detainees in our survey said that they had a disability, suggesting a population of 30, the centre was aware of only one. This was difficult to explain because the process to identify those with disabilities on arrival was good. There was some evidence of detainees not reporting minor disabilities. Nonetheless, in our survey, detainees with disabilities reported a similar experience to others, suggesting an absence of discrimination. Arrangements for the evacuation of the detainee with a disability in the event of an emergency appeared adequate.
- 2.24** In our survey, 79% of prisoners who did not speak English said that most staff treated them with respect, which was similar to the percentage of non-English speakers. Although data suggested adequate use of professional telephone interpreting, our survey suggested possible gaps in provision. Non-English speakers reported less favourably on access to information about the centre before and on arrival there. Only 4% said that they had made a complaint, compared with 31% of English speakers, and only 19% said that it was easy or very easy to see immigration staff at the centre, compared with 41% of English speakers.
- 2.25** Women, in our groups and individually, reported positively on their treatment and conditions. However, although we were satisfied that their needs were largely met, policy was underdeveloped and not enough was done to assure good outcomes for this group (see sections on bullying and violence reduction and security).
- 2.26** Older detainees we spoke to generally reported respectful treatment at the centre, although some said that staff were not always sufficiently sensitive to their needs. According to the equality policy, older detainees should have had a needs assessment on arrival, but those we spoke to said that this had not happened.
- 2.27** There were 14 young adults at the centre. Although there had been no attention to their specific needs, those we spoke to said that they were treated with respect and had no specific unmet needs.
- 2.28** The centre advertised a 24-hour confidential helpline for lesbian, gay, bisexual, and transgender detainees, although relatively few detainees had used the service.

Recommendation

- 2.29** **The centre should keep under review provision for detainees who do not speak English, to ensure that there are no gaps in provision.**

Good practice

- 2.30** *The centre advertised a 24-hour confidential helpline for lesbian, gay, bisexual, and transgender detainees.*

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.

2.31 *Faith provision was adequate for the needs of the population, and detainees were positive about it. Facilities for worship were good and well used.*

2.32 Although there was no managing chaplain or paid chaplains, a range of volunteer chaplains met the diverse needs of the detainee population. Faith provision was managed by the cultural affairs manager, who chaired the quarterly multi-faith meetings, which were also attended by the volunteer chaplains.

2.33 The cultural affairs manager was visible, accessible and well regarded by detainees. He was quick to identify and resolve any potential conflict and we found no evidence of religious tensions. In the event of an out-of-hours emergency (for example, when a detainee had suffered a bereavement), the manager was available on call and either came to the centre himself or arranged for detainees to be seen by a visiting minister.

2.34 Detainees had good, unimpeded access to a pleasant multi-faith room. It was well used throughout the inspection, when not required for formal services. In addition, there were adequate facilities for prayer in the three house blocks.

2.35 We were satisfied that provision met the needs of the population, and in our survey 79% of detainees, similar to the comparator, said that their religious beliefs were respected. However, only 32% said that they were able to speak to a religious leader of their faith if they wanted to, which was worse than at the time of the previous full inspection, when 57% had answered this question positively. The reason for this fall was unclear, as there had been no change in the way that the provision was organised.

2.36 There was good consultation with detainees on the arrangements for religious festivals. The catering department often provided special food for specific events, which detainees of other faiths could share.

Complaints

Expected outcomes:

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

2.37 *There were few complaints and an effective complaints procedure. Complaint forms were easy to access and use, and timely responses were provided. All complaint responses were quality assured.*

2.38 Only six complaints had been submitted in the previous six months. We saw detainees raising issues directly with staff to resolve them informally. The published complaints procedure and complaint forms were readily available on all residential units, in a wide range of languages. Complaints were collected daily by the on-site immigration team, who sent

them directly to the off-site professional standards unit (PSU) at the Home Office. The PSU assessed each complaint, allocated the investigation to the relevant staff, at an appropriate level, and provided a quality assurance check of each response sent out.

- 2.39** Responses to complaints were prompt, respectful, fair and addressed the issues raised. There was an effective monitoring system to analyse the topics of complaints.

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.

- 2.40** *The overall quality of health services was good and detainees were mostly positive about the services provided. Governance arrangements were reasonable but some areas needed to be formalised. Detainee access to services was very good. Pharmacy services were good but the medication administration area was inadequate. Dental services were good and mental health services were excellent.*

Governance arrangements

- 2.41** Med-Co Secure Healthcare Services Ltd (Med-Co) had provided health services since May 2014. The centre, provider and local health board worked together effectively. Well-attended integrated partnership board meetings covered all essential health care areas. A current health needs assessment and learning from complaints, detainee feedback and audits informed service delivery. Adverse incidents and near misses were managed well but were not always reported through the Med-Co incident reporting system, which meant that they were not systematically analysed for lessons learned.
- 2.42** The experienced nurse manager provided robust clinical leadership. The small nursing team had a rich skill mix. There was only one nurse on-site during the night, but there were no reported delays in provision as a result. Chronic staffing shortages were covered by the core team and had not impacted on service delivery. Four regular doctors provided the daily GP clinics.
- 2.43** Health services staff were easily identifiable and the health interactions we observed were of good quality. Paper clinical records were used owing to computer limitations on the site.
- 2.44** The records and care plans we looked at were generally good and they were stored securely, but some entries were illegible and not all interventions were recorded. There were robust arrangements to identify and manage communicable diseases. Health services and centre staff worked together effectively when detainees needed to be isolated to prevent the spread of infection; however, the rooms used were carpeted, which prevented them from being adequately deep-cleaned.
- 2.45** The health centre environment was generally good, except for the pharmacy (see section on pharmacy), but some fixtures and fittings and the level of cleaning did not meet infection control standards.

- 2.46** Staff had good access to mandatory training and appraisals, but chronic staffing shortages had severely restricted access to professional development and formal clinical supervision. A training needs analysis was being completed at the time of the inspection. Health services staff used a wide range of current policies, including safeguarding, but some had not been adapted adequately to the immigration removal centre environment. All health services staff had completed a comprehensive online training package on torture recognition, assessment and recording, which staff said had improved their knowledge and practice.
- 2.47** New arrivals received clear written information on health services, in a wide range of languages, and access to the health centre was good. In our survey, more detainees than at comparator centres said that the quality of health services was good (57% versus 47%). The use of professional interpreting services was good in all health clinics except the dental suite (see section on dentistry).
- 2.48** Appropriate emergency equipment was located in the health centre, but we found some expired items in the emergency bag, despite regular recorded checking. Most discipline staff were first-aid trained. Ambulances were called promptly in emergencies.
- 2.49** Detainees could complain about health services using the generic centre complaints system, which was not sufficiently confidential. Most of the complaints received since May 2014 had been about clinical care.
- 2.50** There were good health promotion displays and literature across the centre. Literature in other formats and languages was sourced as required. Detainees had good access to required health screening, treatment for blood-borne viruses, and mobility aids. Nicotine replacement therapy was available and formal smoking cessation services were in development.

Recommendations

- 2.51 All clinical environments should comply with infection control standards.**
- 2.52 Health services staff should have access to a full range of pertinent policies and procedures that accurately reflect the environment.**
- 2.53 All near misses and adverse incidents should be reported through the provider's adverse incident reporting system, and learning from them should be shared with staff and inform service delivery.**
- 2.54 All health services staff should have access to relevant professional development, including life-long conditions, and receive regular documented clinical supervision.**

Housekeeping points

- 2.55** All clinical records should be legible and comply with professional standards.
- 2.56** All emergency equipment should be in date and receive regular documented checks.
- 2.57** Detainees should be able to complain about all health services through a discrete confidential system.

Good practice

- 2.58** *The internet-based torture recognition and documentation training package had improved health services staff awareness and practice.*

Delivery of care (physical health)

- 2.59** Detainees received a comprehensive health screen within two hours of arrival at the centre. Consultations were private and interpreting services were used as needed. Appropriate community liaison and follow-up referrals were completed.
- 2.60** A full range of primary care services was provided. Detainees requested health services in person or by application, and health services staff carried out a daily review of detainees who were separated. Waiting times for all services were short, except for the optician, who had an average waiting time of eight weeks. All detainees who did not attend were promptly reappointed. Emergency GP and nurse appointments were available daily; however, between 5pm and 8am daily there was only access to telephone advice from a GP.
- 2.61** Detainees with life-long conditions and disabilities were identified effectively and relevant clinics were provided, but not all nurses had received adequate formal training for the role (see recommendation 2.54). The community palliative care policy would be used for detainees with palliative and end-of-life needs if indicated, but this had never been required. Access to external secondary services was good and escorts were rarely cancelled.
- 2.62** Detainees who were being released or transferred were given a clinical discharge summary to take with them, along with all necessary take-away medication. Follow-up appointments post-release were made if required.

