

Report on an unannounced inspection of

The Verne Immigration Removal Centre

by HM Chief Inspector of Prisons

2 – 13 March 2015

Glossary of terms

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Victory House
6th floor
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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	45
Section 4. Preparation for removal and release	49
Section 5. Summary of recommendations and housekeeping points	53
Section 6. Appendices	59
Appendix I: Inspection team	59
Appendix II: Detainee population profile	61
Appendix III: Summary of detainee survey responses	65
Appendix IV: Photographs	75

Introduction

The Verne, located in Portland in Dorset and a former prison, has been an Immigration Removal Centre (IRC) since late September 2014. Although we have inspected The Verne on many occasions in the past, our inspection in March was its first as an IRC. Services were commissioned by the Home Office but the operator at The Verne was the public sector Prison Service. During our inspection, 575 adult men were held, just short of its full capacity. Over half of those detained had previously been in prison following criminal convictions.

The Verne was just emerging from a significant change programme. Our overall assessment was that it had made a reasonable start, although against our four tests of a healthy establishment, we found outcomes at this early stage to be mixed.

Detainees were received well into the centre, despite many experiencing long and often overnight journeys to get there. Over a third arrived between 10pm and 6.30am, which was needless and wrong. Reception arrangements and induction were good and new detainees valued the useful peer support they received.

In our survey comparatively few detainees reported feeling unsafe, although findings were much worse among non-English speakers. However, levels of violence were too high and some of the violence was serious. There had been a concerted indiscipline in the week just before our arrival. The centre had in place good reporting arrangements but strategies to tackle violence lacked sophistication. Arrangements to support those at risk of self-harm similarly required improvement. Detainees felt well cared for but case management was inconsistent, there was no suitable care suite and the monitoring of food refusal was weak. Adult safeguarding policies were well developed and included links to the local authority. A weekly multi-disciplinary team meeting to monitor the most vulnerable was a useful initiative.

Security in the centre was a very mixed picture. Intelligence was well managed and based on some effective staff engagement, but staff did not spend enough time on residential landings. Unusually for an IRC, there was clear evidence of the significant availability of psychoactive substances and illicit alcohol (NPS and Hooch). Some legitimate restrictions had temporarily been put in place to deal with these problems but others were less justified. The Verne remained too prison-like in character for an IRC, with too much inner fencing and razor wire, and with restrictions on detainee movement, including to the chapel. These restrictions did not address the presenting security concerns.

Other prison-like features included the inappropriate use of a punitive incentives scheme and the high use of separation. Some 131 detainees had been separated in the six months prior to our arrival and were held in quite poor conditions. Use of force was not excessive and those incidents that did occur were well managed. Use of body cameras by managers was a useful confidence building measure.

Our survey indicated that a third of detainees who believed they needed legal representation did not have a lawyer. Just half an hour of free legal advice was available and it was clear that many detainees struggled to obtain representation to fight their cases. The majority of detainees we observed were held for less than two months, but there were some excessive stays, including nearly 40 detainees held for over a year and one man who had been detained for five years, which is one of the worst cases of prolonged detention we have seen. The quality of Rule 35 reports, which among other things assess the fitness of possible victims of torture for detention, was variable and many lacked meaningful diagnostic assessment.

Accommodation was a mix of 1970s house blocks and a converted Victorian fort. Standards were reasonable but cleanliness varied. Detainees were very positive about their treatment by staff and the one to one engagement we saw was reasonable. It was clear, however, that staff had yet to adjust fully to their new responsibilities and evidenced a still limited understanding of the needs of immigration detainees. The promotion of diversity was reasonable, the needs of those with protected characteristics were recognised early and some support structures were in place. Telephone interpretation services were used well in contrast to the lack of translated written information. Faith support was good and valued by detainees. Complaints were addressed reasonably well, but some responses were delayed and formal quality assurance arrangements were limited.

Health provision was reasonable for most, although access had been impacted by staff shortages. Detainees in our survey were negative about the service they received but improvement was evident, particularly in respect of mental health provision. Substance misuse need was high for an IRC but a developing service was addressing that need. The quality of food was adequate but, unlike at most IRCs, there was no cultural kitchen for self-catering. The shop was often overwhelmed and a cause of much frustration and tension among the population.

The Verne allowed reasonable freedom of movement for detainees lasting about 12 hours a day. There were enough activity places on offer and more were planned, with comparatively more detainees at The Verne saying they had enough to keep them occupied than at other centres. Work available included kitchens, food service and recycling. Some useful education and vocational training was also available and there were good opportunities to participate in gym activity, although attendance at training sessions and classes was more variable.

The centre had a promising approach to the assessment of detainees' welfare needs that included initial assessment, review and a tiered response to needs. While the model seemed a good one, it was evident that the approach was not yet well embedded. There was also no reassessment of welfare issues before discharge. Visits facilities were good but the remoteness of The Verne made visits very difficult for many families. The centre did little to mitigate this problem. Communication was further restricted by an internet suite that was too small for the demand and a poor mobile phone signal. In keeping with other IRCs there was no access to social media such as Skype.

Overall, The Verne was operating satisfactorily. However, despite considerable efforts to prepare the institution for its new role, the environment and staff culture reflected an institution that had not yet come to terms with its new function as an IRC. There was too much violence and there were a number of operational challenges to address if safety was to be improved. Some detainees were held for long periods and safeguards such as Rule 35 procedures were not working well enough. The centre was a reasonably respectful place and detainees were reasonably well occupied, but more needed to be done to improve communications both within the centre and between detainees and their families. Important IRC resources such as the internet suite and detainee shop were not working effectively. Similarly, welfare support was not yet fully effective. We have made a number of recommendations which we hope will assist with ongoing improvements.

Nick Hardwick
HM Chief Inspector of Prisons

August 2015

Fact page

Task of the establishment

The detention of people subject to immigration control

Location

Portland, Dorset

Name of contractor

HM Prison Service

Number held

575

Certified normal accommodation

580

Operational capacity

580

Last inspection

This is the first full unannounced inspection of The Verne IRC (last inspection as a prison HMP The Verne October 2012).

Brief history

HMP The Verne opened in 1949 on the site of a former military barracks. In September 2013, the Ministry of Justice announced the decision to convert The Verne into an immigration removal centre (IRC). On 28 September 2014, after a period of holding foreign national prisoners, The Verne re-rolled to become an IRC, becoming fully operational on 1 February 2015.

Name of centre manager

David Ward

Escort provider

Tascor

Short description of residential units

There are six main residential units, A1, A2, B1, B2, C1 and C2. Each accommodates 80 detainees in single rooms over two floors and within four spurs. These units also collectively accommodate an additional 20 detainees in shared certificated rooms. The induction dormitory accommodates an additional 80 detainees. Each house block has its own communal space and dining hall and there are basic cooking facilities on the house blocks in kitchenettes. There is a laundry on every house block.

Health service commissioner and providers

Dorset Healthcare University Foundation Trust

Learning and skills providers

Weston College

Independent Monitoring Board chair

Janice Pavitt

About this inspection and report

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.

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.

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.

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.

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.

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.

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.

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.

Since April 2013, the majority of our inspections have been full follow-ups of previous inspections, with most unannounced. Previously, inspections were either full (a new inspection of the establishment), full follow-ups (a new inspection of the establishment with an assessment of whether recommendations at the previous inspection had been achieved and investigation of any areas of serious concern previously identified) or short follow-ups (where there were comparatively fewer concerns and establishments were assessed as making either sufficient or insufficient progress against the previous recommendations).

This report

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*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.

Details of the inspection team and the detainee population profile can be found in Appendices I and III respectively.

Findings from the survey of detainees and a detailed description of the survey methodology can be found in Appendix IV 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 Many detainees had exhausting and unnecessary overnight transfers. The reception process was good and most detainees were supported during their early days in detention. There was a significant amount of violence and the violence reduction strategy was underdeveloped. Those at risk of self-harm were well cared for, although detainees on constant watch were inappropriately held in the separation unit. Physical security was excessive for an immigration removal centre (IRC). Use of force was not high but governance was inconsistent. The separation unit provided a poor environment. The punitive prison-style incentives scheme was inappropriate for an IRC. Many detainees did not have legal representation and could wait up to 10 days for a legal surgery appointment. Some had been held for unacceptably long periods. The quality of Rule 35² letters was variable and a detainee who said he had been tortured had not been examined. **Outcomes for detainees were not sufficiently good against this healthy establishment test.***

S2 Most detainees said that escort staff were respectful, but delayed or confused escort arrangements were not uncommon. Nearly a third of detainees had been subject to exhausting and disrespectful night time moves. Property often did not arrive with detainees.

S3 Detainees were treated with respect on arrival at the centre and the facilities in reception were good. Reception risk assessments were thorough but were not usually carried out in private. Detainees were well supported during their first night and early days in the centre and had regular welfare checks. Induction was comprehensive and prompt, but there was little translated induction information. The peer support scheme was effective but in need of further development.

S4 In our survey, only a quarter of detainees said they felt unsafe, but half the non-English speakers said they felt unsafe. Detainees were three times more likely to be assaulted than at other centres, and there had been some serious incidents including a recent disturbance involving over a hundred detainees. Reporting of violent incidents was good and individual cases were discussed in detail at the monthly safer custody meetings. However, there were no regular safety surveys, trend analysis was unsophisticated and the centre lacked a robust strategy to tackle the causes of violence.

S5 Since the centre opened, 24 detainees had harmed themselves. Detainees subject to assessment, care in detention and teamwork (ACDT)³ told us that they received good care and support from staff. The quality of ACDT documentation was variable: triggers were incorrectly recorded, some care maps were superficial and some assessment interviews were not completed. Reviews were not always multidisciplinary. There was no care suite and a number of detainees in crisis had been held in the stark and untherapeutic separation unit.

S6 The centre had a comprehensive and up-to-date safeguarding adults policy. A recently initiated multidisciplinary complex case meeting was a good forum for sharing information and planning care for the most vulnerable detainees.

² A Rule 35 report should be made by health care staff to the Home Office where they consider a detainee's health is likely to be injuriously affected by detention, where it is suspected the detainee may have suicidal intentions, or where it is considered the detainee may have been a victim of torture.

³ Case management for detainees at risk of suicide or self-harm

- S7 Detainees who claimed to be minors had been managed appropriately in the centre and their access to the regime had not been restricted unnecessarily. Staff had not yet undertaken safeguarding children training.
- S8 There was strong evidence of new psychoactive substances and 'hooch' but the centre did not have a drug strategy. A number of restrictions that were unusual for an IRC could be justified temporarily on the basis of current risks, but others were illegitimate. Physical security was excessive and internal security fencing had been erected since the centre had become an IRC. This avoidable step had prevented detainees from using the main chapel. Procedural security was proportionate and risk management systems helped to identify and address some complex issues. Intelligence was well managed and dynamic security arrangements were reasonable, although staff did not spend enough time on residential landings.
- S9 The centre operated a prison-style incentives and earned privileges scheme which was inappropriate for a detainee population. We saw no evidence that it had a positive effect on behaviour. Punitive sanctions included loss of internet access, loss of gym and work, and restricted shop access, all of which were illegitimate for detainees.
- S10 The separation unit environment was poor and it was used frequently. Some detainees were held there for several weeks. Cells were dirty, some toilets were filthy and the exercise yard was stark. Relationships between staff and detainees were affable but the regime was generally poor.
- S11 The number of incidents necessitating the use of force was not dissimilar to other IRCs. Documentation was completed correctly and records from officers demonstrated attempts at de-escalation. Body cameras worn by managers were a good initiative and could usefully have been extended to other staff. Monitoring arrangements were underdeveloped and the analysis of information on the nature and frequency of incidents was inadequate.
- S12 In our survey, a third of detainees who said they required a lawyer did not have one. Only about a quarter of those who had a lawyer had received a visit from them. Detainees had to wait about 10 days for an appointment with a duty legal adviser, which was too long. Too many legitimate websites of possible assistance to detainees were blocked. Legal text books and forms were available in the library but poorly promoted.
- S13 More than half the detainees had been held for less than two months. However, 39 had been held for over a year and, in one of the most shocking cases of unnecessarily prolonged detention that we have seen, one man had been held for over five years. Administrative inefficiencies had delayed the removal of some detainees who wanted to return voluntarily. The quality of Rule 35 reports was variable: although we saw one exemplary report, many lacked diagnostic judgements. Replies were timely but did not always reflect a balanced consideration of factors for and against detention. We were concerned to find that a man describing torture, who had arrived over three weeks previously, had not been seen or assessed by a doctor as a result of administrative failings. The on-site immigration team was not inducting new arrivals at the time of the inspection, leaving some detainees feeling confused and frustrated by the lack of information.