Recommendation

- 2.63** **Detainees should be able to access to a face-to-face assessment by a GP at all times if clinically indicated.**

Housekeeping point

- 2.64** Detainees should be able to see an optician within four weeks for routine appointments.

Pharmacy

- 2.65** A local pharmacy delivered medicines twice weekly. Additional urgent deliveries were available and stocks of common medicines were kept on-site to ensure continuity of supply. Some of the stock supply and labelling arrangements did not meet legislative and licensing requirements. A full range of protocols and procedures were in use but we found some out-of-date reference books. A basic list of approved medications was available, but this was not an adequate formulary. Storage of medicines was generally organised and secure, with good stock reconciliation, date checking and refrigerator temperature monitoring. The pharmacist visited for two hours monthly to check prescriptions and stock but this did not allow enough time to scrutinise medicines management sufficiently. Detainees had no direct access to the pharmacist for advice or clinics. A medicines and therapeutics committee meeting was held twice a year and discussed appropriate issues.

- 2.66** An appropriate in-possession risk assessment and policy were used; however, the pharmacist did not have routine access to these assessments and had not been involved in a review of the policy or risk assessment. The prescribing and administration records we looked at were complete and non-attendance was followed up appropriately, but some prescriptions were illegible.
- 2.67** Nurses could administer a suitable range of prescription and over-the-counter medication without a doctor's prescription, which gave detainees prompt access to appropriate treatment.
- 2.68** Medicines were stored in a cramped pharmacy room in the health centre and administered four times a day, at clinically appropriate times. Administration took place from a stable door at the end of the short main health care corridor. This was unsuitable as it provided no confidentiality or privacy for detainees, staff had nowhere to place medicines or charts, and administration was interrupted when staff and detainees needed to enter the department.

Recommendations

- 2.69** **All stock medication supplied by the external pharmacy should meet current legislative and licensing requirements.**
- 2.70** **Prescribers should use a prescribing formulary which meets National Institute for Health and Care Excellence standards to inform safe, consistent prescribing.**
- 2.71** **A pharmacist should visit the centre sufficiently regularly, and for an appropriate amount of time, to scrutinise the prescribing, use and storage of medicines, and offer detainees access to pharmacist medicine use review and advice clinics.**
- 2.72** **Medication administration should occur from a suitable facility in a private area.**

Housekeeping points

- 2.73** Health services staff should have easy access to an appropriate range of in-date pharmacy reference materials.
- 2.74** All pharmacy policies, procedures and formularies should be ratified by the medicines and therapeutics committee.
- 2.75** All prescriptions should be legible.

Dentistry

- 2.76** Two dental clinics weekly provided a full range of NHS dental services, and waiting times for routine appointments were short, at only three weeks. Appointments were appropriately allocated on clinical need, and emergency provision was satisfactory. The clinical records and consultations we observed were good, but were hampered by inadequate professional telephone interpreting facilities, as there was no telephone in the surgery. Oral health promotion was provided but there was little literature available in languages other than English.
- 2.77** The dental surgery was a good facility. X-rays were taken on-site but were developed off-site, which delayed some treatment by a week. Instruments were cleaned and sterilised on-

site, but there was no magnifying lamp to aid manual cleaning. All equipment was appropriately maintained and dental waste received professional disposal.

Recommendation

2.78 X-rays should be developed on-site.

Housekeeping point

2.79 Detainees should have access to adequate professional telephone interpreting services and translated information during dental consultations.

Delivery of care (mental health)

2.80 Most detention staff had received mental health awareness training in the previous three years. Records we examined demonstrated that detention staff liaised promptly with health services staff when they identified detainees with mental health problems or emotional distress.

2.81 Two mental health nurses, a part-time counsellor and a visiting psychiatrist provided mental health support. They were described as the multi-agency support team (MAST), to remove the stigma associated with mental health services. Detainees referred through the open referral system were assessed within 72 hours, and those with urgent needs, including those on assessment, care in detention and teamwork (ACDT) procedures, were assessed within 24 hours. They could access counselling, art therapy and groups, including relaxation, horticulture therapy and anxiety management. The team was supporting 21 detainees during the inspection. Self-help guides were available in several languages. The clinical records we examined showed that detainees received prompt, appropriate and individualised support.

2.82 Two detainees had been transferred to hospital under the Mental Health Act since May 2014, and both transfers had been prompt.

Good practice

2.83 *The wide range and timeliness of mental health provision ensured that detainees had prompt access to appropriate support.*

Substance misuse

Expected outcomes:

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

2.84 *Demand for clinical services was low and detainees with substance misuse issues generally received reasonable support; however, opiate substitution prescribing was too inflexible.*

2.85 All new custody staff received substance misuse awareness training from health services staff during their induction training. One nurse and one doctor had completed specialist training

in substance misuse. The clinical substance misuse policy was specific to treatment within a prison environment and did not reflect the service required or provided at the centre.

- 2.86** Ten detainees had required assessment for substance misuse issues in the six months to January 2015. A few had required treatment for alcohol dependence; clinical records indicated that monitoring and support were good during the day, but there were no recorded night-time checks during the first five days after arrival, when the risk of complications related to alcohol withdrawal would have been high.
- 2.87** Four detainees had arrived on opiate substitution treatment in the six months to January 2015. Those who had stayed at the centre for longer periods had been maintained on the dose they arrived on for a week; this dose had then been reduced, without a comprehensive specialist assessment or an evaluation of whether the treatment could be continued after removal or release. Clinical records indicated that reasonable support was offered during reduction but it was not consistently provided by the staff with specialist training. We were told that harm reduction advice was always offered but this was not always recorded in the records we examined. One detainee was receiving opiate substitution treatment during the inspection and reported positively on the support received.

Recommendation

- 2.88** **Detainees on opiate substitution treatment should receive prescribing informed by a local policy, based on current best practice, a comprehensive specialist assessment, and regular documented reviews and documented harm reduction advice.**

Housekeeping point

- 2.89** Detainees experiencing alcohol withdrawal should receive regular documented checks during the day and night, for a minimum of the first five days.

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.

- 2.90** *Detainees had a daily choice of meals which met the needs of a range of diets. There was excellent access to a cultural kitchen. Regular and meaningful consultation meetings took place with detainees. A well-stocked shop sold a wide range of goods, including fresh food and culturally appropriate items, and was open daily.*

- 2.91** Meals were served at appropriate times, in a large, bright and clean dining hall. The menu met the needs of a range of cultural and ethnically diverse diets. In our survey, more detainees than at other centres said that the food was good or very good. Although menus were not routinely translated, they included pictures of the dishes as well as symbols indicating their suitability for different cultures, religious requirements and diets. There were 13 detainees working in the kitchen at the time of the inspection and each had received

training in food safety, food hygiene and assured safe catering. Regular and meaningful consultation meetings took place with detainees.

- 2.92** A well-stocked cultural kitchen was available to all detainees who could prepare and cook meals independently for themselves and friends. It ran three sessions a day from Monday to Friday and was very popular, providing a valuable normalising activity in the centre.
- 2.93** Detainees could also eat communally on the residential units, where they had access to basic cooking materials, including microwave ovens and toasters. Bread and jam, along with tea- and coffee-making facilities, were available free of charge. Communal refrigerators were available but some were grimy and unhygienic. A baguette bar was open every day from 11am to 1.45am in Loudoun House; baguettes were made up daily on-site in the kitchen by detainees. They could also visit the night café in the dining hall between 9pm and 9.30pm, where hot drinks and snacks were available.
- 2.94** The shop was well managed and provided a wide range of goods, including culturally appropriate toiletries and food. Detainees could also obtain free toiletry items from the shop if required and could order additional items from an Argos catalogue. Opening hours were between 10am and 6.30pm every day, including weekends. The shop included a seating area where there were six computers and two sofas, which provided a relaxed environment where detainees could relax or socialise.