Respect

*S14 The accommodation was decent, but some refurbishment was needed and cleanliness was variable. Detainees were very positive about staff. Many staff did not have sufficient understanding of the concerns and needs of a detainee population. The needs of diverse groups were usually well met. The chaplaincy was much appreciated but the accessible facilities for worship were cramped. Complaints were well managed. The quality of food was adequate but it lacked cultural diversity and there was no cultural kitchen. Health services were adequate but there were significant problems of access. Substance use needs were addressed reasonably well. **Outcomes for detainees were reasonably good against this healthy establishment test.***

- S15 Most detainees lived in decent accommodation, but some areas, especially showers, were poorly maintained and cleanliness was poor in some parts of the centre. The centre still looked and felt like a prison and there was an unnecessary amount of razor wire, much of which had been put up since the centre had become an IRC. There were some good facilities in the residential units, but access to the laundry had been a persistent problem.
- S16 In our survey and group meetings, detainees reported very positively about staff and 88% said staff treated them with respect. However, too many staff had not made the cultural transition from working in a prison to an IRC. A number of them compared the detainee population unfavourably with the previous prison population and displayed little understanding of their particular concerns or frustrations. Regular consultation meetings took place with detainees and generally addressed the issues raised.
- S17 There was little evidence of tension between national or cultural groups. There was an effective strategic approach to diversity and equality work, managed by committed staff. There was reasonable but underdeveloped monitoring of the treatment and conditions of detainees across protected characteristics. There were few diversity complaints and investigations were good. Nationality focus groups had recently been put in place and other specific provision for detainees with protected characteristics was developing. Survey results from non-English speaking detainees were much worse than others across a range of areas, and there was not enough translated information. Use of telephone interpretation was reasonably good but detainees were occasionally asked to interpret during confidential interviews, which was inappropriate.
- S18 The chaplaincy provided good services for all faiths and was highly valued by detainees. A wide range of useful groups and courses was provided. However, detainees were forced to use a cramped and inadequate multi-faith facility and had no access to the attractive chapel.
- S19 Complaint forms were readily available on the units in a range of languages. Responses were polite and generally addressed the issue raised. Not all were sufficiently timely, there was no quality assurance and complaints analysis did not incorporate all the complaints received. Detainees were not given any acknowledgement that their complaint had been received.
- S20 Detainees could eat communally. The food was adequate but not sufficiently culturally diverse. Detainees were not routinely involved in the preparation of food and did not have access to a cultural kitchen. The shop was not large enough for the population and access to it for detainees was unacceptably poor. It was badly designed and causing widespread tension and frustration.

- S21 The quality of health care was reasonable for most, but access to health care was inadequate for some. Many detainees were negative about health care. Staff shortages had significantly affected service delivery, but this had recently been addressed by use of agency staff. Detainees had access to an appropriate range of primary care services, and most waiting times were reasonable. Detainees experienced delays in receiving some medications and the timing of medication rounds was not led by clinical need. Mental health provision was reasonably good and improving, but some detainees waited too long for transfer to community mental health units. There was no separate effective confidential complaints system and some health care complaints had been lost in the system. There was an unusual level of substance misuse need for an IRC. The substance misuse team provided a reasonably good and developing service.

Activities

- S22 *Detainees had reasonable freedom of movement. There was a good range of education, work and training, but take-up and attendance were variable. Induction and promotion were weak. Most detainees could work if they wanted to and waiting lists were short. The library was well used but did not have enough foreign language books. Fitness provision was good. **Outcomes for detainees were reasonably good against this healthy establishment test.***

- S23 Although detainees were subject to some restrictions, they could move around most of the centre for about 12 hours a day. Most could access work and training, but there were no organised activities in the evenings. The range of activity was good and included useful vocational training. More detainees than the comparator said they could fill their time while at the centre.
- S24 Detainees could gain nationally awarded, short duration unit qualifications in most training areas. Tutors were well qualified and the quality of teaching and learning was good. Detainees benefited from individual support and focused coaching, and good use was made of support staff and peer mentors. They displayed good skills in vocational training. Individual learning plans were new and not always completed and quality assurance was underdeveloped.
- S25 Attendance at many training sessions and classes was variable and often low. Promotion and induction of activities were weak. In particular, there was not enough information in different languages about training and work.
- S26 Most detainees could work if they wanted to and waiting lists were minimal. However, too many detainees were inappropriately blocked from work by the Home Office, which interfered with the centre's ability to manage the population.
- S27 The library was small but well managed and opening times were good. The book stock was limited, with relatively small numbers of foreign language books. Easy-read material for those learning English was very limited. The range of DVDs and CDs was good but few were in foreign languages.
- S28 Detainees had equitable access to the gym and a good range of activities and sports. Staff were all appropriately trained. Detainees completed a gym induction and links with health care were very good. A range of outdoor fitness equipment was located around the site but had not been inspected for over two years.

Preparation for removal and release

S29 *Welfare staff gave detainees good support, but the overall service was underdeveloped. Few detainees had visits and visiting times were restrictive. There was poorer than average access to means of communication. Phone reception was problematic and access to the internet was too limited. There was no systematic assessment or support for those being removed or released.*
Outcomes for detainees were not sufficiently good against this healthy establishment test.

S30 Welfare office staff engaged well with detainees and worked hard to assist them. A new and promising model of welfare work had recently been introduced, but it was not yet sufficiently embedded and did not meet the needs of all detainees. New arrivals had their immediate needs assessed by induction staff, but there was no re-assessment pre-discharge.

S31 In our survey, only 19% of detainees said they had had a visit from family or friends since arriving at the centre, against the comparator of 43%. Visits took place every day, but there was only one evening visit a week, which was not enough given the distance many families had to travel to the centre. The centre was difficult for families to get to, there was no public bus service and a free bus service was not provided by the centre. The visits hall was large, well decorated and well furnished.

S32 Fewer detainees than in other IRCs said it was easy to use the phone. There were prison PIN phones on landings instead of payphones, and the mobile phone signal was poor in many parts of the centre. Detainees could send faxes easily, but not confidentially. Detainees had very restricted access to the internet. They could use it for only a maximum of 50 minutes a day, and the internet suite was too small to meet the demand. Detainees did not have access to social media, which was a disproportionate restriction for a detainee population. Skype still could not be accessed to help detainees maintain contact with their families.

S33 Support for detainees being discharged was limited. Helpful information packs were available for many detainees being removed, but little information was given to detainees being released or transferred. The centre was often not made aware of detainees being released until early evening, and some were released too late to travel safely to their destinations. Detainees being removed were not consistently given the means to reach their final destinations safely. Welfare staff had developed links with the British Red Cross but relationships with other community support organisations were underdeveloped.

Main concerns and recommendations

S34 **Concern:** Detainees were three times more likely to be assaulted than at other centres, and there had been some serious incidents. Individual cases were discussed in detail but trend analysis was unsophisticated and did not include analysis of use of force. The centre lacked a robust strategy to tackle the causes of violence. Detainees who spoke little English were much more likely to feel unsafe than others. There were no regular safety surveys to explore this or other safety issues.

Recommendation: Safety surveys should be conducted regularly in a variety of languages, and violence indicators, including use of force, should be analysed to identify trends. The findings should inform a robust strategy and action plan to tackle the causes of violence.

S35 Concern: The quality of Rule 35 reports was variable. Many lacked diagnostic judgements and replies did not always reflect a balanced consideration of factors for and against detention. A man describing torture had not been seen or assessed by a doctor as a result of administrative failings.

Recommendation: Health care staff should be trained to recognise, treat and report any signs of trauma or torture or other health issues that may affect fitness to detain, and all GPs should receive specific training in Rule 35. Rule 35 reports should provide objective professional assessments and replies should demonstrate a balanced consideration of all factors for and against detention.

S36 Concern: There was strong evidence of new psychoactive substances and 'hooch', and drug availability had led to a number of restrictions. However, the centre did not have a drug supply reduction strategy.

Recommendation: A centre-wide strategy to reduce the availability and use of illicit drugs should be introduced as a matter of urgency.

S37 Concern: The Verne had largely maintained a prison identity and some security measures and practices were disproportionate for a detainee population. There was an excess of razor wire and little had been done to soften the environment. Physical security was excessive and detainees were, for example, prevented from using the main chapel as it was outside designated detainee areas.

Recommendation: The living environment should be more open and less prison-like, and security measures should be proportionate for a detainee population. Temporary security restrictions should be reviewed regularly and lifted as soon as immediate risks have abated.

Section 1. Safety

Escort vehicles and transfers

Expected outcomes:

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

- 1.1** *Most detainees said that escort staff were polite and respectful. Too many detainees were subject to exhausting night time movements. Some detainees' transfers were unnecessarily disrupted.*
- 1.2** In our survey, 75% of detainees said that they were treated well or very well by escort staff against the comparator of 63%. We observed escort staff searching detainees respectfully. Almost a third of detainees travelling to the centre in February 2015 had arrived between 10pm and 6.30am. Some of those arriving late at night had also experienced long journeys to the centre.
- 1.3** Staff and detainees reported that escorts were regularly delayed or cancelled at short notice. This resulted in detainees waiting too long in reception or being sent back into the centre when escort vehicles failed to arrive.
- 1.4** In our survey, 14% of detainees against the comparator of 8% said that they had problems with loss of property when they first arrived at the centre. Staff told us that some property was not secured, it arrived in defective bags, seals were weak and no name labels were attached.

Recommendations

- 1.5** **Detainees should not be escorted during the night unless this is required for urgent operational reasons.**
- 1.6** **The escort contractor and Home Office should ensure that escort vehicles arrive as scheduled.**
- 1.7** **Detainees' property should be securely transported using robust seals and durable bags.**

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.

- 1.8** *Detainees were treated well in reception. Risk assessments were good, but lacked privacy. First night and induction processes were good but not enough translated materials were available. The peer support scheme was developing well but required more oversight.*

- I.9** In our survey, 77% of detainees against the comparator of 63% said that staff in reception treated them well. The reception area was clean, welcoming and well maintained. All detainees were thoroughly risk assessed on arrival and a room-sharing risk assessment was completed before location on the residential units. The reception risk interview was not carried out in private. Telephone interpretation facilities were accessible in reception and the centre log indicated regular use. However, not enough translated information was available (see recommendation 2.28). Detainees were offered hot drinks and food on arrival in reception.
- I.10** All new arrivals were located on the first night unit, which provided a good standard of accommodation. The unit included 10 newly refurbished dormitory rooms, each with eight private partitioned sleeping areas. Staff on the first night unit were aware of the new arrivals and provided good support during the settling-in period. Detainees usually stayed on the first night unit for between three and seven nights. Four trained peer supporters offered guidance and information. Peer supporters lived in a designated first night dormitory and, if staff were concerned about particular detainees, they were allocated a bed in this dormitory for their first night and additional nights if required. Detainees with pressing support needs were identified during a second risk interview carried out by unit staff within 24 hours of arrival. First night accommodation was clean and detainees were provided with a bedding pack including sheets, a duvet, cutlery, tea and coffee and basic toiletries.
- I.11** Induction took place within 24 hours of arrival and included an introduction to centre rules and regulations. Chaplaincy, welfare and equality representatives were invited to speak at induction. This was followed by a tour of the centre by a peer supporter and staff member. A separate gym induction took place. Induction was comprehensive and multidisciplinary, but most key information was in English only.
- I.12** Detainees spoke positively of the support provided through the new peer support scheme, particularly from the first night and induction peer supporters. The peer supporters met centre staff monthly to discuss their workload and any emerging issues.

Recommendation

- I.13 Risk assessment interviews in reception should be carried out in private.**

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.14** *In our survey, non-English speaking detainees reported feeling less safe than English speakers. The level of detainee assaults on other detainees was three times higher than at other centres. Some violent incidents were serious. Reporting of violent incidents was good but trend analysis was weak. The safer detention team were not proactive enough and lacked a strategic approach to reducing violence.*

- I.15** In our survey, fewer detainees than at other centres said that they currently felt unsafe (25% compared to 32%) and more said that they felt safe on their first night (73% to 54%). However, half the non-English speaking detainees reported feeling unsafe compared with only 20% of English speakers. Only 58% of non-English speakers said they felt safe on their first night against 77% of English speakers (see main recommendation S34).
- I.16** Levels of violence were high. Since the opening of the centre, there had been 56 assaults on detainees and four on staff. Five detainees had had unexplained injuries. During our inspection, windows were smashed, detainees were assaulted and one detainee threatened another with an improvised weapon containing a razor blade. Some previous incidents had involved serious violence. During the first week of our inspection over a hundred detainees were involved in a disturbance. The disturbance was sparked by a detainee tying a noose around his neck and going onto a roof. His actions put him at risk of serious injury and the subsequent disturbance caused considerable damage to property. However, there were no reported injuries and the incident was controlled quickly by staff.
- I.17** Bullying and violence reduction was managed by the safer detention team which comprised a manager, senior officer and an administrator. Reporting of violent incidents was good and the team was aware of the level and nature of incidents. These incidents were discussed in detail at the monthly safer custody meetings. The Home Office attended some meetings but a representative from the security department did not.
- I.18** Analysis of incidents lacked sophistication. For example, staff could not tell us how many incidents were caused by former prisoners although it was assumed that they were over-represented. While the supply, trade and use of new psychoactive substances were likely to be a cause of violence, the team had not systematically analysed incidents to determine this (see main recommendation S34).
- I.19** The centre lacked a robust safety strategy. There was no action plan and it was unclear how the causes of violence were being addressed. There was no up-to-date safety survey (see main recommendation S34). The safer detention team was not sufficiently proactive and relied too much on punitive sanctions (see section on rewards). Bullies and victims were monitored through tackling antisocial behaviour (TAB) processes. Observational entries in TAB cases were of a reasonable quality.

Housekeeping point

- I.20** A wide range of departments should attend safer custody meetings, including the Home Office and security departments.

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.21 *Twenty-four detainees had self-harmed since the centre opened. Detainees on ACDT procedures received good support from staff, although the quality of ACDT documentation varied. There was no care suite and some detainees in crisis were held in a gated cell in the separation unit. Monitoring of food refusal was not robust enough.*

I.22 Since the centre opened, 24 detainees had harmed themselves and some incidents were serious near misses. Detainees at risk of suicide or self-harm were supported through the assessment, care in detention and teamwork (ACDT) case management process. Ninety-five detainees had been supported by ACDT since the centre opened and 10 were open on the first day of our inspection. Detainees on open ACDTs whom we spoke to said they received helpful support and care from staff.