Housekeeping point

- 2.95** The refrigerators in the communal areas should be kept clean.

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 *Detainees had very good freedom of movement and had access to a wide range of recreational activities every day. The information and learning centre was welcoming and well run. Education provision was generally good but some was at a very low level. Most detainees could work if they wanted to, but there was a long waiting list. The library and fitness provision were very good.*

3.2 In our survey, 52% of detainees said that there was enough for them to do to fill their time, which was in line with the comparator but lower than at the time of the previous inspection (68%). Other results from our survey on activities were very positive, with large numbers of detainees saying that it was easy to get to the gym and the library.

3.3 The information and learning centre (ILC) provided a sufficient range of interesting and stimulating recreational activities throughout the week. Activities were available each day, in the morning, afternoon and evening, at times suitable for detainees. They could move around the centre freely and associate with friends as they wished; the roll call took place at mealtimes, which adding to this flexibility.

3.4 The residential units were well equipped for recreational activities, with television and DVD resources readily available in communal areas and in bedrooms. The women's unit (see section on residential units) housed a beauty salon and an internet-enabled computer, and a barber service was available daily for men.

Learning and skills

3.5 Detainees had good access to a range of appropriately varied education classes in the ILC. There were three separate sessions each day over seven days, and staff were flexible in ensuring that detainees could access classes at a level and time which suited their needs. However, in our survey only 19% of detainees said that they were engaged in education classes, a drop of 12% from the time of the previous inspection. Of those who took part in education classes, 100% said that they found them helpful.

3.6 The ILC offered a limited range of external Scottish Qualifications Authority certificates, in English for speakers of other languages, and information and communication technology (ICT). It also delivered internal certificates in food hygiene and hospitality. At induction, every detainee had to undertake the food hygiene certificate in order to participate fully in the cultural kitchen. However, the level of ICT programmes was low and did not cater for the needs of detainees with current high-level skills in this area. The range of externally accredited provision was also narrow overall.

3.7 Learning resources were generally good, with appropriate handouts, high-quality arts and crafts materials and a suitable number of internet-ready computers. Courses were planned well and structured so that detainees could progress through units at a pace which suited them and their level of understanding.

- 3.8 Teaching staff were appropriately qualified, supportive to the needs of individual learners, highly motivated and engaged well with detainees. Relationships in the ILC were highly supportive; this created a positive atmosphere, to which detainees responded well.
- 3.9 Detainees made good progress in their programmes. Over the previous few years, some had been very successful in gaining Koestler awards in arts and crafts.
- 3.10 There were no formal self-assessment reporting procedures in the ILC, but weekly staff meetings allowed staff to respond well to the needs of the detainees and their requests for specific provision.

Recommendation

- 3.11 **The information and learning centre (ILC) should provide higher-level information and communication technology programmes and expand the range of externally accredited programmes.**

Housekeeping point

- 3.12 Staff in the ILC should prepare a quality improvement plan to identify and monitor improvements in the quality of provision.

Paid work

- 3.13 Detainees had good access to paid work opportunities, which were promoted well at induction in the ILC and throughout the centre. There were 70 jobs available at the centre; 61% of respondents to our survey said that they could work if they wanted to and most of the others (27%) said that they did not want to work.
- 3.14 At induction in the ILC, all detainees were invited to take part in paid work opportunities. Those who wished to participate were interviewed for work roles before undergoing checks on security and health care issues, and immigration status. Some detainees were inappropriately prevented from working as a result of being judged non-compliant with the Home Office. This interfered with the centre's ability to manage the population. Detainees regularly changed their minds over accessing paid work, and ILC staff were appropriately flexible in accommodating the requests of those who had previously not taken up the opportunity to work. Although some interesting roles were available, such as barbering, most of the jobs available were routine cleaning jobs and few had relevance to skills that would be of use in destination countries. There was a long waiting list for allocation to a work role.
- 3.15 Payment for work was at a standard rate of £1 per hour and almost all detainees worked a regular 15-hour week. There was no reduction in payment if detainees had to attend meetings with solicitors or attended education classes. There was no certification associated with work roles.

Recommendations

- 3.16** Detainees should not be prevented from working because they have been judged as non-compliant with the Home Office.
- 3.17** The centre should increase the range of job opportunities to help detainees acquire different sets of skills and certification.

Library

- 3.18** The library provided a welcoming and accessible service. The assistant librarians were helpful and supportive to the needs of detainees. There was a good stock of DVDs and books. A range of appropriate daily newspapers and periodicals was also available. Detainees were encouraged to request books, DVDs and periodicals, and ILC staff replenished the stocks of books and DVDs monthly.
- 3.19** The library was well used by detainees. In our survey, 82% of respondents said that it was easy for them to go the library, which was better than the 71% comparator. The library was busy in the afternoons, and detainees sometimes had a long wait to be seen by ILC staff.
- 3.20** The library and information room had good facilities for detainees who wished to use the internet. The facility was available seven days a week, from morning to evening. The ILC had an internet protocol which all detainees signed.

Sport and physical activity

- 3.21** Detainees had good access to a range of fitness activities, including football, cricket, volleyball, badminton, table tennis and a well-equipped gym. Staff in the gym provided supervised sessions to ensure that detainees were safe and that they used equipment appropriately.
- 3.22** Facilities included an outdoor, floodlit AstroTurf pitch (an artificial grass sports area), which was used regularly. Indoor facilities included a popular, well-equipped weights room and an exercise hall which accommodated a range of activities.
- 3.23** In general, the fitness activities were well attended. There was good access for detainees to the gym and outdoor sporting facilities. In our survey, 75% of respondents said that it was easy to get to the gym, which was considerably higher than the comparator (66%). There was provision for women-only fitness sessions each day, although female detainees could access activities in the gym when they wished.
- 3.24** Detainees were assessed at induction for fitness activities. Staff had recognised qualifications and were suitably experienced. They supervised activities and provided clean kit and outdoor shoes for all who participated in PE.

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 *Welfare officers were available seven days a week, and the service was valued by detainees. Welfare staff proactively assessed detainees' needs on arrival at, and before departure from, the centre. They also engaged well with welfare officers across the immigration estate.*

4.2 Welfare support had improved and was good. Welfare officers were available seven days a week as part of the 'continuity of care' unit, and the service was valued by the detainees we spoke to. Welfare staff dealt with a number of routine issues, such as the retrieval of property from police stations, but also more complex problems – for example, staff had worked closely with a detainee who was in the process of having his house repossessed.

4.3 In our survey, more detainees than elsewhere said that they had received help from a member of staff within the first 24 hours at the centre (47% versus 37%). Welfare staff proactively interviewed all detainees on arrival and before departure to determine their needs, conducted the initial risk assessment with new detainees and also contributed to elements of the induction (see also section on early days in detention). Detainees were easily and quickly able to get an appointment to see welfare staff in the continuity of care unit via the information and learning centre (ILC), which was open for most of the day.

4.4 Welfare staff engaged well with other welfare officers across the immigration estate, to facilitate provision for detainees transferring between centres.

Visits

Expected outcomes:

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

4.5 *Detainees could easily maintain contact with the outside world. Visits took place in a clean, respectful and safe environment. Transport arrangements to the centre were good.*

4.6 The visits room was a bright and well-maintained space, with comfortable seating and natural light, and a large, well-equipped and resourced children's play area. The toilets were clean and contained easily accessible and adequate baby changing facilities.

4.7 The visiting regime was generous, with visits taking place between 1.30pm and 8.30pm every day, including weekends. Although most visits lasted for approximately two hours, visitors were allowed to stay for the whole session. There was no formal telephone booking system

for social visitors; they could just turn up with the relevant identification and gain entry to the centre. Detainees were generally positive about their treatment during visits.

- 4.8** The Scottish Detainee Visitors group visited the centre monthly, providing a drop-in surgery in visits. Staff in the centre liaised with this group to arrange visits by volunteers for detainees who did not have family and friends who could visit them.
- 4.9** Owing to the isolated location of the centre, transport was provided free of charge from local airports, and train and bus stations. Detainees and visitors alike could bring documents into the visits hall, based on an individual risk assessment.
- 4.10** The searching of visitors was proportionate and carried out in private behind a screen, just outside the visiting area. Detainees and their family members were allowed appropriate physical contact in the visits room. They were not allowed to spend any of their visit outside in the grounds.
- 4.11** Vending machines provided hot drinks and snacks in the visits room. Soup or other hot food was also available from the kitchen on request. This was particularly useful for families travelling long distances, but most detainees we spoke to were unaware of it.

Housekeeping points

- 4.12** Detainees should have access to an outside area during visits, weather permitting.
- 4.13** Detainees and families should be made aware of the availability of hot food during visits.

Communications

Expected outcomes:

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

4.14 *Access to telephones, mail, fax and email was good. Detainees could not print off email attachments independently. They could not access Skype or social media.*

- 4.15** Detainees were provided with a mobile phone for the duration of their stay at the centre, and there were several payphones with privacy hoods. There was no restriction on the number of letters that detainees could send each week, all of which were free of charge. There was an easily accessible fax machine in the library. Incoming mail and faxes were sent to the ILC and detainees were sent a notifying text. The centre aimed to deliver mail and faxes to detainees within four hours of receipt, and this was monitored daily by a manager.
- 4.16** There were several computers in the centre, all of which were internet enabled, and detainees could send and receive emails. However, they were not able to print off attachments themselves, and instead had to email documents to a central email address and staff would then print the document. Detainees were still not able to access social networks or Skype, which were inappropriate restrictions for a detainee population.

Recommendation

- 4.17 Subject to a risk assessment, detainees should have access to Skype and social networks.**

Housekeeping point

- 4.18** Detainees should be able to print off email attachments themselves.

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 *A welfare officer systematically interviewed all detainees before they left the centre, to identify and then address outstanding needs. Some useful information was provided to help detainees reintegrate into destination countries, but this was not yet done consistently. Not all detainees were provided with the resources to enable them to reach their final destination safely. Individual strategy meetings were convened for complex removals but were focused on effecting the removal rather than detainee welfare.*

- 4.20** In the previous six months, 173 detainees had been removed from the country directly from the centre, a further 661 had been transferred to other places of detention and 408 had been released into the community. A welfare officer interviewed all detainees before they left the centre, to identify and address outstanding needs.
- 4.21** Those being transferred to other places of detention were made aware of this by welfare staff, who also provided written information on the centre they were transferring to. Those who were bailed were provided with information on local services if required and given a travel warrant to reach their destination.
- 4.22** Immigration staff informed welfare officers each time they served removal directions to a detainee, giving an indication of the detainee's well-being and how quickly they should be seen by welfare staff. Detainees being removed were offered useful support, including contacting family members in the return country and other outstanding welfare needs. Information packs on the destination country had started to be provided to help detainees reintegrate, but this was not yet done consistently. Not all detainees were provided with the resources to enable them to reach their final destination safely.
- 4.23** Individual strategy meetings, attended by relevant centre staff such as a residential manager and security staff, were held to discuss detainees whose removal was considered complex. In practice, the meetings were mainly about effecting the successful removal of a non-compliant detainee and gave insufficient attention to detainee welfare.

Recommendation

- 4.24** All detainees requiring it should be given sufficient resource to reach their final destination safely.

Housekeeping points

- 4.25** Information packs should be provided to all detainees being removed who require them.
- 4.26** Individual strategy meetings should consider detainee welfare in addition to issues of managing non-compliance.

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** Rule 35 reports should include diagnostic findings and be given due weight by Home Office decision makers. Detainees who have experienced torture or who have serious health issues should not be detained. (S29)

Main recommendation

To the centre manager

- 5.2** The risks associated with holding women and men should be routinely assessed and discussed at security meetings, and a specific safer custody and safeguarding policy should be developed for women. (S28)

Recommendations

To the Home Office

Early days in detention

- 5.3** Detainees arriving from prisons should always be accompanied by their prison files. (1.17)

Casework

- 5.4** Detainees should not be held for unreasonable periods. Home Office caseworkers should act with diligence and expediency to conclude cases, and asylum claims should be decided as soon as practicable. (1.80)

- 5.5** Detainees should be held in police cell accommodation for the shortest possible time. (1.81)

Recommendations

To the Home Office and escort contractor

Escort vehicles and transfers

- 5.6** Detainees should not be subjected to prolonged escort journeys without regular comfort breaks. (1.6)

- 5.7** Detainees should not be escorted during the night unless this is required for urgent operational reasons. (1.7)

- 5.8** Escorts should arrive as scheduled and centre staff and detainees alike should receive reasonable notice of transfer. (1.8)

The use of force and single separation

- 5.9** Incidents involving force should be systematically reviewed. Lessons should be learned and disseminated to centre staff and escorts. (1.63)

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

Security

- 5.10** Detainees should not be subject to routine rubdown and room searches. (1.52)

Recommendations **To the centre manager**

Early days in detention

- 5.11** All staff should have a basic knowledge of human trafficking issues and the National Referral Mechanism. (1.16)

Bullying and violence reduction

- 5.12** Detainee support plans should be used for all victims of bullying and violence. (1.25)

Self-harm and suicide prevention

- 5.13** The safer custody meeting should review all cases involving violence, bullying and self-harm, and discuss quality checks of safer custody documentation to learn lessons. Minutes should document its conclusions and any required actions. (1.34)

- 5.14** Assessment, care in detention and teamwork (ACDT) documents should be completed in full and care plans should all be tailored to the individual. (1.35)

Safeguarding children

- 5.15** All detainees disputing their age should undergo a Merton-compliant age assessment with social services. (1.43)

Security

- 5.16** Detainees on external appointments should only be handcuffed when an individual risk assessment clearly justifies it. (1.53)

Rewards scheme

- 5.17** Detainees should not lose access to paid work or single room occupancy when demoted to the basic level of the rewards scheme. (1.57)

Residential units

- 5.18** All accommodation and showers should be clean, free of mould and adequately furnished and fit for purpose. (2.7)
- 5.19** More single and double rooms should be made available, particularly for women. (2.8)

Equality and diversity

- 5.20** Equality policies, planning, monitoring and consultation should cover all protected groups. (2.21)
- 5.21** The centre should keep under review provision for detainees who do not speak English, to ensure that there are no gaps in provision. (2.29)

Health services

- 5.22** All clinical environments should comply with infection control standards. (2.51)
- 5.23** Health services staff should have access to a full range of pertinent policies and procedures that accurately reflect the environment. (2.52)
- 5.24** All near misses and adverse incidents should be reported through the provider's adverse incident reporting system, and learning from them should be shared with staff and inform service delivery. (2.53)
- 5.25** All health services staff should have access to relevant professional development, including life-long conditions, and receive regular documented clinical supervision. (2.54)
- 5.26** Detainees should be able to access to a face-to-face assessment by a GP at all times if clinically indicated. (2.63)
- 5.27** All stock medication supplied by the external pharmacy should meet current legislative and licensing requirements. (2.69)
- 5.28** Prescribers should use a prescribing formulary which meets National Institute for Health and Care Excellence standards to inform safe, consistent prescribing. (2.70)
- 5.29** A pharmacist should visit the centre sufficiently regularly, and for an appropriate amount of time, to scrutinise the prescribing, use and storage of medicines, and offer detainees access to pharmacist medicine use review and advice clinics. (2.71)
- 5.30** Medication administration should occur from a suitable facility in a private area. (2.72)
- 5.31** X-rays should be developed on-site. (2.78)

Substance misuse

- 5.32** Detainees on opiate substitution treatment should receive prescribing informed by a local policy, based on current best practice, a comprehensive specialist assessment, and regular documented reviews and documented harm reduction advice. (2.88)

Activities

- 5.33** The information and learning centre (ILC) should provide higher-level information and communication technology programmes and expand the range of externally accredited programmes. (3.11)
- 5.34** Detainees should not be prevented from working because they have been judged as non-compliant with the Home Office. (3.16)
- 5.35** The centre should increase the range of job opportunities to help detainees acquire different sets of skills and certification. (3.17)

Communications

- 5.36** Subject to a risk assessment, detainees should have access to Skype and social networks. (4.17)

Removal and release

- 5.37** All detainees requiring it should be given sufficient resource to reach their final destination safely. (4.24)