I.23 The quality of ACDT documentation was variable despite regular management checks. Some assessment interviews and care maps were incomplete. In some cases staff incorrectly believed that a care map was not needed because the detainee refused to cooperate. We found two examples of a detainee acting as an interpreter, which was inappropriate. In other cases professional telephone interpretation was used. The quality of observational entries varied: some reflected detainees' moods while others were opaque and did not demonstrate meaningful interaction. One detainee had been transferred from prison to the centre on an open ACDT but the escorts had not recorded any observational entries. Many case reviews were not multidisciplinary with only the detainee and two members of staff present. Many ACDTs were opened when detainees had threatened suicide on receiving removal directions. Staff checked on detainees every day for seven days following the closure of an ACDT document.

I.24 There was no care suite and detainees requiring constant observations were held in the austere gated cell in the separation unit (see section on the use of force and single separation). Holding detainees in crisis in such poor conditions was inappropriate.

I.25 Since the centre opened, 14 detainees had been monitored for refusing food. The centre had a food and fluid refusal policy but the processes for monitoring food consumption were weak. Staff marked detainees' names on a register when they collected their meals from serveries. Staff spoke to detainees who missed meals to find out why. The records of whether a detainee had eaten a meal were discarded at the end of each day and detainees who regularly missed meals could not be monitored.

I.26 Shortly before our inspection, the Samaritans had stopped visiting the centre because of safety fears. The safer detention team were in discussion with the Samaritans and were hopeful that they would shortly resume services.

Recommendations

I.27 **The quality of ACDT documentation should be of a high standard. Assessment interviews and care maps should be completed, case reviews should be**

multidisciplinary, professional interpretation should be used where necessary and meaningful observational entries should be recorded at the required frequency.

- I.28 Detainees at risk of self-harm or suicide should not be located in the separation unit solely for reasons of vulnerability. A suitable care suite should be available.**

Housekeeping point

- I.29** Records of detainees' attendance at meals should be retained to allow for monitoring over time.

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.⁴

- I.30** *The centre had a comprehensive safeguarding adults policy and links with the local adult safeguarding team. Weekly complex detainee meetings were a positive development.*

- I.31** The comprehensive, up-to-date safeguarding adults policy was a useful resource for staff. The centre had links with the adult safeguarding team at Dorset County Council and was in discussion about applying the Care Act.

- I.32** Shortly before our inspection a multidisciplinary complex detainee meeting had been established, which was a welcome initiative. We observed one meeting which was attended by a wide range of staff. Information about vulnerable detainees was shared and their care was planned.

Safeguarding children

Expected outcomes:

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

- I.33** *Location and access to the regime for detainees disputing their age was appropriately determined by risk assessment. A recent age dispute case had been managed correctly, and the detainee had been quickly released from the centre. Staff had not undertaken safeguarding children training.*

- I.34** There was an up-to-date age dispute policy which required a care plan to be drawn up for detainees and a designated support officer to be allocated. Detainees were identified as low, medium or high risk which determined access to the regime and the level of supervision. We

⁴ 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).

saw one care plan which was not detailed enough, although it was open for only a very short time.

- I.35** There had been two age dispute cases in the previous six months: in the first case the detainee claimed to be 16, a care plan was opened and he was accommodated in the peer supporters' dormitory. It was quickly determined that he had previously been age assessed by social services as an adult. In the second case, a detainee claiming to be 17 had been previously assessed by social services as an adult but the centre had received documentation proving he was a minor. A care plan was opened, and the detainee was removed from the centre by social services the following day.
- I.36** Centre staff had not undertaken any safeguarding children training.

Recommendation

- I.37 All relevant staff should have up-to-date safeguarding children training with regular refreshers.**

Housekeeping point

- I.38** Care plans for detainees disputing their age should be sufficiently detailed.

Security

Expected outcomes:

Detainees feel secure in an unoppressive environment.

I.39 *Dynamic security arrangements were reasonable but supervision of detainees was sometimes weak and some aspects of physical security were excessive. There was strong evidence of the availability and use of new psychoactive substances and temporary security restrictions had been implemented. There was no strategy to address this problem.*

- I.40** The organisation and management of security were generally good. Intelligence was very well managed and security committee meetings were well attended. The standing agenda was appropriate and included a thorough analysis of the information reports (IRs) received during the month. Security objectives were agreed and reviewed through consideration of intelligence. Reports from other areas of the centre, such as residential areas and safer custody, were also discussed.
- I.41** The security department received over 200 IRs each month, which were processed and categorised by full-time security collators and analysts. Intelligence was communicated quickly to other areas of the centre, particularly the residential units, to enable them to make informed decisions about detainees or to take action on specific concerns.
- I.42** The physical condition of the centre was generally good and we found no obvious weaknesses in physical security. There was, however, an over-reliance on prison-like physical security features such as extensive inner perimeter fencing and razor wire which unnecessarily restricted detainee access to much of the centre grounds (see section on residential units and main recommendation S37). Important elements of dynamic security

were well established but the supervision of detainees on residential units was often inadequate.

- I.43** Risk assessment systems were very good and there was clear use of information on detainees' recent behaviour in custody and historic data to inform assessments. Detainees were not handcuffed routinely on escorts, searching rooms and dormitories was intelligence driven and strip-searching was rare and based on intelligence.
- I.44** There was strong evidence of a serious increase in the availability and use of new psychoactive substances (NPS) since the re-role to an IRC. Illicitly brewed alcohol, known as 'hooch', was also a problem. About 40% of IRs received by the security department concerned NPS or other drugs. The number of drug-related violent incidents was also concerning (see section on violence reduction).
- I.45** A number of temporary restrictions had been put in place, some of them legitimate given the concerns about drugs and violence, others excessive. These included the opening of all incoming mail, the use of drug detection dogs, the restriction of detainee movement on residential units, and searches on leaving workshops and visits. Links between security and drug treatment services were not well developed (see section on health care) and there was no centre-wide strategy to address drug supply (see main recommendation S36).

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.46 *The reduction of regime and entitlements for the few detainees on the standard and basic levels of the rewards scheme was wholly punitive. We found that reviews were often cursory, behaviour warnings petty and there was little evidence that sanctions were helping to improve behaviour.*

- I.47** Detainees arriving at the centre were placed on the enhanced level of a three-tier prison-like incentives and earned privileges scheme. At the time of the inspection, 96% of detainees were on the enhanced level, 3% on standard and 1% on basic.
- I.48** Failure to comply with centre rules or acts of antisocial behaviour led to a verbal warning, which remained valid for three months. Following further breaches a written warning was issued and a review board was usually held. Case notes showed that warnings were often inconsistent, and some were petty.
- I.49** Detainees were considered for immediate demotion to basic level following a single act of what was described as serious antisocial behaviour. There were a few cases of detainees being demoted to standard level following an alleged single incident of poor behaviour with no investigation of the facts.
- I.50** The regime for detainees on standard and basic level was punitive and very unusual in an immigration removal centre. Although periods on basic level were short, detainees were often not allowed to work or attend education, gym and the IT suite. Access to the shop was restricted. Detainees on standard level also had limited access to facilities.

- I.51** Reviews of detainees on standard and basic were often cursory and there was little evidence that progress was being monitored or acted on. There was no evidence that the scheme had any impact on reducing poor behaviour. Incidents of violence remained high and use of illicit drugs was a problem (see sections on violence reduction and security).

Recommendation

- I.52** **The rewards scheme should not be punitive or based on sanctions. It should be administered fairly and behaviour warnings should be consistent.**

The use of force and single separation

Expected outcomes:

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

- I.53** *The incidence of use of force was not excessive and documentation was completed correctly. Managers wore body cameras, which was a good initiative. However, monitoring arrangements were underdeveloped and the analysis of information on the nature and frequency of incidents was inadequate. The environment in the separation unit was poor. Cells were dirty, some toilets were filthy and the exercise yard was stark. Relationships between staff and detainees were affable but the regime was poor. Use of separation was high and some detainees spent long periods there.*

- I.54** There had been 32 incidents of use of force in the six months before the inspection. Spontaneous and planned intervention was well organised and carried out. Documentation that we examined was completed correctly and entries by officers indicated that force was used as a last resort. Proper authority was recorded; senior staff supervised all incidents and planned interventions were video recorded. We observed officers dealing calmly with particularly angry detainees, using de-escalation to good effect. Managers carried body cameras which they used to record spontaneous incidents, usually as they started.
- I.55** Management arrangements in some areas were weak. Information on the nature of the incident, its location, the ethnicity and age of the detainees was not analysed thoroughly or used to inform a strategy to reduce violence or address patterns and trends (see section on violence reduction and main recommendation S34).
- I.56** The care and separation unit consisted of eight cells, including a gated constant watch room. It was located on a single landing in a secure building near the residential units. The environment was poor. The two communal corridors were reasonably clean but they were narrow with little natural light, which created a rather oppressive environment. Most rooms were dirty with graffiti and some toilets were filthy. Some rooms had televisions and all had in-room electricity. The exercise yard was stark and cage like.
- I.57** Use of separation was high. We calculated that 131 detainees had been separated during the six months before the inspection, and that the average length of stay was about four days. A smaller number of detainees had been separated for periods of several weeks. Of the 131 detainees, 128 had been separated under detention centre rule 40 (removal from association) and only three under detention centre rule 42 (separation for temporary confinement).

- I.58** In the cases that we examined, separation had been authorised properly but there were examples of detainees with mental health issues being separated because of a lack of more suitable accommodation (see sections on health care and violence reduction).
- I.59** Governance of separation was reasonably good. A segregation monitoring and review group met monthly to monitor the number of detainees held in segregation and the reasons for segregation. A strategy document had been published which described working practices and management arrangements.
- I.60** Relationships between staff and detainees were reasonably good. We observed officers treating detainees respectfully and in a relaxed manner. A basic daily regime included showers and exercise. Detainees were allowed to keep their mobile phones while locked in their rooms. Following a risk assessment, detainees on Rule 40 could attend activities such as education, library and gym, but this happened rarely and most separated detainees spent nearly all day locked in their rooms.

Recommendations

- I.61** **The separation unit should be refurbished, decorated and suitable for holding detainees. Rooms should be clean and free of graffiti, and toilets should be clean.**
- I.62** **Separation should be for the shortest time possible and detainees with mental health issues should not be located there.**

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.63 *Too many detainees had no legal representation. Waiting times for the legal aid surgeries were too long. Arrangements for legal visits were good. Legal text books and forms were not well promoted in the library and too many legitimate websites were blocked.*

- I.64** Too many detainees did not have a solicitor. In our survey, a third of detainees who said they required a lawyer did not have one. Only 27% of detainees who had a solicitor said that they had received a visit from them against the comparator of 45%.
- I.65** The Legal Aid Agency funded the duty legal advice service. Immigration solicitors attended four afternoons a week and saw up to six detainees, each for half an hour. These 24 slots a week were not enough for the population of over 550 detainees. At the time of our inspection, detainees were waiting 10 days for an appointment which was too long.
- I.66** Despite the guarantee of half an hour of free legal advice, detainees complained that it was difficult to secure legal representation to fight their substantive immigration cases. One detainee in our survey told us: *'There are great difficulties trying to contact the free legal representatives ... only met very briefly. After that it was very hard to book an appointment or try to contact them. Also, the waiting time to get an appointment is very long.'*

- I.67** Solicitors confirmed that arrangements for visiting detainees were good and staff were welcoming. The four consultation rooms in the visits hall provided adequate capacity. Solicitors could bring mobile phones, laptops and tablets into the centre.
- I.68** The library contained relevant legal text books and forms but detainees could not browse freely and had to request them from a member of staff. The books and forms were not promoted. Detainees could view country of origin reports online in the internet room or ask for copies to be printed in the library. Too many websites relevant to detainees were inappropriately blocked, for example Bail for Immigration Detainees (BID) and the Refugee Council. Detainees could print documents and use fax machines but mobile telephone reception was poor (see section on communications). There was little information on the Legal Ombudsman or the Office of the Immigration Services Commissioner. Two third-sector groups attended the centre: BID to assist detainees applying for bail and Migrant Help to provide non-legal support to detainees.

Recommendations

- I.69** **The Home Office should advise the Legal Aid Agency of delays in accessing the duty legal advice surgeries and invite the Agency to review provision.**
- I.70** **Websites of advocacy and support groups of assistance to detainees should not be blocked.**

Housekeeping point

- I.71** There should be effective promotion throughout the centre of the availability of legal text books and forms in the library, and of the services of the Legal Ombudsman and the Office of the Immigration Services Commissioner.

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.72** *Most detainees were held for less than two months but some were held for unreasonable periods. The removal of some detainees who wished to return voluntarily was delayed by administrative inefficiency. The quality of rule 35 reports was variable and many lacked diagnostic findings. Replies did not always reflect balanced consideration of the initial report. On-site immigration enforcement staff did not induct new arrivals.*

- I.73** At the time of the inspection, 549 detainees were held. Fifty-four per cent of the population were former prisoners. More than half had been held for less than two months. Thirty-nine detainees had been held for more than a year, with the longest held for five years, one of the most shocking cases of prolonged detention we have seen.