Housekeeping point To the Home Office and centre manager

Security

- 5.38** Staff from a broad range of departments across the centre, including the Home Office, should attend the security meetings. (1.54)

Housekeeping points To the centre manager

The use of force and single separation

- 5.39** Health care and Home Office staff should clearly record their visits to the separation unit in detainees' paperwork. (1.64)

Legal rights

- 5.40** The centre should consult lawyers about improving the legal visits booking system. (1.72)
- 5.41** Lawyers should be able to charge their laptops and tablets in the centre. (1.73)

Casework

- 5.42** Chairs in interview rooms should not be chained to the floor. (1.82)

Residential units

- 5.43** Showers should be sufficiently hot. (2.9)

- 5.44** Association rooms should be accessible to detainees during the day. (2.10)
- 5.45** Red telephones, used by detainees to contact staff, should all be kept in good working order. (2.11)
- 5.46** Sufficient stocks of women's clothing should be available. (2.12)

Health services

- 5.47** All clinical records should be legible and comply with professional standards. (2.55)
- 5.48** All emergency equipment should be in date and receive regular documented checks. (2.56)
- 5.49** Detainees should be able to complain about all health services through a discrete confidential system. (2.57)
- 5.50** Detainees should be able to see an optician within four weeks for routine appointments. (2.64)
- 5.51** Health services staff should have easy access to an appropriate range of in-date pharmacy reference materials. (2.73)
- 5.52** All pharmacy policies, procedures and formularies should be ratified by the medicines and therapeutics committee. (2.74)
- 5.53** All prescriptions should be legible. (2.75)
- 5.54** Detainees should have access to adequate professional telephone interpreting services and translated information during dental consultations. (2.79)

Substance misuse

- 5.55** Detainees experiencing alcohol withdrawal should receive regular documented checks during the day and night, for a minimum of the first five days. (2.89)

Services

- 5.56** The refrigerators in the communal areas should be kept clean. (2.95)

Activities

- 5.57** Staff in the ILC should prepare a quality improvement plan to identify and monitor improvements in the quality of provision. (3.12)

Visits

- 5.58** Detainees should have access to an outside area during visits, weather permitting. (4.12)
- 5.59** Detainees and families should be made aware of the availability of hot food during visits. (4.13)

Communications

5.60 Detainees should be able to print off email attachments themselves. (4.18)

Removal and release

5.61 Information packs should be provided to all detainees being removed who require them. (4.25)

5.62 Individual strategy meetings should consider detainee welfare in addition to issues of managing non-compliance. (4.26)

Examples of good practice

Equality and diversity

5.63 The centre advertised a 24-hour confidential helpline for lesbian, gay, bisexual, and transgender detainees. (2.30)

Health services

5.64 The internet-based torture recognition and documentation training package had improved health services staff awareness and practice. (2.58)

5.65 The wide range and timeliness of mental health provision ensured that detainees had prompt access to appropriate support. (2.83)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy Chief Inspector
Hindpal Singh Bhui	Team leader
Deri Hughes-Roberts	Inspector
Fionnuala Gordon	Inspector
Colin Carroll	Inspector
Bev Alden	Inspector
Majella Pearce	Health services inspector
Eilean Robson	Pharmacy inspector
Rachel Prime	Researcher
Jessica Kelly	Researcher
Colette Daoud	Researcher
Peter Connelly	Inspector Education Scotland

Appendix II: Detainee population profile

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

(i) Age	No. of men	No. of women	No. of children	%
Under 1 year	0	0	0	0
1 to 6 years	0	0	0	0
7 to 11 years	0	0	0	0
12 to 16 years	0	0	0	0
16 to 17 years	0	0	0	0
18 years to 21 years	14	0	0	7
22 years to 29 years	76	4	0	38
30 years to 39 years	75	7	0	38
40 years to 49 years	31	1	0	15
50 years to 59 years	4	1	0	2
60 years to 69 years	1	0	0	0
70 or over				
Total	201	13		100

(ii) Nationality (Please add further categories if necessary)	No. of men	No. of women	No. of children	%
Afghanistan	6	0	0	3.27
Albania	6	0	0	2.8
Algeria	3	0	0	1.40
Angola	0	0	0	0
Bangladesh	19	0	0	8.88
Belarus	0	0	0	0
Cameroon	1	0	0	0.47
China	9	4	0	6.07
Colombia	0	0	0	0
Congo (Brazzaville)	1	0	0	0.47
Congo Democratic Republic (Zaire)	0	0	0	0
Ecuador	0	0	0	0
Estonia	0	0	0	0
Georgia	0	0	0	0
Ghana	2	0	0	0.93
India	35	0	0	16.36
Iran	6	0	0	2.80
Iraq	5	0	0	2.34
Ivory Coast	0	0	0	0
Jamaica	2	0	0	0.93
Kenya	0	2	0	0.93
Kosovo	1	0	0	0.47
Latvia	2	0	0	0.93
Liberia	0	0	0	0
Lithuania	1	0	0	0.47
Malaysia	0	0	0	0
Moldova	0	0	0	0
Nigeria	18	4	0	10.28
Pakistan	43	0	0	20.09
Russia	0	0	0	0

Sierra Leone	1	0	0	0.47
Sri Lanka	1	0	0	0.47
Trinidad and Tobago	0	0	0	0
Turkey	0	0	0	0
Ukraine	0	0	0	0
Vietnam	10	0	0	4.67
Yugoslavia (FRY)	0	0	0	0
Zambia	1	0	0	0.47
Zimbabwe	1	0	0	0.47
Other (please state)	27	3	0	6.00
Total	201	13	0	100

(iv) Religion/belief (Please add further categories if necessary)	No. of men	No. of women	No. of children	%
Buddhist	6	2	0	3.74
Roman Catholic	9	2	0	5.14
Orthodox	1	0	0	0.47
Other Christian religion	32	7	0	18.22
Hindu	4	0	0	1.87
Muslim	105	0	0	49.07
Sikh	27	0	0	12.62
Agnostic/atheist	1	0	0	0.47
Unknown	14	2	0	7.00
Other (please state what)	2	0	0	0.01
Total	201	13	0	100

(v) Length of time in detention in this centre	No. of men	No. of women	No. of children	%
Less than 1 week	37	1	0	18
1 to 2 weeks	30	2	0	15
2 to 4 weeks	23	5	0	13
1 to 2 months	36	0	0	17
2 to 4 months	16	3	0	9
4 to 6 months	30	0	0	14
6 to 8 months	19	2	0	10
8 to 10 months	5	0	0	2
More than 10 months (please note the longest length of time)	5 13 months 22 days	0	0	2
Total	201	13	0	100

(vi) Detainees' last location before detention in this centre	No. of men	No. of women	No. of children	%
Community	18	1	0	9
Another IRC	36	0	0	17
A short-term holding facility (e.g. at a port or reporting centre)	75	6	0	38
Police station	45	3	0	22
Prison	27	3	0	14
Total	201	13	0	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.

Distributing and collecting questionnaires

Every attempt was made to distribute the questionnaires to respondents individually and in language groups. 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 do not 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 and no attempts were made to replace them.

Survey response

At the time of the survey on 9 February 2015, the detainee population at Dungavel IRC was 221. Due to movement around the centre, researchers were unable to locate 66 detainees during the course of the survey. Using the method described above, questionnaires were successfully offered to 155 detainees.

We received a total of 125 completed questionnaires, a response rate of 81%. This included four questionnaires completed via interview. Fourteen respondents refused to complete a questionnaire, 15 questionnaires were not returned and one was returned blank.

Returned language	Number of completed survey returns
English	68 (54%)
Punjabi	11 (9%)
Chinese	9 (7%)
Bengali	8 (6%)
Urdu	8 (6%)
Arabic	6 (5%)
Albanian	5 (4%)
Farsi	2 (2%)
Kurdish Sorani	2 (2%)
Polish	2 (2%)
Russian	2 (2%)
Cantonese	1 (1%)
Vietnamese	1 (1%)
Total	125 (100%)

Presentation of survey results and analyses

Over the following pages we present the survey results for Dungavel 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 significant⁴ 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 Dungavel in 2015 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 2012.
- The current survey responses from Dungavel in 2015 compared with the responses of detainees surveyed at Dungavel IRC in 2010.
- A comparison within the 2015 survey between the responses of non English speaking detainees with English speaking detainees.
- A comparison within the 2015 survey between the responses of detainees who consider themselves to have a disability and those who do not consider themselves to have a disability.