- I.74** Administrative inefficiency delayed the removal of some detainees who wished to return voluntarily and some detainees could not be removed within a reasonable time⁵. The detainee held for more than five years could not be removed without a travel document. For years the Home Office had accused him of failing to cooperate with his re-documentation, but had not actively pursued a section 35 prosecution⁶ to test this belief before a judge.
- I.75** Following a custodial sentence for manslaughter, a detainee had been held for over three years under immigration powers. The detainee had successfully judicially reviewed his deportation order in July 2014 but the Home Office had lodged an appeal to be heard in November 2015. Removal was unlikely within a reasonable period.
- I.76** In January 2015, a detainee held for just under five months was declared unfit to fly and had a series of appointments at a local hospital to investigate chest pains. It was not clear why the detainee, who had no criminal record, could not be released while his health issues were investigated.
- I.77** We reviewed 10 rule 35 reports and their replies⁷. All concerned torture and one related to torture, health and suicidal intentions. The quality of reports was variable. The centre's general practitioner was not trained to identify victims of torture or trauma. Many reports repeated detainees' accounts of mistreatment without adding valuable diagnostic findings. Other reports lacked detail. Two reports were good and one was exemplary. One detainee reported being tortured but had not been seen by a doctor because of administrative errors, which was unacceptable. He was eventually seen and assessed, but only after inspectors raised it.
- I.78** All 10 replies were served on time. In seven cases detention was maintained. In two cases, the detainee was released before the report was considered. The exemplary report led to release. In two cases, case owners had their decision to release overturned by a senior colleague acting as a 'second pair of eyes'. In one of these cases, the draft reply noted that the detainee was attending Devon Referral Support Services mental health team but this had been edited out of the subsequent reply maintaining detention (see main recommendation S35).
- I.79** The on-site immigration enforcement team had been instructed to serve all monthly progress reports and they did not have capacity to induct new arrivals, leaving some detainees confused and frustrated. Thirty-five monthly progress reports were overdue at the start of the inspection.

Recommendations

I.80 Detainees should not be held for unreasonable periods.

⁵ The Home Office should follow the Hardial Singh principles when using the power to detain. The principles, reiterated by the Supreme Court in the case of *Walumba Lumba (Congo) v SSHD* [2011] UKSC 12 are:

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

⁶ Under section 35 of the Asylum and Immigration (Treatment of claimants, etc.) Act 2004, the Home Office can prosecute detainees who, without reasonable excuse, fail to comply with the re-documentation process.

⁷ A Rule 35 report should be made by health care staff to the Home Office where they consider a detainee's health is likely to be injuriously affected by detention, where it is suspected the detainee may have suicidal intentions, or where it is considered the detainee may have been a victim of torture

I.81 On-site immigration staff should induct all detainees within 24 hours of their arrival.

Housekeeping point

I.82 Monthly progress reports should be served on time.

Section 2. Respect

Residential units

Expected outcomes:

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

- 2.1** *The standard of accommodation was reasonably good, but some refurbishment and maintenance was needed. The centre still resembled a prison and some new physical security features were unnecessary for an immigration removal centre (IRC). Most facilities in the residential units were adequate but access to the laundry was a continuing problem. Weekly detainee consultation meetings addressed the issues raised.*
- 2.2** The accommodation was generally decent but cleanliness was variable. We saw examples of dirty toilets and, despite recent refurbishment, some showers on B and C blocks were regularly blocked. There was ingrained dirt on some stairwells and landings. The first night unit (D block) comprised refurbished dormitory accommodation and was clean and in good condition.
- 2.3** Each house block had a dining hall and kitchenette with basic cooking facilities. Association rooms were well equipped with pool tables and table tennis equipment. Detainees had keys to their single rooms and main dormitory doors. The dormitories had additional lockable storage. Although there were a number of notices and rules posted around the residential units, not enough were translated into the main languages of the detainee population. Monthly detainee consultation meetings took place and some progress was evident from month to month.
- 2.4** In our survey, 72% of detainees said that they could clean their clothes easily against the comparator of 83%. Each house block had a ground floor laundry supervised by a detainee, where we found a number of broken washing machines. Some detainees told us that there had been reduced access to washing machines for a number of weeks and they had hand washed their clothes. Detainees had daily access to showers and weekly access to clean bed linen. Mattresses and pillows were replaced as necessary.
- 2.5** A programme of refurbishments had taken place before the establishment had become an IRC, but little had been done to soften the environment for a detainee population. The centre resembled a prison and, since the re-role, an internal five-metre fence with large amounts of razor wire had been erected around the areas used by detainees (see Appendix IV: Photographs). Detainees could no longer use the chapel, which was now outside the designated area (see sections on security and faith, and main recommendation S37).

Recommendation

- 2.6 All parts of the centre should be kept clean, and showers, toilets and washing machines should be properly maintained.**

Housekeeping point

- 2.7 Notices on the house blocks should be available in a range of languages.

Staff–detainee relationships

Expected outcomes:

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

- 2.8 *Detainees reported positively on their treatment by staff. However, too many staff had not adjusted to working in an IRC and had little understanding of the particular concerns and needs of detainees.*

- 2.9 In our survey, 88% of detainees said most staff treated them with respect and our detainee group meetings were similarly positive. We saw staff engaging well with detainees and observed staff taking the time to deal sensitively and appropriately with distressed detainees. Detainees were often addressed by their first names but not all staff routinely knocked on detainees' doors before entering their rooms.
- 2.10 Not enough staff had made the necessary adjustment from working in a prison environment to an IRC. We spoke to a number of staff who compared detainees unfavourably with the previous prison population. They showed little understanding of the uncertainties and frustrations experienced by many detainees, and had only a basic understanding of their cultural backgrounds.
- 2.11 Weekly consultation meetings between staff and detainees were well attended and competent minutes were taken. Actions identified at these meetings were usually taken forward by managers.

Recommendation

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

Housekeeping point

- 2.13 Staff should always knock before entering a detainee's room except in an emergency.

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 characteristic⁸ 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.

2.14 *The diversity and equality policy was up to date. Monitoring of the treatment and conditions of detainees across protected characteristics was underdeveloped. The distinct needs of most detainees with protected characteristics were recognised early and regularly reviewed. Support groups and other provision for detainees with protected characteristics were developing and regular nationality focus groups had recently been introduced. However, provision for young adults and older detainees was underdeveloped. Telephone interpretation services were used well, but there was no written information in languages other than English.*

Strategic management

- 2.15** The diversity and equality policy covered legal obligations and detailed reference to meeting the individual needs of detainees. The ongoing review and management of the policy were effective. A full-time equality adviser and disability liaison officer were responsible for the management of the policy and there was a well constructed diversity, race and equality action team (DREAT).
- 2.16** DREAT meetings took place every month and were chaired by the deputy governor. All departments were represented and minutes showed that issues raised were generally followed up promptly. There was limited monitoring of equality and the implementation of changes. There was evidence of some analysis and investigation of negative trends but analysis over time was inadequate. Systems for identifying disparities by comparing data and looking at percentage ranges were underdeveloped. Peer support workers had been appointed to attend DREAT meetings, but they had not received training and their role in diversity work had not been clearly identified or advertised.
- 2.17** Only six discrimination incident report forms had been submitted during the six months before our inspection but we found no reluctance to complain. Replies were respectful and focused. All incidents had been investigated thoroughly and there was evidence of one-to-one discussions with those involved.

Recommendation

- 2.18** **There should be thorough monitoring of the treatment and conditions of detainees across protected characteristics.**

⁸ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010)

Protected characteristics

- 2.19** There were effective systems to identify new arrivals with protected characteristics. We found no evidence of tension between nationality groups in the centre. Detainees were interviewed at reception and during induction by the equality manager or the disability liaison officer who recorded information about protected characteristics.
- 2.20** There was reasonable use of professional telephone interpreting services, particularly on arrival. However, interpretation services were not used regularly in sensitive or confidential settings such as during health care interviews (see section on health care). There was some translated written information in reception but little elsewhere.
- 2.21** In our survey, non-English speaking detainees reported more negatively than English speakers across a range of questions about their perceptions of safety and respect. For example, only 6% said that they had information about health in their own language, 57% said that they had a member of staff to turn to with a problem and 50% said that they felt unsafe at the centre against respective comparators of 29%, 75% and 20%. Seventy-eight per cent said that staff treated them with respect against the comparator of 89%.
- 2.22** The identification of detainees with a disability was particularly effective. Reception screening was thorough and detainees were asked to declare any disabilities. A disability screening form was completed during induction and detainees were asked again during health care interviews. In our survey, 11% of respondents said that they considered themselves to have a disability.
- 2.23** There were no adapted cells on residential units but personal emergency and evacuation plans (PEEPs) were completed for all detainees identified as requiring them. We were told that care plans had been raised for detainees with more complex physical needs.
- 2.24** Most men with disabilities whom we spoke to reported a generally supportive environment.
- 2.25** Support groups and provision for detainees with protected characteristics were developing. Regular nationality focus groups had recently been introduced. However, the needs of the small number of young adults (about 8%) had not been assessed or addressed. Centre records showed that 6% of the population were over 50, 2% of whom were over 60. Although there was a link nurse for older detainees (see paragraph 2.54), provision for this group had not otherwise been developed.
- 2.26** Efforts had been made to identify gay and bisexual detainees to give them immediate support, but in practice we found little support and no links with community groups.

Recommendations

- 2.27 A range of translated information, including reception and induction materials, should be available in a range of languages to reflect the population profile.**
- 2.28 The poor perceptions of non-English speaking detainees should be investigated and addressed.**
- 2.29 The needs of young adult and older detainees should be identified and addressed.**

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.

2.30 *The chaplaincy was prominent and provided a good service for all faiths which was valued by detainees. However, facilities were poor and there was not enough room to meet demand.*

- 2.31** The chaplaincy comprised a full-time managing chaplain supported by sessional and part-time chaplains covering all the main religions. Outside speakers, ministers from various denominations, official visitors and volunteers from local faith communities attended the centre.
- 2.32** Chaplains were popular with and easily accessible to detainees. They were well integrated into centre life and regularly attended appropriate operational meetings such as safer custody and daily management briefings.
- 2.33** All the main religious and cultural festivals were celebrated and regular religious classes and groups were held.
- 2.34** Detainees had good access to weekly corporate worship and faith meetings and they could see chaplains of their faith in private every week. The times for corporate worship were well advertised and detainees could attend freely without making appointments. There was a wide range of faith activities, such as a Sikh group, Bible and Qur'an studies, and meditation groups.
- 2.35** In our survey, 86% of respondents said that their religious beliefs were respected and 66% said that they were able to speak to a religious leader of their faith against respective comparators of 78% and 54%.
- 2.36** However, faith facilities were generally poor. The Mosque was too small to meet the demands of the large Muslim population and the multi-faith centre used for other faith groups was poorly equipped and also too small. There were no interview rooms or other space to hold group sessions and meetings. A large chapel used when The Verne was a prison was located behind an internal fence and was not accessible to detainees (see main recommendation S37).

Recommendation

- 2.37** **Facilities for faith and religious activities should be properly maintained and large enough to meet demand.**

Complaints

Expected outcomes:

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

2.38 *Complaint forms were readily available on the units in a range of languages. Responses were polite and focused but not all were timely. There was no quality assurance framework and complaints analysis did not incorporate all the complaints received.*

2.39 Complaint forms were readily available on units in a range of languages. Complaint boxes were emptied daily by on-site immigration staff, who categorised complaints as 'informal', to be sent to the welfare office for resolution, and 'formal', to be sent to the Home Office for allocation.

2.40 Since the centre's re-role, 77 complaints had been submitted, 40 informal and 37 formal. Four complaints had been sent to the professional standards unit for investigation. Responses to complaints that we saw were polite and addressed the issue raised, but some took several weeks to answer. Detainees were not given any acknowledgement that their complaint had been received. There was no quality assurance in place to ensure that good standards were maintained.

2.41 A monthly monitoring report was sent to the senior management team which only included the formal complaints, broken down by subject, nationality and unit, and no information on the complaints that were dealt with by the Home Office or the escort contractor. Centre managers therefore had partial information about the concerns affecting detainees. There were no clear trends among the formal complaints, but almost all informal complaints concerned property, particularly property which had not arrived with detainees. Many of these issues could have been dealt with by staff on residential units.

Recommendations

2.42 **Complaints should be timely and quality assured.**

2.43 **Complaints analysis should incorporate information on all complaints submitted.**

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.

2.44 *The quality of health care was reasonable for most detainees, but access to health care was inadequate for some. Many detainees were negative about health care. Staff shortages had affected service delivery significantly, but this had recently been addressed by use of agency staff. Detainees experienced delays in receiving some medications and the timing of medication rounds was not led by clinical need. Mental health care was reasonably good and improving, but some detainees waited too long for transfer to community mental health units. There was no separate confidential health care complaints system.*

Governance arrangements

- 2.45** Health services were commissioned by NHS England and had been provided by Dorset Healthcare University Foundation Trust (DHUFT) since October 2014. The health needs assessment completed in March 2014 in preparation for the re-role from a prison to an IRC had used provisional indicators of the likely demographics of the population and required updating to reflect need. Working relationships between the commissioners, the centre and provider were good. Well attended clinical governance and partnership board meetings covered all essential areas. Recent regular attendance by health and substance misuse managers at the weekly peer mentor detainees' consultation meetings had provided useful feedback to improve health services. A patient experience questionnaire was being used but it was only available in English.
- 2.46** In our survey, 39% of detainees were satisfied with the overall quality of health services against the comparator of 48%. Significant staffing difficulties had affected service delivery with only essential services being covered. This had been mitigated by the use of regular agency staff and nurses were available over a 24-hour period. The daily lunchtime health care handover meeting which all health care staff attended was well managed and informative.
- 2.47** Professional development opportunities were available, but no health care staff had attended awareness training on the signs and consequences of torture which might affect fitness to detain, although a training module had been identified (see main recommendation S35). Most staff were in date with mandatory training, although too few had formal clinical or managerial supervision.
- 2.48** Clinical records that we examined were good, and care plan templates based on national guidance were being used on the electronic medical record SystemOne. A range of policies, including safeguarding and information sharing, were used by staff.
- 2.49** Systems were in place for the prevention of communicable diseases and staff were aware of action to take in the event of an outbreak, including ebola.
- 2.50** Not all rooms in the health care centre met infection control standards and some required redecoration. The waiting area was frequently overcrowded at medication times and detainees had to queue outside for too long.

- 2.51** Suitable, well-checked emergency equipment, including automated external defibrillators, was strategically placed around the centre. The 24-hour nursing cover staff had been trained to use the defibrillator. We observed rapid, appropriate responses to three emergency calls during the inspection and an ambulance was called promptly in emergencies.
- 2.52** Telephone interpretation was used regularly for detainees who were not fluent in English during health consultations and in reception.
- 2.53** Limited health promotion and health care information was available outside the health care centre and was only in English, apart from the consent form used in reception. The appointment application process was inconsistent. Application boxes and forms were only available on some units and some detainees reported making repeated applications to no avail. Health care complaints were submitted through the central process, which was inappropriate because it lacked confidentiality. There were inconsistencies in the monitoring of complaints leading to frustration for detainees who had not received a response to the concerns they had raised.
- 2.54** A lead nurse was responsible for the care of older detainees and mobility and health aids were available if required. There was access to smoking cessation services. Barrier protection was not freely available.

Recommendations

- 2.55 An up-to-date, comprehensive health needs assessment should inform clinical services.**
- 2.56 All staff should have regular recorded clinical and managerial supervision.**
- 2.57 All clinical areas should be fully compliant with infection control guidelines.**
- 2.58 A wider range of health promotion material, including mental health and wellbeing information, should be displayed across the centre in a range of languages.**

Delivery of care (physical health)

- 2.59** All new detainees received a comprehensive health assessment which included questions about learning disability, mental health and substance misuse. Detainees' capacity to understand and consent to treatment and information sharing and experience of mistreatment or torture were identified during this process. We found that one detainee who had told the nurse that he had experienced torture had not been followed up with an assessment for a Rule 35 report (see casework section).
- 2.60** An appropriate range of primary care services was available, including podiatry and physiotherapy. Waiting times for appointments were acceptable, including a routine appointment to see the GP within three days. We observed positive engagement with detainees by all members of the health care team.
- 2.61** Detainees with long-term conditions had regular reviews and were managed effectively in nurse-led clinics and by the GP. There was good screening for sexually transmitted diseases and blood-borne viruses, and detainees could attend a visiting specialist sexual health clinic.

- 2.62** External hospital appointments were well managed, and cancellation of appointments was mostly due to removal or transfer of the detainee.
- 2.63** There was an appropriate protocol for the clinical management of detainees who had refused food and fluids. A palliative and end-of-life care pathway was in place and the policy was under review with local services.
- 2.64** All detainees were given medication on a risk assessed basis before transfer or removal, although malarial prophylaxis was not yet given if indicated.

Recommendation

- 2.65** **Detainees should be given malarial prophylaxis if clinically indicated.**

Pharmacy

- 2.66** Medicines were supplied daily by Yeovil District Hospital pharmacy, although we found several detainees had experienced delays in receiving their medication. There were fortnightly pharmacist-led clinics and the Trust senior pharmacist attended regular medicines management meetings.
- 2.67** Stock medicines were managed well in the health care dispensary but we found unlabelled stock in the dispensary and a treatment room. A patient's part-used tube of cream was found with dispensary stock. Date-checking of stock was not documented. Medication supplied to the IRC did not include dispensers' and checkers' initials. The fixings of both the controlled drugs cabinets in the dispensary were not legally compliant and some compliance issues with the controlled drugs register were being addressed. Otherwise, controlled drugs and refrigerator stock were managed satisfactorily. The dispensary did not have the equipment for accurately dispensing liquids, including methadone.
- 2.68** Medication was prescribed and administered using SystemOne, but detainees' failure to attend was not routinely recorded. Medicines were administered from the health care dispensary three times a day, and occasional on-wing administration to detainees was appropriately managed and recorded. We observed a crowded waiting room during medication rounds with detainees waiting too long to receive their medication, and several detainees we spoke to expressed their dissatisfaction with this. Staff checked detainees' identities and we observed good interaction. The timings of the medication rounds were not based on clinical need: some detainees were given night-time medication at 4.30pm which was not appropriate. An in-possession risk assessment was completed by the doctor and recorded on SystemOne. Just over half the detainees on medication had it in possession and had an individual lockable room or access to secure storage facilities. Nurses could administer a range of medication to detainees without a prescription, including some prescription-only medicines under patient group directions⁹. These were recorded on SystemOne and there were a number of standard operating procedures in place.

⁹ Enable the supply and administration of prescription-only medicine by persons other than a doctor or pharmacist, usually a nurse

Recommendations

- 2.69** Robust medicine management processes should be in place to ensure that detainees receive medication promptly at clinically appropriate times and that all non-attendance is identified and followed up appropriately.
- 2.70** Controlled drugs should be stored in a legally compliant cabinet.

Housekeeping points

- 2.71** All medicines returned from patients should be properly disposed of.
- 2.72** Date checking of stock should be recorded.
- 2.73** Suitable glass measures should be used to dispense opioids accurately.

Dentistry

- 2.74** Dental services were provided on site by Somerset Partnership from a well equipped dental facility, offering 12 to 15 slots a week and one emergency appointment a week. A full range of NHS-equivalent treatments was available and appointments were prioritised on clinical need. There were 55 detainees on the waiting list and four in treatment, with the longest wait of five weeks. No clinic was held at the time of the inspection and we were unable to observe any treatment. Oral health promotion was available in the health care centre, although only in English.

Delivery of care (mental health)

- 2.75** Mental health awareness training had been undertaken by approximately 53% of detention staff via an online course or attendance at training provided by the mental health in-reach team.
- 2.76** The primary mental health nurse offered triage and assessment following reception screening, medication monitoring and access to guided self-help to detainees with anxiety or stress-related disorders. There were 60 detainees on the caseload. An occupational therapist had recently started and was working with the primary and secondary mental health teams. Plans were in place to integrate the mental health teams and to extend the interventions provided to detainees.
- 2.77** Detainees were encouraged to take an active part in their care and there were good examples of care planning. Self-help information needed further development in a range of languages. There was evidence of positive joint working between mental health and detention staff and a mental health nurse participated in assessment, care in detention and teamwork (ACDT) case management reviews and received referrals following episodes of self-harm.
- 2.78** Secondary mental health was provided by the mental health in-reach team which had a caseload of 34 detainees. The team included community psychiatric nurses, an occupational therapist, a social worker and a psychiatrist and offered specialist multidisciplinary mental health assessment, integrated care plan approach management and review. Routine initial assessments were completed within a week and urgent referrals were prioritised, usually within 24 hours.

- 2.79** Too many detainees experienced delays in being transferred to community mental health facilities. From October 2014 to February 2015, eight detainees had been transferred, five of whom had exceeded the specified 14-day period.

Recommendation

- 2.80** Detainees requiring mental health in-patient care should be transferred promptly.

Substance misuse

Expected outcomes:

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

- 2.81** *There was an unusual level of substance misuse need for an immigration removal centre. The substance misuse team provided a reasonably good and developing service.*

- 2.82** In October 2014, EDP Drug and Alcohol Services had been given the contract to provide substance misuse services working with clinical staff employed by DHUFT. Staffing levels had affected the delivery of substance misuse clinics until recently, when the substance misuse nurse and health care assistant covering general health care shifts reverted to delivering substance misuse services. Detainees had a clinical assessment within 24 hours and access to an experienced GP and a specialist non-medical prescriber to determine a suitable detoxification programme based on individual need.
- 2.83** At the time of the inspection, 11 detainees were receiving opioid substitution treatment. Although there was a daily review, recorded visual checks were not undertaken overnight. All were on flexible, individual reducing programmes. There was proactive discharge planning and good communication with community services and consideration of prescribing in the country detainees were returning to. The psychosocial team completed a comprehensive assessment and offered individual support to detainees. They had a caseload of 60. Detainees were involved in care planning and the review process, and the detainees we spoke to were positive about the treatment they received.
- 2.84** The team attended induction regularly to present a short session about the service and the risks associated with novel psychoactive substances and 'hooch'. This was a good initiative.
- 2.85** There was effective liaison between the mental health and substance misuse teams for detainees who experienced mental health and substance-related issues. There was no drug and alcohol strategy and the service was evolving.

Recommendations

- 2.86** **During the first five days after arrival, overnight recorded visual checks should be made on detainees on opioid substitution who are stabilising or on a detoxification regime.**

- 2.87 A drug and alcohol strategy should be drawn up which is informed by an annual needs assessment and supported by a detailed action plan which specifies outcome-focused targets and accountabilities.**

Services

Expected outcomes:

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

2.88 *The quality of food was adequate but menus were not diverse enough to meet the needs of the population. There was no cultural kitchen. Access to the shop was poor and was causing tension and frustration.*

- 2.89** All detainees were able to eat in well equipped communal dining halls where each meal was delivered from the central kitchen on a food trolley and served by detainees. Basic cooking facilities were available in a kitchenette on the ground floor of each house block. These included a toaster, a microwave and kettles. Breakfast and dinner were cold meals, but a hot meal was served every day for lunch. Detainees had a choice of food ordered in advance from a pre-select rotating menu. This menu was only available in English.
- 2.90** In our survey, 29% of detainees said that the food was good or very good, similar to the IRC comparator. The food was adequate but not sufficiently culturally diverse. Detainees were not routinely involved in cooking the food, although a number of them helped with food preparation or serving. We did not see any food comments books in the dining halls, but monthly catering consultation meetings took place. Detainees did not have access to a cultural kitchen to cook independently for themselves and friends. The catering manager had provided special meals for cultural and religious events and Chinese New Year had recently been celebrated with a special menu.
- 2.91** The shop sold a reasonable variety of items, including toiletries and food. Although the shop opened every day, there were long queues of detainees waiting outside during opening hours, which led to high levels of frustration and some conflict. Additional staff monitored the queues but this had not resolved the problem. Only two staff actually worked in the shop, often keeping only one till open. The shop was too small to serve the population and the design and layout were poor. A perspex screen covered the counter, which was a disproportionate security measure.

Recommendations

- 2.92 Food should be more culturally diverse and detainees should be employed to cook.**
- 2.93 A cultural kitchen should be established for detainees.**

2.94 The shop should be relocated or redesigned so that it can accommodate the population.

Housekeeping point

2.95 The perspex screen in the shop should be removed.

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 reasonable freedom of movement and good access to a varied range of work, activities and vocational training, either part time or full time. The range of recreational activities in the gymnasium and across the centre was good. The education and vocational training provision was good and increasing, with more activities planned. Attendance in classes was variable and often low. Courses were frequently tailored to individual need. Work and activities were not well promoted at induction or in the activities hub, but most detainees accessed work quickly on arrival. The library and internet suite were very heavily used, although the library stock did not meet the needs of the population. The gym provided a diverse range of sports regularly changed to meet detainee needs.*
- 3.2** Detainees were free to move about the centre for about 12 hours a day with good access to a wide range of work, training, education and recreational activities. The activities hub, library and internet suite were readily available and very well used. However, access outside main movement times or to areas outside the centre such as workshops, health care and the gymnasium required escorts or movement permits (see security section).
- 3.3** There were enough activity places, with more planned. More detainees than at other IRCs said they could fill their time while at the centre (66% compared to 55%). Activities catered well for detainees who stayed in the centre for short periods. Although some of the work was complex, other work was mundane. There were no organised activities in the evenings.
- 3.4** The range of work was good and included work in the kitchens, housekeeping and food service on the wings, cleaning and recycling, and contracted work in manufacturing from wood and filling breakfast packs. Detainees could work part or full time so that they could attend vocational training or education.
- 3.5** Activities were not well promoted at induction, especially for detainees with poor English language skills who found the induction hard to follow and did not understand the work or training available to them. Access to the activities hub, where work and training were allocated, was restricted to the modest opening times and some of the job information was poorly displayed.
- 3.6** The gym provided a good range of indoor and outdoor sports and games. Residential units provided table tennis, pool tables, table football and televisions, and some outdoor fitness equipment around the centre.
- 3.7** During the core day, access to the library and internet café was very good. Detainees made good use of the busy internet suite to communicate outside the centre and to access information in their own language. Most areas were clean and well kept, with outdoor seating areas where detainees could socialise.

Recommendation

- 3.8 Induction should ensure that activities and education are available to detainees, with a wider range of information in different languages.**

Housekeeping point

- 3.9** The opening hours of the activities hub should be extended and information about work and training should be improved.