⁴ 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

Survey summary

Section I: About you

Q1	Are you male or female?	
	Male	114 (94%)
	Female	7 (6%)
Q2	What is your age?	
	Under 18	0 (0%)
	18-21	9 (7%)
	22-29	43 (35%)
	30-39	49 (40%)
	40-49	17 (14%)
	50-59	4 (3%)
	60-69	1 (1%)
	70 or over	0 (0%)
Q3	What region are you from? (Please tick only one)	
	Africa	25 (21%)
	North America	1 (1%)
	South America	0 (0%)
	Indian subcontinent (India, Pakistan, Bangladesh, Sri Lanka)	51 (44%)
	China	10 (9%)
	Other Asia	9 (8%)
	Caribbean	1 (1%)
	Europe	15 (13%)
	Middle East	5 (4%)
Q4	Do you understand spoken English?	
	Yes	94 (78%)
	No	27 (22%)
Q5	Do you understand written English?	
	Yes	87 (74%)
	No	30 (26%)
Q6	What would you classify, if any, as your religious group?	
	None	12 (10%)
	Church of England	3 (3%)
	Catholic	12 (10%)
	Protestant	4 (3%)
	Other Christian denomination	14 (12%)
	Buddhist	6 (5%)
	Hindu	3 (3%)
	Jewish	2 (2%)
	Muslim	52 (43%)
	Sikh	12 (10%)
Q7	Do you have a disability?	
	Yes	16 (14%)
	No	101 (86%)

Section 2: Immigration detention

Q8	When being detained, were you told the reasons why in a language you could understand?	
	Yes	91 (78%)
	No	26 (22%)
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	73 (61%)
	Three to five	38 (32%)
	Six or more	9 (8%)
Q10	How long have you been detained in this centre?	
	Less than 1 week	10 (8%)
	More than 1 week less than 1 month	50 (41%)
	More than 1 month less than 3 months	29 (24%)
	More than 3 months less than 6 months	18 (15%)
	More than 6 months less than 9 months	9 (7%)
	More than 9 months less than 12 months	3 (2%)
	More than 12 months	3 (2%)

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	57 (48%)
	No	45 (38%)
	Do not remember	18 (15%)
Q12	How long did you spend in the escort vehicle to get to this centre on your most recent journey?	
	Less than one hour	11 (9%)
	One to two hours	16 (13%)
	Two to four hours	27 (22%)
	More than four hours	66 (54%)
	Do not remember	3 (2%)
Q13	How did you feel you were treated by the escort staff?	
	Very well	27 (22%)
	Well	54 (44%)
	Neither	27 (22%)
	Badly	9 (7%)
	Very badly	4 (3%)
	Do not remember	1 (1%)

Section 4: Reception and first night

Q15	Were you seen by a member of healthcare staff in reception?	
	Yes	117 (94%)
	No	5 (4%)
	Do not remember	2 (2%)

Q16	When you were searched in reception, was this carried out in a sensitive way?	
	Yes	93 (78%)
	No	17 (14%)
	Do not remember/ Not applicable	9 (8%)
Q17	Overall, how well did you feel you were treated by staff in reception?	
	Very well	26 (21%)
	Well	57 (46%)
	Neither	24 (20%)
	Badly	10 (8%)
	Very badly	5 (4%)
	Do not remember	1 (1%)
Q18	On your day of arrival did you receive information about what was going to happen to you?	
	Yes	58 (47%)
	No	58 (47%)
	Do not remember	8 (6%)
Q19	On your day of arrival did you receive information about what support was available to you in this centre?	
	Yes	77 (64%)
	No	33 (28%)
	Do not remember	10 (8%)
Q20	Was any of this information given to you in a translated form?	
	Do not need translated material	52 (44%)
	Yes	20 (17%)
	No	46 (39%)
Q21	On your day of arrival did you get the opportunity to change into clean clothing?	
	Yes	81 (65%)
	No	34 (27%)
	Do not remember	9 (7%)
Q22	Did you feel safe on your first night here?	
	Yes	69 (56%)
	No	43 (35%)
	Do not remember	11 (9%)
Q23	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)	
	Not had any problems	42 (38%)
	Loss of property	12 (11%)
	Contacting family	17 (15%)
	Access to legal advice	16 (14%)
	Feeling depressed or suicidal	28 (25%)
	Health problems	27 (24%)
Q24	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	
	Not had any problems	42 (40%)
	Yes	30 (28%)
	No	34 (32%)

Section 5: Legal rights and immigration

Q26	Do you have a lawyer?	
	<i>Do not need one</i>	8 (7%)
	Yes	107 (89%)
	No	5 (4%)
Q27	Do you get free legal advice?	
	<i>Do not need legal advice</i>	11 (9%)
	Yes	76 (65%)
	No	30 (26%)
Q28	Can you contact your lawyer easily?	
	Yes	88 (75%)
	No	16 (14%)
	<i>Do not know/ Not applicable</i>	13 (11%)
Q29	Have you had a visit from your lawyer?	
	<i>Do not have one</i>	13 (12%)
	Yes	59 (55%)
	No	36 (33%)
Q30	Can you get legal books in the library?	
	Yes	67 (56%)
	No	20 (17%)
	<i>Do not know/ Not applicable</i>	33 (28%)
Q31	How easy or difficult is it for you to obtain bail information?	
	<i>Very easy</i>	11 (9%)
	<i>Easy</i>	33 (28%)
	<i>Neither</i>	27 (23%)
	<i>Difficult</i>	20 (17%)
	<i>Very difficult</i>	24 (20%)
	<i>Not applicable</i>	4 (3%)
Q32	Can you get access to official information reports on your country?	
	Yes	39 (33%)
	No	45 (38%)
	<i>Do not know/ Not applicable</i>	33 (28%)
Q33	How easy or difficult is it to see the centre's immigration staff when you want?	
	<i>Do not know/ have not tried</i>	23 (19%)
	<i>Very easy</i>	12 (10%)
	<i>Easy</i>	32 (27%)
	<i>Neither</i>	27 (23%)
	<i>Difficult</i>	15 (13%)
	<i>Very difficult</i>	10 (8%)

Section 6: Respectful detention

Q35	Can you clean your clothes easily?	
	Yes	111 (92%)
	No	10 (8%)

Q36	Are you normally able to have a shower every day?	
	Yes	117 (96%)
	No	5 (4%)
Q37	Is it normally quiet enough for you to be able to relax or sleep in your room at night time?	
	Yes	63 (53%)
	No	57 (48%)
Q38	Can you normally get access to your property held by staff at the centre if you need to?	
	Yes	57 (47%)
	No	28 (23%)
	Do not know	37 (30%)
Q39	What is the food like here?	
	Very good	14 (11%)
	Good	40 (33%)
	Neither	38 (31%)
	Bad	21 (17%)
	Very bad	10 (8%)
Q40	Does the shop sell a wide enough range of goods to meet your needs?	
	Have not bought anything yet	8 (7%)
	Yes	61 (50%)
	No	52 (43%)
Q41	Do you feel that your religious beliefs are respected?	
	Yes	94 (79%)
	No	7 (6%)
	Not applicable	18 (15%)
Q42	Are you able to speak to a religious leader of your faith in private if you want to?	
	Yes	38 (32%)
	No	26 (22%)
	Do not know/ Not applicable	55 (46%)
Q43	How easy or difficult is it to get a complaint form?	
	Very easy	19 (16%)
	Easy	35 (30%)
	Neither	19 (16%)
	Difficult	8 (7%)
	Very difficult	3 (3%)
	Do not know	34 (29%)
Q44	Have you made a complaint since you have been at this centre?	
	Yes	30 (25%)
	No	80 (67%)
	Do not know how to	10 (8%)
Q45	If yes, do you feel complaints are sorted out fairly?	
	Yes	11 (9%)
	No	17 (14%)
	Not made a complaint	90 (76%)

Section 7: Staff

Q47	Do you have a member of staff at the centre that you can turn to for help if you have a problem?	
	Yes	85 (71%)
	No	34 (29%)
Q48	Do most staff at the centre treat you with respect?	
	Yes	84 (75%)
	No	28 (25%)
Q49	Have any members of staff physically restrained you (C and R) in the last six months?	
	Yes	13 (12%)
	No	93 (88%)
Q50	Have you spent a night in the separation/isolation unit in the last six months?	
	Yes	14 (13%)
	No	98 (88%)

Section 8: Safety

Q52	Do you feel unsafe in this centre?	
	Yes	31 (27%)
	No	83 (73%)
Q53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	
	Yes	13 (12%)
	No	98 (88%)
Q54	If you have felt victimised by a detainee/group of detainees, what did the incident(s) involve? (Please tick all that apply to you.)	
	<i>Physical abuse (being hit, kicked or assaulted)</i>	3 (3%)
	<i>Because of your nationality</i>	3 (3%)
	<i>Having your property taken</i>	3 (3%)
	<i>Drugs</i>	1 (1%)
	<i>Because you have a disability</i>	0 (0%)
	<i>Because of your religion/religious beliefs</i>	0 (0%)
Q55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	
	Yes	17 (15%)
	No	94 (85%)
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>	1 (1%)
	<i>Because of your nationality</i>	4 (4%)
	<i>Drugs</i>	1 (1%)
	<i>Because you have a disability</i>	1 (1%)
	<i>Because of your religion/religious beliefs</i>	1 (1%)
Q57	If you have been victimised by detainees or staff, did you report it?	
	Yes	7 (7%)
	No	9 (9%)
	<i>Not been victimised</i>	89 (85%)

Q58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	
	Yes	12 (11%)
	No	101 (89%)

Q59	Have you ever felt threatened or intimidated by a member of staff in here?	
	Yes	9 (8%)
	No	100 (92%)

Section 9: Healthcare

Q61	Is health information available in your own language?	
	Yes	56 (48%)
	No	37 (32%)
	Do not know	23 (20%)

Q62	Is a qualified interpreter available if you need one during healthcare assessments?	
	Do not need an interpreter/ Do not know	60 (53%)
	Yes	29 (26%)
	No	24 (21%)

Q63	Are you currently taking medication?	
	Yes	52 (44%)
	No	66 (56%)

Q64	What do you think of the overall quality of the healthcare here?	
	Have not been to healthcare	5 (4%)
	Very good	18 (16%)
	Good	45 (39%)
	Neither	30 (26%)
	Bad	13 (11%)
	Very bad	4 (3%)

Section 10: Activities

Q66	Are you doing any education here?	
	Yes	22 (19%)
	No	92 (81%)

Q67	Is the education helpful?	
	Not doing any education	92 (80%)
	Yes	23 (20%)
	No	0 (0%)

Q68	Can you work here if you want to?	
	Do not want to work	31 (27%)
	Yes	70 (61%)
	No	13 (11%)

Q69	Is there enough to do here to fill your time?	
	Yes	59 (52%)
	No	54 (48%)

Q70	How easy or difficult is it to go to the library?	
	<i>Do not know/ Do not want to go</i>	5 (4%)
	<i>Very easy</i>	54 (48%)
	<i>Easy</i>	38 (34%)
	<i>Neither</i>	15 (13%)
	<i>Difficult</i>	1 (1%)
	<i>Very difficult</i>	0 (0%)
Q71	How easy or difficult is it to go to the gym?	
	<i>Do not know/ Do not want to go</i>	12 (11%)
	<i>Very easy</i>	48 (43%)
	<i>Easy</i>	36 (32%)
	<i>Neither</i>	15 (13%)
	<i>Difficult</i>	1 (1%)
	<i>Very difficult</i>	0 (0%)

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>	8 (7%)
	<i>Very easy</i>	37 (32%)
	<i>Easy</i>	36 (31%)
	<i>Neither</i>	13 (11%)
	<i>Difficult</i>	11 (10%)
	<i>Very difficult</i>	10 (9%)
Q74	Have you had any problems with sending or receiving mail?	
	<i>Yes</i>	19 (17%)
	<i>No</i>	66 (59%)
	<i>Do not know</i>	26 (23%)
Q75	Have you had a visit since you have been here from your family or friends?	
	<i>Yes</i>	37 (33%)
	<i>No</i>	76 (67%)
Q76	How did staff in the visits area treat you?	
	<i>Not had any visits</i>	43 (39%)
	<i>Very well</i>	21 (19%)
	<i>Well</i>	34 (31%)
	<i>Neither</i>	10 (9%)
	<i>Badly</i>	1 (1%)
	<i>Very Badly</i>	2 (2%)

Section I 2: Resettlement

Q78	Do you feel that any member of staff has helped you to prepare for your release?	
	<i>Yes</i>	15 (15%)
	<i>No</i>	85 (85%)

Appendix IV: Photographs

Men's dormitory



Ceiling in men's dormitory



Women's unit



Women's unit



First night unit



Main comparator and comparator to last time



Detainee survey responses: Dungavel IRC 2015

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

		Dungavel IRC 2015	IRC comparator	Dungavel IRC 2015	Dungavel 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		125	1406	125	129
SECTION 1: General information					
1	Are you male?	94%	90%	94%	91%
2	Are you aged under 21 years?	7%	10%	7%	11%
4	Do you understand spoken English?	78%	75%	78%	68%
5	Do you understand written English?	74%	72%	74%	64%
6	Are you Muslim?	43%	53%	43%	41%
7	Do you have a disability?	14%	12%	14%	10%
SECTION 2: Immigration detention					
8	When being detained, were you told the reasons why in a language you could understand?	78%	75%	78%	79%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	8%	5%	8%	6%
10	Have you been detained in this centre for more than one month?	51%	53%	51%	
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?	47%	45%	47%	35%
12	Did you spend more than four hours in the escort van to get to this centre?	54%	23%	54%	42%
13	Were you treated well/very well by the escort staff?	66%	63%	66%	67%
SECTION 4: Reception and first night					
15	Were you seen by a member of health care staff in reception?	95%	87%	95%	92%
16	When you were searched in reception was this carried out in a sensitive way?	78%	64%	78%	77%
17	Were you treated well/very well by staff in reception?	67%	63%	67%	79%
18	Did you receive information about what was going to happen to you on your day of arrival?	47%	37%	47%	54%
19	Did you receive information about what support was available to you in this centre on your day of arrival?	64%	46%	64%	

Main comparator and comparator to last time

Key to tables

Any percentage highlighted in green is significantly better		Dungavel IRC 2015	IRC comparator	Dungavel IRC 2015	Dungavel IRC 2010
Any percentage highlighted in blue is significantly worse					
Any percentage highlighted in orange shows a significant difference in detainees' background details					
Percentages which are not highlighted show there is no significant difference					
For those who required information in a translated form:					
20	Was any of this information provided in a translated form?	30%	33%	30%	35%
21	Did you get the opportunity to change into clean clothing on your day of arrival?	65%	64%	65%	76%
22	Did you feel safe on your first night here?	56%	54%	56%	67%
23a	Did you have any problems when you first arrived?	63%	66%	63%	45%
23b	Did you have any problems with loss of transferred property when you first arrived?	11%	8%	11%	5%
23c	Did you have any problems contacting family when you first arrived?	15%	16%	15%	8%
SECTION 4: Reception and first night continued					
23d	Did you have any problems accessing legal advice when you first arrived?	14%	17%	14%	10%
23e	Did you have any problems with feeling depressed or suicidal when you first arrived?	25%	36%	25%	20%
23f	Did you have any health problems when you first arrived?	24%	26%	24%	13%
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?	47%	37%	47%	61%
SECTION 5: Legal rights and immigration					
26	Do you have a lawyer?	89%	64%	89%	86%
For those who have a lawyer:					
28	Can you contact your lawyer easily?	85%	75%	85%	
29	Have you had a visit from your lawyer?	62%	43%	62%	78%
27	Do you get free legal advice?	65%	42%	65%	68%
30	Can you get legal books in the library?	56%	48%	56%	44%
31	Is it easy/very easy for you to obtain bail information?	37%	31%	37%	37%
32	Can you get access to official information reports on your country?	33%	24%	33%	30%
33	Is it easy/very easy to see this centre's immigration staff when you want?	37%	26%	37%	
SECTION 6: Respectful detention					
35	Can you clean your clothes easily?	92%	82%	92%	
36	Are you normally able to have a shower every day?	96%	91%	96%	98%
37	Is it normally quiet enough for you to be able to sleep in your room at night?	53%	67%	53%	71%