Learning and skills

- 3.10** Vocational training and education were delivered by Weston College and good opportunities were provided to detainees to gain vocational skills and recognised short duration unit qualifications in activities such as painting and decorating, barbering and construction skills. Classes were offered daily in English for speakers of other languages (ESOL), music, art, information technology, personal social development and media. However, detainees staying for long periods were unable to attain more units to complete full qualifications.
- 3.11** The quality of teaching and learning was good. Sessions were well organised with many learners receiving individual support and focused coaching. They were set challenging work to suit their abilities and levels of learning and understanding. Tutors were well qualified. Information communications technology was used very well to enliven and enhance learning, especially in ESOL classes. Tutors made good use of well briefed support staff and unqualified peer mentors to support learning.
- 3.12** Detainees made good progress in their training, displaying particularly good skills in brickwork and tiling. On completion of their training, detainees used their skills in work parties to complete projects to improve the centre. Art classes enabled learners to experiment with a range of different media and materials, with many artworks displayed on walls to enliven the education department. College and centre staff worked hard to ensure that detainees received their qualifications quickly and worked closely with the Home Office to forward certificates to detainees who had left the centre.
- 3.13** Attendance in many training sessions and classes was variable, and often low. Individual learning plans had recently been introduced but were not routinely completed. However, in the workshops progress charts were prominently displayed and provided a useful picture of individual progress.
- 3.14** Arrangements to assure the quality of learning and skills were underdeveloped. The quality improvement group met quarterly but did not have the authority to monitor and assure the quality of the provision. Performance and attendance data were collected but were not used effectively by centre staff to monitor the performance of tutors or learners.

Recommendations

- 3.15** **Opportunities should be extended for detainees to gain more unit qualifications and, where possible, complete full awards.**
- 3.16** **The quality of data should be improved and data should be used to monitor and manage the performance of learning, training and activities.**

Paid work

- 3.17** Sufficient paid work was available for detainees who wanted it. Our survey showed that nearly three-quarters of detainees said they could get work if they wanted to. Waiting lists for activities were minimal.
- 3.18** Recruitment into work was timely and uncomplicated. Immediately following induction detainees were able to select employment in the activities hub. Home Office restrictions prevented about 10% of detainees from working because they were considered non-compliant with the Home Office. This interfered with the centre's ability to manage the population.
- 3.19** Detainees completed basic training for their employment in food safety, and health and safety. Pay for work was the standard Home Office rate of £1 per hour.

Recommendation

- 3.20 Detainees should not be prevented from working because they have been judged as non-compliant with the Home Office.**

Library

- 3.21** The library was small but provided a well-used and much appreciated facility. It was managed well by four staff from Dorset County Council and was located centrally for easy access by detainees. Opening times were good, corresponding to core day times during the week and at weekends.
- 3.22** The library staff responded well to the new role of the centre, with good monitoring of the detainees who used the resource to ensure that new stock was appropriate to their needs. The stock included English fiction and non-fiction publications with relatively few foreign language books, albeit in 50 different languages. Easy-read material for those learning English was very limited but the range of DVDs and CDs was good. Again, there were few in foreign languages. There was a suitable and growing range of English and foreign language newspapers and periodicals.
- 3.23** Space in the library was very limited for private study but many detainees used the internet suite next door for detailed research and study.

Recommendation

- 3.24 The stock of easy-to-read material in English and other languages should be increased.**

Sport and physical activity

- 3.25** Detainees had very good opportunities to participate in a wide range of activities and sports. Staff were highly qualified Prison Service physical training instructors. Facilities were excellent, but not enough use was made of the grassed sports pitches, especially for cricket.

- 3.26** Detainees had very good access to supervised fitness and sports activities and about 55% of the population used the facilities. Detainees completed a gymnasium induction and a pre-activity readiness questionnaire, available in 10 languages. Links with health care were very good and gym staff received daily information about detainees who were not fit to use the gym. Exercise referrals from health care supported individuals recovering from injury or illness.
- 3.27** Changing and shower facilities were clean and very well maintained. A range of professionally-made outdoor fitness equipment was located around the site but it had not been inspected for over two years.

Recommendation

- 3.28** **The outdoor areas should be extended to provide more suitable sports for the population and better use should be made of the grassed sports pitches.**

Housekeeping point

- 3.29** All sports equipment should be routinely maintained and consideration should be given to a rolling replacement plan for all older equipment.

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 *The care plan approach to welfare services was promising but not yet sufficiently embedded. New arrivals had their immediate needs assessed by induction staff, but there was no re-assessment before discharge. Welfare office staff engaged well with detainees and worked hard to assist them.*

4.2 A promising new care planning approach to detainee welfare had been introduced in mid January 2015. After an initial assessment of immediate needs by induction staff, welfare officers on the wings were required to undertake a seven-day review of welfare issues followed by regular monitoring of their designated detainees using a care plan. However, the system was not yet embedded, and of the 25 cases we looked at only four detainees had a care plan, only one of which had been fully completed. We saw some detailed and helpful records on NOMIS electronic case notes demonstrating contact between detainees and residential welfare officers. There was no re-assessment of needs pre discharge (see recommendation 4.26).

4.3 A designated drop-in welfare office had also been set up in mid January, staffed by a profiled welfare officer and two administrative staff Monday to Friday from 8.30 to 11am and 1.30 to 4.30pm. The aim of the drop-in service was to tackle more complex welfare issues that could not be dealt with by residential welfare officers. It was evident, however, that some detainees were being referred to the drop-in for issues better dealt with on residential units.

4.4 A database was kept of all interventions; in January and February there had been 121 referrals to the office, which had made about 200 contacts with detainees. There was no quality assurance other than monitoring the timeliness of care plan completions. It was evident that welfare office staff were engaging well with detainees and were working hard to assist them with a range of issues, including property retrieval and financial issues such as closing bank accounts.

Recommendation

4.5 **The welfare care planning approach should be fully embedded and implemented by residential staff, and should be underpinned by robust oversight and quality assurance.**

Housekeeping point

4.6 Residential welfare officers should address less complex welfare issues rather than referring detainees to the welfare office.

Visits

Expected outcomes:

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

4.7 *Significantly fewer detainees than in other immigration removal centres said they had received a visit from family or friends since arriving. Visits took place every day, but there were not enough evening visits. The centre was difficult for families to get to, there was no bus and a free transport service was not provided. The visits hall was welcoming, well decorated and well furnished.*

4.8 In our survey, 19% of detainees against the comparator of 43% said they had received a visit from family or friends since arriving at the centre. Visits took place every weekday from 9am to 4.30pm, except Wednesday when they finished at 8pm, and from 9 to 11.45 am and 1.45 to 4.15pm at weekends. Given the distance families had to travel to reach the centre, it was extremely rare for anyone to be visiting at 9am and there was a need for more evening visits. Visitors were not required to pre-book. There was no direct bus service to the facility, and the centre did not provide a free transport service from the nearest bus stop at the bottom of a very steep hill leading up to the centre. This, combined with the location, made the facility difficult for families to get to. The Verne visitors' group had trained around 30 volunteers and delivered a well-used service to detainees.

4.9 The visits hall was a large, well decorated space and had been completely refurbished with colourful furniture. Free tea, coffee and squash were provided during visits, and there were three vending machines selling snacks and hot drinks. Visitors could also order food from the kitchen over the lunch period. There was no visitors' centre, but there was a café outside the centre where visitors could buy food and refreshments.

4.10 Detainees were required to wear discreet wrist bands during visits. Adult visitors were given a rub-down search and checked using a wand, children were subject to a wand search only.

Recommendation

4.11 **The centre should provide better support to families to visit the centre, including the provision of more evening visits and a transport service to the centre.**

Communications

Expected outcomes:

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

4.12 *Fewer detainees than in other IRCs said it was easy to use the telephone. There were PIN phones on landings instead of payphones and the mobile phone signal was poor in some parts of the centre. Detainees could send faxes easily, but not confidentially. Internet access was too restrictive and the internet suite was too small. Detainees did not have access to social media or Skype.*

- 4.13** In our survey, 59% of detainees said it was easy to use the phone against the comparator of 66%. All detainees were provided with a mobile phone on arrival but the phones were locked to one network, and both detainees and staff said the signal for that network was poor despite the installation of a number of boosters in the centre. There were PIN phones on units instead of payphones which was inappropriate for a detainee population. All mail could be sent free of charge.
- 4.14** The internet suite was too small to meet the needs of the population. As a result, the time detainees could access the internet was too restricted, at a maximum of 50 minutes a day if they were on the enhanced level of the rewards scheme, or 25 minutes a day if they were on standard level. Detainees could use email and print attachments. They did not have access to social media or Skype, which was a disproportionate restriction for a detainee population.
- 4.15** There were fax machines on each of the residential units, but detainees were not permitted to send faxes themselves. Either a member of staff or peer mentor was required to do it for them, which compromised confidentiality.

Recommendations

- 4.16** PIN phones should be removed and replaced with standard payphones.
- 4.17** The internet suite should meet the needs of the population.
- 4.18** Detainees should have access to social media and Skype.

Housekeeping point

- 4.19** Detainees should be able to send faxes confidentially.

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.

4.20 *Support for detainees being discharged was too limited. Helpful information packs were available for detainees being removed. Little information was provided to detainees being released or transferred. The centre was often not made aware of detainees being released until early evening, which did not allow time for them to travel safely to their destinations. Detainees being removed were not consistently given the means to reach their final destination.*

- 4.21** Support for detainees being discharged was too limited and required development. Detainees being discharged were not routinely seen by welfare staff, and did not have their outstanding needs assessed.
- 4.22** Helpful information packs on 20 countries were freely available in the waiting area of the welfare office for detainees being removed. There was little information available for those being transferred or released. However, reception staff researched train times and other travel arrangements for detainees being released into the community, and the centre

provided a taxi to the train station and a travel warrant for the onward journey. Detainees being removed were not consistently given the means to reach their final destination safely after arriving at the airport overseas.

- 4.23** The centre was often not made aware of detainees being released until early evening. As a result, by the time detainees had packed and been issued with stored property, it was mid-evening before they left the centre which did not allow time for them to reach their destination safely that night. While the centre always offered to let detainees stay overnight and leave the next day, understandably most declined.
- 4.24** Migrant Help, Bail for Immigration Detainees and Detention Action attended the centre. Welfare staff had developed links with the British Red Cross but relationships with other community support organisations were underdeveloped.
- 4.25** Copies of health treatment documentation accompanied detainees when they left the centre. There was effective liaison by the substance misuse team with community drug and alcohol treatment and recovery services and other establishments to enable continuity of treatment regimes for detainees being released.

Recommendations

- 4.26** **Welfare staff should see all detainees being discharged, to identify and address outstanding needs and provide them with relevant information.**
- 4.27** **The centre and detainees should be made aware of release sufficiently early to ensure that detainees can reach their destination safely that night.**
- 4.28** **All detainees being removed overseas should be provided with the means to reach their final destination safely if they require it.**
- 4.29** **The centre should develop links with a range of relevant community organisations which can provide support to detainees.**

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 and centre manager

- 5.1** Health care staff should be trained to recognise, treat and report any signs of trauma or torture or other health issues that may affect fitness to detain, and all GPs should receive specific training in Rule 35. Rule 35 reports should provide objective professional assessments and replies should demonstrate a balanced consideration of all factors for and against detention. (S35)

Main recommendations To the centre manager

- 5.2** Safety surveys should be conducted regularly in a variety of languages, and violence indicators, including use of force, should be analysed to identify trends. The findings should inform a robust strategy and action plan to tackle the causes of violence. (S34)
- 5.3** A centre-wide strategy to reduce the availability and use of illicit drugs should be introduced as a matter of urgency. (S36)
- 5.4** The living environment should be more open and less prison-like, and security measures should be proportionate for a detainee population. Temporary security restrictions should be reviewed regularly and lifted as soon as immediate risks have abated. (S37)

Recommendations To the Home Office

Legal rights

- 5.5** The Home Office should advise the Legal Aid Agency of delays in accessing the duty legal advice surgeries and invite the Agency to review provision. (1.69)

Casework

- 5.6** Detainees should not be held for unreasonable periods. (1.80)

Recommendations To the Home Office and escort contractors

Escort vehicles and transfers

- 5.7** Detainees should not be escorted during the night unless this is required for urgent operational reasons. (1.5)

- 5.8** The escort contractor and Home Office should ensure that escort vehicles arrive as scheduled. (1.6)

Recommendation

To the Home Office and centre manager

Self-harm and suicide prevention

- 5.9** Detainees at risk of self-harm or suicide should not be located in the separation unit solely for reasons of vulnerability. A suitable care suite should be available. (1.28)

Recommendation

To the escort contractor and centre manager

Self-harm and suicide prevention

- 5.10** The quality of ACDT documentation should be of a high standard. Assessment interviews and care maps should be completed, case reviews should be multidisciplinary, professional interpretation should be used where necessary and meaningful observational entries should be recorded at the required frequency. (1.27)

Recommendations

To the centre manager

Escort vehicles and transfers

- 5.11** Detainees' property should be securely transported using robust seals and durable bags. (1.7)

Early days in detention

- 5.12** Risk assessment interviews in reception should be carried out in private. (1.13)

Safeguarding children

- 5.13** All relevant staff should have up-to-date safeguarding children training with regular refreshers. (1.37)

Rewards scheme

- 5.14** The rewards scheme should not be punitive or based on sanctions. It should be administered fairly and behaviour warnings should be consistent. (1.52)

The use of force and single separation

- 5.15** The separation unit should be refurbished, decorated and suitable for holding detainees. Rooms should be clean and free of graffiti, and toilets should be clean. (1.61)
- 5.16** Separation should be for the shortest time possible and detainees with mental health issues should not be located there. (1.62)

Legal rights

- 5.17** Websites of advocacy and support groups of assistance to detainees should not be blocked. (1.70)

Casework

- 5.18** On-site immigration staff should induct all detainees within 24 hours of their arrival (1.81)

Residential units

- 5.19** All parts of the centre should be kept clean, and showers, toilets and washing machines should be properly maintained. (2.6)

Staff–detainee relationships

- 5.20** All staff should receive training on equality, cultural awareness and the specific backgrounds, experiences and needs of a detainee population. (2.12)

Equality and diversity

- 5.21** There should be thorough monitoring of the treatment and conditions of detainees across protected characteristics. (2.18)
- 5.22** A range of translated information, including reception and induction materials, should be available in a range of languages to reflect the population profile. (2.27)
- 5.23** The poor perceptions of non-English speaking detainees should be investigated and addressed. (2.28)
- 5.24** The needs of young adult and older detainees should be identified and addressed. (2.29)

Faith and religious activity

- 5.25** Facilities for faith and religious activities should be properly maintained and large enough to meet demand. (2.37)

Complaints

- 5.26** Complaints should be timely and quality assured. (2.42)
- 5.27** Complaints analysis should incorporate information on all complaints submitted. (2.43)

Health services

- 5.28** An up-to-date, comprehensive health needs assessment should inform clinical services. (2.55)
- 5.29** All staff should have regular recorded clinical and managerial supervision. (2.56)
- 5.30** All clinical areas should be fully compliant with infection control guidelines. (2.57)
- 5.31** A wider range of health promotion material, including mental health and wellbeing information, should be displayed across the centre in a range of languages. (2.58)

- 5.32** Detainees should be given malarial prophylaxis if clinically indicated. (2.65)
- 5.33** Robust medicine management processes should be in place to ensure that detainees receive medication promptly at clinically appropriate times and that all non-attendance is identified and followed up appropriately. (2.69)
- 5.34** Controlled drugs should be stored in a legally compliant cabinet. (2.70)
- 5.35** Detainees requiring mental health in-patient care should be transferred promptly. (2.80)

Substance misuse

- 5.36** During the first five days after arrival, overnight recorded visual checks should be made on detainees on opioid substitution who are stabilising or on a detoxification regime. (2.86)
- 5.37** A drug and alcohol strategy should be drawn up which is informed by an annual needs assessment and supported by a detailed action plan which specifies outcome-focused targets and accountabilities. (2.87)

Services

- 5.38** Food should be more culturally diverse and detainees should be employed to cook. (2.92)
- 5.39** A cultural kitchen should be established for detainees. (2.93)
- 5.40** The shop should be relocated or redesigned so that it can accommodate the population. (2.94)

Activities

- 5.41** Induction should ensure that activities and education are available to detainees, with a wider range of information in different languages. (3.8)
- 5.42** Opportunities should be extended for detainees to gain more unit qualifications and, where possible, complete full awards. (3.15)
- 5.43** The quality of data should be improved and data should be used to monitor and manage the performance of learning, training and activities. (3.16)
- 5.44** Detainees should not be prevented from working because they have been judged as non-compliant with the Home Office. (3.20)
- 5.45** The stock of easy-to-read material in English and other languages should be increased. (3.24)
- 5.46** The outdoor areas should be extended to provide more suitable sports for the population and better use should be made of the grassed sports pitches. (3.28)

Welfare

- 5.47** The welfare care planning approach should be fully embedded and implemented by residential staff, and should be underpinned by robust oversight and quality assurance. (4.5)

Visits

- 5.48** The centre should provide better support to families to visit the centre, including the provision of more evening visits and a transport service to the centre. (4.11)

Communications

- 5.49** PIN phones should be removed and replaced with standard payphones. (4.16)
- 5.50** The internet suite should meet the needs of the population. (4.17)
- 5.51** Detainees should have access to social media and Skype. (4.18)

Removal and release

- 5.52** Welfare staff should see all detainees being discharged, to identify and address outstanding needs and provide them with relevant information. (4.26)
- 5.53** The centre and detainees should be made aware of release sufficiently early to ensure that detainees can reach their destination safely that night. (4.27)
- 5.54** All detainees being removed overseas should be provided with the means to reach their final destination safely if they require it. (4.28)
- 5.55** The centre should develop links with a range of relevant community organisations which can provide support to detainees. (4.29)

Housekeeping point

To the Home Office

Casework

- 5.56** Monthly progress reports should be served on time. (1.82)

Housekeeping point

To the Home Office and centre manager

Bullying and violence reduction

- 5.57** A wide range of departments should attend safer custody meetings, including the Home Office and security departments. (1.20)

Housekeeping points

To the centre manager

Self-harm and suicide prevention

- 5.58** Records of detainees' attendance at meals should be retained to allow for monitoring over time. (1.29)

Safeguarding children

5.59 Care plans for detainees disputing their age should be sufficiently detailed. (1.38)

Legal rights

5.60 There should be effective promotion throughout the centre of the availability of legal text books and forms in the library, and of the services of the Legal Ombudsman and the Office of the Immigration Services Commissioner. (1.71)

Residential units

5.61 Notices on the house blocks should be available in a range of languages. (2.7)

Staff-detainee relationships

5.62 Staff should always knock before entering a detainee's room except in an emergency. (2.13)

Health services

5.63 All medicines returned from patients should be properly disposed of. (2.71)

5.64 Date checking of stock should be recorded. (2.72)

5.65 Suitable glass measures should be used to dispense opioids accurately. (2.73)

Services

5.66 The perspex screen in the shop should be removed. (2.95)

Activities

5.67 The opening hours of the activities hub should be extended and information about work and training should be improved. (3.9)

5.68 All sports equipment should be routinely maintained and consideration should be given to a rolling replacement plan for all older equipment. (3.29)

Welfare

5.69 Residential welfare officers should address less complex welfare issues rather than referring detainees to the welfare office. (4.6)

Communications

5.70 Detainees should be able to send faxes confidentially. (4.19)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy chief inspector
Hindpal Singh Bhui	Team leader
Fionnuala Gordon	Inspector
Beverley Alden	Inspector
Colin Carroll	Inspector
Gordon Riach	Inspector
Maureen Jamieson	Health services inspector
Colette Daoud	Researcher
Amy Radford	Researcher
Jessica Kelly	Researcher
Martin Hughes	Ofsted inspector
Elizabeth Wands-Murray	Care Quality Commission inspector
Barry Cohen	Pharmacy inspector

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				
1 to 6 years				
7 to 11 years				
12 to 16 years				
16 to 17 years				
18 years to 21 years	45			7.85
22 years to 29 years	212			37.00
30 years to 39 years	198			34.55
40 years to 49 years	83			14.49
50 years to 59 years	28			4.89
60 years to 69 years	6			1.05
70 or over	1			0.17
Total	573			100

(ii) Nationality Please add further categories if necessary	No. of men	No. of women	No. of children	%
Afghanistan	12			2.09
Albania	13			2.27
Algeria	17			2.97
Angola	2			0.35
Bangladesh	24			4.19
Belarus	3			0.52
Cameroon	0			0.00
China	17			2.97
Colombia	0			0.00
Congo (Brazzaville)	7			1.22
Congo Democratic Republic (Zaire)	2			0.35
Ecuador	1			0.17
Estonia	0			0.00
Georgia	0			0.00
Ghana	5			0.87
India	96			16.75
Iran	15			2.62
Iraq	9			1.57
Ivory Coast	7			1.22
Jamaica	19			3.32
Kenya	0			0.00
Kosovo	2			0.35
Latvia	15			2.62
Liberia	0			0.00
Lithuania	11			1.92
Malaysia	2			0.35
Moldova	0			0.00

Nigeria	42			7.33
Pakistan	42			7.33
Russia	2			0.35
Sierra Leone	5			0.87
Sri Lanka	16			2.79
Trinidad and Tobago	1			0.17
Turkey	2			0.35
Ukraine	3			0.52
Vietnam	12			2.09
Yugoslavia (FRY)	0			0.00
Zambia	1			0.17
Zimbabwe	6			1.05
Other (please state)				
American	1			0.17
Barbadian or Bajuns	1			0.17
Belgian	1			0.17
Bosnian, Herzegovinian	1			0.17
Brazilian	1			0.17
Bulgarian	1			0.17
Burmese	1			0.17
Burundian	3			0.52
Chilean	1			0.17
Croat	1			0.17
Cypriot	1			0.17
Czech	1			0.17
Dutch	3			0.52
Eritrean	4			0.70
Ethiopian	1			0.17
Filipino	1			0.17
French	6			1.05
Gambian	4			0.70
German	1			0.17
Guinean	3			0.52
Guyanese	1			0.17
Italian	2			0.35
Jordanian	1			0.17
Libyan	1			0.17
Malawian	1			0.17
Mauritanian	3			0.52
Mongolian	1			0.17
Moroccan	7			1.22
Nepalese	4			0.70
Nigerien	1			0.17
Palestinian	1			0.17
Polish	15			2.62
Portuguese	10			1.75
Qatari	1			0.17
Romanian	9			1.57
Rwandan	2			0.35
Saint Lucian	1			0.17
Serb or Croat	1			0.17
Slovak	4			0.70
Somalian	23			4.01

South African	1			0.17
Spaniard	2			0.35
Sudanese	4			0.70
Syrian	4			0.70
Tunisian	1			0.17
Ugandan	5			0.87
No defined nationality	19			3.32
Total	573			100

(iii) Religion/belief Please add further categories if necessary	No. of men	No. of women	No. of children	%
Buddhist	18			3.14
Roman Catholic	54			9.42
Orthodox	10			1.75
Other Christian religion	113			19.72
Hindu	51			8.90
Muslim	218			38.05
Sikh	63			10.99
Agnostic/atheist	27			4.71
Unknown	12			2.09
Other (please state what)				
Eastern Orthodox	4			0.70
Oriental Orthodox	1			0.17
Rastafarian	1			0.17
Taoist	1			0.17
Total	573			100

(iv) Length of time in detention in this centre	No. of men	No. of women	No. of children	%
Less than one week	95			16.64
One week to one month	193			33.80
One to two months	95			16.64
Two to four months	96			16.81
Four to six months	34			5.95
Six to twelve months	58 (Longest 334 days)			10.16
Twelve months or more	0			0.00
Total	573			100

Appendix III: Summary of detainee survey responses

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

Sampling

The detainee survey was conducted on a representative sample of the population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the centre¹⁰. Respondents were then randomly selected from a detainee population printout using a stratified systematic sampling method.

Distributing and collecting questionnaires

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

Our questionnaire is available in a number of different languages and via a telephone interpretation 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 2 March 2015 the detainee population at The Verne IRC was 544. Using the method described above, every attempt was made to distribute questionnaires to a sample of 234 detainees. Due to movement around the centre, researchers were unable to locate 28 detainees during the course of the survey. Using the method described above, questionnaires were successfully offered to 206 detainees.

We received a total of 140 completed questionnaires, a response rate of 68%. Ten respondents refused to complete a questionnaire, 36 questionnaires were not returned and 20 were returned blank.

¹⁰ 95% confidence interval with a sampling error of 3%. The formula assumes a 75% response rate (65% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

Returned language	Number of completed survey returns
English	107 (76%)
Urdu	5 (4%)
Albanian	4 (3%)
Chinese	4 (3%)
Punjabi	4 (3%)
Vietnamese	4 (3%)
Arabic	2 (1%)
Bengali	2 (1%)
Russian	2 (1%)
Spanish	2 (1%)
Farsi	1 (1%)
Hindi	1 (1%)
Polish	1 (1%)
Tamil	1 (1%)
Total	140 (100%)

Presentation of survey results and analyses

Over the following pages we present the survey results for The Verne 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 significant¹¹ 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 have been weighted to enable valid statistical comparison between establishments.