Main comparator and comparator to last time

Key to tables

		Dungavel IRC 2015	IRC comparator	Dungavel IRC 2015	Dungavel 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				
38	Can you normally get access to your property held by staff at the centre, if you need to?	47%	49%	47%	72%
39	Is the food good/very good?	44%	29%	44%	41%
40	Does the shop sell a wide enough range of goods to meet your needs?	51%	48%	51%	54%
41	Do you feel that your religious beliefs are respected?	79%	77%	79%	76%
42	Are you able to speak to a religious leader of your own faith if you want to?	32%	56%	32%	57%
43	Is it easy/very easy to get a complaint form?	46%	53%	46%	38%
44	Have you made a complaint since you have been at this centre?	25%	22%	25%	17%
For those who have made a complaint:					
45	Do you feel complaints are sorted out fairly?	39%	27%	39%	36%
SECTION 7: Staff					
47	Do you have a member of staff you can turn to for help if you have a problem?	71%	64%	71%	77%
48	Do most staff treat you with respect?	75%	76%	75%	87%
49	Have any members of staff physically restrained you in the last six months?	12%	10%	12%	10%
50	Have you spent a night in the segregation unit in the last six months?	13%	14%	13%	4%
SECTION 8: Safety					
52	Do you feel unsafe in this centre?	27%	32%	27%	
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	12%	20%	12%	17%
54a	Have you been hit, kicked or assaulted since you have been here? (By detainees)	3%	4%	3%	3%
54b	Have you been victimised because of your nationality since you have been here? (By detainees)	3%	6%	3%	4%
54c	Have you ever had your property taken since you have been here? (By detainees)	3%	2%	3%	2%
54d	Have you been victimised because of drugs since you have been here? (By detainees)	1%	1%	1%	1%
54e	Have you ever been victimised here because you have a disability? (By detainees)	0%	1%	0%	1%
54f	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	0%	4%	0%	3%
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	15%	16%	15%	6%
56a	Have you been hit, kicked or assaulted since you have been here? (By staff)	1%	2%	1%	0%
56b	Have you been victimised because of your nationality since you have been here? (By staff)	4%	6%	4%	1%
56c	Have you been victimised because of drugs since you have been here? (By staff)	1%	1%	1%	1%

Main comparator and comparator to last time

Key to tables

		Dungavel IRC 2015	IRC comparator	Dungavel IRC 2015	Dungavel 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				
56d	Have you ever been victimised here because you have a disability? (By staff)	1%	1%	1%	0%
56e	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	1%	4%	1%	0%
For those who have been victimised by detainees or staff:					
57	Did you report it?	43%	42%	43%	39%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	11%	11%	11%	11%
59	Have you ever felt threatened or intimidated by a member of staff in here?	8%	12%	8%	1%
SECTION 9: Health services					
61	Is health information available in your own language?	48%	39%	48%	49%
62	Is a qualified interpreter available if you need one during health care assessments?	26%	21%	26%	19%
63	Are you currently taking medication?	44%	43%	44%	46%
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?	57%	47%	57%	64%
SECTION 10: Activities					
66	Are you doing any education here?	19%	23%	19%	31%
For those doing education here:					
67	Is the education helpful?	100%	93%	100%	100%
68	Can you work here if you want to?	61%	58%	61%	66%
69	Is there enough to do here to fill your time?	52%	55%	52%	68%
70	Is it easy/very easy to go to the library?	82%	71%	82%	87%
71	Is it easy/very easy to go to the gym?	75%	66%	75%	87%
SECTION 11: Keeping in touch with family and friends					
73	Is it easy/very easy to use the phone?	64%	67%	64%	
74	Have you had any problems with sending or receiving mail?	17%	22%	17%	10%
75	Have you had a visit since you have been in here from your family or friends?	33%	44%	33%	36%
For those who have had visits:					
76	Do you feel you are treated well/very well by staff in the visits area?	81%	73%	81%	86%
SECTION 12: Resettlement					
78	Has any member of staff helped you to prepare for your release?	15%	16%	15%	

Diversity analysis - Disability



Key questions (Disability analysis) Dungavel 2015

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	101
4	Do you understand spoken English?	62%	80%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	15%	6%
10	Have you been in this centre for more than one month?	46%	50%
13	Were you treated well/very well by the escort staff?	59%	68%
15	Were you seen by a member of health care staff in reception?	86%	95%
16	When you were searched in reception was this carried out in a sensitive way?	73%	77%
17	Were you treated well/very well by staff in reception?	73%	69%
22	Did you feel safe on your first night here?	57%	57%
23	Did you have any problems when you first arrived?	67%	62%
23f	Did you have any health problems when you first arrived?	33%	22%
26	Do you have a lawyer?	85%	89%
33	Is it easy/very easy to see this centre's immigration staff when you want?	41%	36%
35	Can you clean your clothes easily?	93%	91%
36	Are you normally able to have a shower every day?	100%	96%
43	Is it easy/very easy to get a complaint form?	59%	43%
44	Have you made a complaint since you have been at this centre?	19%	25%

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		
47	Do you have a member of staff you can turn to for help if you have a problem?	67%	73%
48	Do most staff treat you with respect?	83%	74%
49	Have any members of staff physically restrained you in the last six months?	18%	12%
50	Have you spent a night in the segregation unit in the last six months?	16%	10%
52	Do you feel unsafe in this centre?	28%	27%
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	21%	10%
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	19%	16%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	16%	10%
59	Have you ever felt threatened or intimidated by a member of staff in here?	0%	10%
62	Is a qualified interpreter available if you need one during health care assessments?	28%	24%
63	Are you currently taking medication?	54%	43%
66	Are you doing any education here?	21%	16%
69	Is there enough to do here to fill your time?	78%	49%
70	Is it easy/very easy to go to the library?	84%	79%
71	Is it easy/very easy to go to the gym?	83%	72%
73	Is it easy/very easy to use the phone?	64%	63%
74	Have you had any problems with sending or receiving mail?	16%	19%
75	Have you had a visit since you have been in here from your family or friends?	28%	35%
78	Has any member of staff helped you to prepare for your release?	22%	13%



Key questions (non-English speakers) Dungavel IRC 2015

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		27	94
8	When being detained, were you told the reasons why in a language you could understand?	60%	85%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	9%	7%
10	Have you been in this centre for more than one month?	41%	52%
11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	26%	53%
13	Were you treated well/very well by the escort staff?	60%	67%
17	Were you treated well/very well by staff in reception?	61%	69%
18	Did you receive information about what was going to happen to you on your day of arrival?	33%	52%
19	Did you receive information about what support was available to you on your day of arrival?	50%	68%
22	Did you feel safe on your first night here?	63%	52%
23	Did you have any problems when you first arrived?	42%	69%
26	Do you have a lawyer?	89%	90%
33	Is it easy/very easy to see the centre's immigration staff when you want?	19%	41%
35	Can you clean your clothes easily?	89%	93%
36	Are you normally able to have a shower every day?	100%	95%
43	Is it easy/very easy to get a complaint form?	39%	49%

Non-English Speakers Comparator

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		
44	Have you made a complaint since you have been at this centre?	4%	31%
47	Do you have a member of staff you can turn to for help if you have a problem?	73%	71%
48	Do most staff treat you with respect?	79%	74%
52	Do you feel unsafe in this centre?	27%	28%
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	0%	16%
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	5%	19%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	0%	14%
59	Have you ever felt threatened or intimidated by a member of staff in here?	0%	10%
61	Is health information available in your own language?	48%	48%
62	Is a qualified interpreter available if you need one during health care assessments?	57%	17%
66	Are you doing any education here?	9%	22%
68	Can you work here if you want to?	50%	64%
69	Is there enough to do here to fill your time?	45%	55%
70	Is it easy/very easy to go to the library?	67%	88%
71	Is it easy/very easy to go to the gym?	58%	81%
73	Is it easy/very easy to use the phone?	54%	66%
74	Have you had any problems with sending or receiving mail?	9%	20%
75	Have you had a visit since you have been in here from your family or friends?	11%	39%
78	Has any member of staff helped you to prepare for your release?	13%	16%