¹¹ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

Survey summary

Section I: About you

Q1	Are you male or female?	
	Male	136 (99%)
	Female.....	2 (1%)
Q2	What is your age?	
	Under 18	2 (1%)
	18-21	9 (7%)
	22-29	43 (31%)
	30-39	57 (42%)
	40-49	17 (12%)
	50-59	7 (5%)
	60-69	1 (1%)
	70 or over	1 (1%)
Q3	What region are you from? (Please tick only one)	
	Africa	28 (21%)
	North America.....	1 (1%)
	South America.....	2 (2%)
	Indian subcontinent (India, Pakistan, Bangladesh, Sri Lanka)	45 (34%)
	China	4 (3%)
	Other Asia.....	14 (11%)
	Caribbean	5 (4%)
	Europe.....	27 (20%)
	Middle East	7 (5%)
Q4	Do you understand spoken English?	
	Yes	119 (86%)
	No.....	19 (14%)
Q5	Do you understand written English?	
	Yes	103 (80%)
	No.....	26 (20%)
Q6	What would you classify, if any, as your religious group?	
	None.....	9 (7%)
	Church of England	5 (4%)
	Catholic	19 (14%)
	Protestant.....	3 (2%)
	Other Christian denomination	12 (9%)
	Buddhist	5 (4%)
	Hindu	11 (8%)
	Jewish	1 (1%)
	Muslim	59 (43%)
	Sikh.....	14 (10%)
Q7	Do you have a disability?	
	Yes	15 (11%)
	No.....	116 (89%)

Section 2: Immigration detention

Q8	When being detained, were you told the reasons why in a language you could understand?	
	Yes	100 (78%)
	No.....	28 (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.....	79 (60%)
	Three to five	40 (31%)
	Six or more	12 (9%)
Q10	How long have you been detained in this centre?	
	Less than 1 week.....	12 (9%)
	More than 1 week less than 1 month	46 (34%)
	More than 1 month less than 3 months.....	33 (24%)
	More than 3 months less than 6 months	22 (16%)
	More than 6 months less than 9 months	17 (13%)
	More than 9 months less than 12 months.....	4 (3%)
	More than 12 months.....	1 (1%)

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 (42%)
	No.....	50 (37%)
	Do not remember	28 (21%)
Q12	How long did you spend in the escort vehicle to get to this centre on your most recent journey?	
	Less than one hour	0 (0%)
	One to two hours.....	5 (4%)
	Two to four hours	71 (51%)
	More than four hours.....	54 (39%)
	Do not remember	10 (7%)
Q13	How did you feel you were treated by the escort staff?	
	Very well.....	38 (27%)
	Well.....	67 (48%)
	Neither	25 (18%)
	Badly.....	5 (4%)
	Very badly	3 (2%)
	Do not remember	2 (1%)

Section 4: Reception and first night

Q15	Were you seen by a member of healthcare staff in reception?	
	Yes	128 (92%)
	No.....	8 (6%)
	Do not remember	3 (2%)
Q16	When you were searched in reception, was this carried out in a sensitive way?	
	Yes	87 (65%)
	No.....	25 (19%)
	Do not remember/ Not applicable	22 (16%)

Q17	Overall, how well did you feel you were treated by staff in reception?	
	Very well.....	41 (30%)
	Well.....	64 (47%)
	Neither.....	23 (17%)
	Badly.....	4 (3%)
	Very badly.....	4 (3%)
	Do not remember.....	0 (0%)
Q18	On your day of arrival did you receive information about what was going to happen to you?	
	Yes.....	58 (42%)
	No.....	69 (50%)
	Do not remember.....	10 (7%)
Q19	On your day of arrival did you receive information about what support was available to you in this centre?	
	Yes.....	84 (60%)
	No.....	45 (32%)
	Do not remember.....	10 (7%)
Q20	Was any of this information given to you in a translated form?	
	Do not need translated material.....	61 (47%)
	Yes.....	10 (8%)
	No.....	58 (45%)
Q21	On your day of arrival did you get the opportunity to change into clean clothing?	
	Yes.....	82 (59%)
	No.....	47 (34%)
	Do not remember.....	9 (7%)
Q22	Did you feel safe on your first night here?	
	Yes.....	101 (73%)
	No.....	29 (21%)
	Do not remember.....	8 (6%)
Q23	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)	
	Not had any problems.....	47 (36%)
	Loss of property.....	18 (14%)
	Contacting family.....	21 (16%)
	Access to legal advice.....	21 (16%)
	Feeling depressed or suicidal.....	33 (25%)
	Health problems.....	40 (30%)
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.....	47 (37%)
	Yes.....	28 (22%)
	No.....	52 (41%)

Section 5: Legal rights and immigration

Q26	Do you have a lawyer?	
	Do not need one.....	9 (7%)
	Yes.....	84 (62%)
	No.....	43 (32%)

Q27	Do you get free legal advice?	
	Do not need legal advice	23 (17%)
	Yes	50 (37%)
	No.....	61 (46%)
Q28	Can you contact your lawyer easily?	
	Yes	61 (45%)
	No.....	21 (15%)
	Do not know/ Not applicable.....	54 (40%)
Q29	Have you had a visit from your lawyer?	
	Do not have one	52 (40%)
	Yes	21 (16%)
	No.....	56 (43%)
Q30	Can you get legal books in the library?	
	Yes	65 (49%)
	No.....	28 (21%)
	Do not know/ Not applicable.....	39 (30%)
Q31	How easy or difficult is it for you to obtain bail information?	
	Very easy.....	19 (14%)
	Easy	29 (22%)
	Neither	25 (19%)
	Difficult.....	14 (11%)
	Very difficult.....	30 (23%)
	Not applicable.....	16 (12%)
Q32	Can you get access to official information reports on your country?	
	Yes	19 (14%)
	No.....	68 (52%)
	Do not know/ Not applicable.....	45 (34%)
Q33	How easy or difficult is it to see the centre's immigration staff when you want?	
	Do not know/ have not tried	30 (23%)
	Very easy.....	14 (11%)
	Easy	14 (11%)
	Neither	21 (16%)
	Difficult.....	30 (23%)
	Very difficult.....	23 (17%)

Section 6: Respectful detention

Q35	Can you clean your clothes easily?	
	Yes	99 (72%)
	No.....	38 (28%)
Q36	Are you normally able to have a shower every day?	
	Yes	129 (94%)
	No.....	8 (6%)
Q37	Is it normally quiet enough for you to be able to relax or sleep in your room at night time?	
	Yes	108 (79%)
	No.....	28 (21%)

Q38	Can you normally get access to your property held by staff at the centre if you need to?	
	Yes	57 (43%)
	No.....	36 (27%)
	Do not know.....	39 (30%)
Q39	What is the food like here?	
	Very good.....	6 (5%)
	Good.....	32 (24%)
	Neither	30 (23%)
	Bad	31 (23%)
	Very bad.....	34 (26%)
Q40	Does the shop sell a wide enough range of goods to meet your needs?	
	Have not bought anything yet.....	8 (6%)
	Yes	54 (41%)
	No.....	70 (53%)
Q41	Do you feel that your religious beliefs are respected?	
	Yes	114 (86%)
	No.....	9 (7%)
	Not applicable.....	9 (7%)
Q42	Are you able to speak to a religious leader of your faith in private if you want to?	
	Yes	86 (66%)
	No.....	12 (9%)
	Do not know/ Not applicable.....	32 (25%)
Q43	How easy or difficult is it to get a complaint form?	
	Very easy.....	45 (34%)
	Easy.....	49 (37%)
	Neither	14 (11%)
	Difficult.....	3 (2%)
	Very difficult.....	4 (3%)
	Do not know.....	18 (14%)
Q44	Have you made a complaint since you have been at this centre?	
	Yes	28 (21%)
	No.....	93 (70%)
	Do not know how to.....	12 (9%)
Q45	If yes, do you feel complaints are sorted out fairly?	
	Yes	7 (5%)
	No.....	21 (16%)
	Not made a complaint.....	105 (79%)

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	94 (72%)
	No.....	36 (28%)
Q48	Do most staff at the centre treat you with respect?	
	Yes	116 (88%)
	No.....	16 (12%)

Q49	Have any members of staff physically restrained you (C and R) in the last six months?	
	Yes	11 (9%)
	No.....	108 (91%)
Q50	Have you spent a night in the separation/isolation unit in the last six months?	
	Yes	16 (12%)
	No.....	113 (88%)

Section 8: Safety

Q52	Do you feel unsafe in this centre?	
	Yes	32 (25%)
	No.....	95 (75%)
Q53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	
	Yes	23 (18%)
	No.....	104 (82%)
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>	10 (8%)
	<i>Because of your nationality.....</i>	6 (5%)
	<i>Having your property taken.....</i>	1 (1%)
	<i>Drugs.....</i>	4 (3%)
	<i>Because you have a disability</i>	2 (2%)
	<i>Because of your religion/religious beliefs</i>	1 (1%)
Q55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	
	Yes	13 (11%)
	No.....	109 (89%)
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>	4 (3%)
	<i>Because of your nationality.....</i>	4 (3%)
	<i>Drugs.....</i>	2 (2%)
	<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 (6%)
	No.....	15 (13%)
	<i>Not been victimised</i>	95 (81%)
Q58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	
	Yes	16 (13%)
	No.....	105 (87%)
Q59	Have you ever felt threatened or intimidated by a member of staff in here?	
	Yes	8 (6%)
	No.....	118 (94%)

Section 9: Healthcare

Q61	Is health information available in your own language?	
	Yes	34 (26%)
	No.....	44 (34%)
	Do not know.....	51 (40%)
Q62	Is a qualified interpreter available if you need one during healthcare assessments?	
	Do not need an interpreter/ Do not know.....	74 (60%)
	Yes.....	20 (16%)
	No.....	30 (24%)
Q63	Are you currently taking medication?	
	Yes.....	46 (37%)
	No.....	80 (63%)
Q64	What do you think of the overall quality of the healthcare here?	
	Have not been to healthcare.....	16 (13%)
	Very good.....	11 (9%)
	Good.....	32 (25%)
	Neither.....	35 (28%)
	Bad.....	17 (13%)
	Very bad.....	15 (12%)

Section 10: Activities

Q66	Are you doing any education here?	
	Yes.....	29 (23%)
	No.....	98 (77%)
Q67	Is the education helpful?	
	Not doing any education.....	98 (78%)
	Yes.....	27 (21%)
	No.....	1 (1%)
Q68	Can you work here if you want to?	
	Do not want to work.....	21 (17%)
	Yes.....	92 (73%)
	No.....	13 (10%)
Q69	Is there enough to do here to fill your time?	
	Yes.....	80 (66%)
	No.....	42 (34%)
Q70	How easy or difficult is it to go to the library?	
	Do not know/ Do not want to go.....	16 (13%)
	Very easy.....	67 (52%)
	Easy.....	41 (32%)
	Neither.....	3 (2%)
	Difficult.....	1 (1%)
	Very difficult.....	0 (0%)

Q71	How easy or difficult is it to go to the gym?	
	<i>Do not know/ Do not want to go</i>	20 (16%)
	<i>Very easy</i>	47 (37%)
	<i>Easy</i>	35 (28%)
	<i>Neither</i>	17 (13%)
	<i>Difficult</i>	7 (6%)
	<i>Very difficult</i>	1 (1%)

Section 11: 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>	9 (7%)
	<i>Very easy</i>	53 (42%)
	<i>Easy</i>	22 (17%)
	<i>Neither</i>	13 (10%)
	<i>Difficult</i>	16 (13%)
	<i>Very difficult</i>	14 (11%)
Q74	Have you had any problems with sending or receiving mail?	
	<i>Yes</i>	20 (16%)
	<i>No</i>	65 (52%)
	<i>Do not know</i>	41 (33%)
Q75	Have you had a visit since you have been here from your family or friends?	
	<i>Yes</i>	25 (19%)
	<i>No</i>	104 (81%)
Q76	How did staff in the visits area treat you?	
	<i>Not had any visits</i>	72 (64%)
	<i>Very well</i>	16 (14%)
	<i>Well</i>	17 (15%)
	<i>Neither</i>	6 (5%)
	<i>Badly</i>	1 (1%)
	<i>Very Badly</i>	0 (0%)

Section 12: Resettlement

Q78	Do you feel that any member of staff has helped you to prepare for your release?	
	<i>Yes</i>	24 (21%)
	<i>No</i>	90 (79%)

Appendix IV: Photographs

Entrance to healthcare



Entrance to healthcare



Cell in first night unit



Walkway to units



Main comparator and comparator to last time



Detainee survey responses: The Verne 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

		The Verne IRC 2015	IRC comparator
	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		140	1531
SECTION 1: General information			
1	Are you male?	99%	91%
2	Are you aged under 21 years?	8%	10%
4	Do you understand spoken English?	86%	75%
5	Do you understand written English?	80%	72%
6	Are you Muslim?	43%	52%
7	Do you have a disability?	11%	12%
SECTION 2: Immigration detention			
8	When being detained, were you told the reasons why in a language you could understand?	78%	75%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	9%	6%
10	Have you been detained in this centre for more than one month?	57%	53%
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?	42%	45%
12	Did you spend more than four hours in the escort van to get to this centre?	39%	25%
13	Were you treated well/very well by the escort staff?	75%	63%
SECTION 4: Reception and first night			
15	Were you seen by a member of health care staff in reception?	92%	88%
16	When you were searched in reception was this carried out in a sensitive way?	65%	65%
17	Were you treated well/very well by staff in reception?	77%	63%
18	Did you receive information about what was going to happen to you on your day of arrival?	42%	38%
19	Did you receive information about what support was available to you in this centre on your day of arrival?	60%	48%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	The Verne IRC 2015	IRC comparator
	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?	15%	33%
21	Did you get the opportunity to change into clean clothing on your day of arrival?	59%	64%
22	Did you feel safe on your first night here?	73%	54%
23a	Did you have any problems when you first arrived?	64%	66%
23b	Did you have any problems with loss of transferred property when you first arrived?	14%	8%
23c	Did you have any problems contacting family when you first arrived?	16%	16%
SECTION 4: Reception and first night continued			
23d	Did you have any problems accessing legal advice when you first arrived?	16%	17%
23e	Did you have any problems with feeling depressed or suicidal when you first arrived?	25%	35%
23f	Did you have any health problems when you first arrived?	30%	26%
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?	35%	38%
SECTION 5: Legal rights and immigration			
26	Do you have a lawyer?	62%	66%
For those who have a lawyer:			
28	Can you contact your lawyer easily?	74%	76%
29	Have you had a visit from your lawyer?	27%	45%
27	Do you get free legal advice?	37%	44%
30	Can you get legal books in the library?	49%	49%
31	Is it easy/very easy for you to obtain bail information?	36%	31%
32	Can you get access to official information reports on your country?	14%	25%
33	Is it easy/very easy to see this centre's immigration staff when you want?	21%	27%
SECTION 6: Respectful detention			
35	Can you clean your clothes easily?	72%	83%
36	Are you normally able to have a shower every day?	94%	92%
37	Is it normally quiet enough for you to be able to sleep in your room at night?	79%	66%
38	Can you normally get access to your property held by staff at the centre, if you need to?	43%	49%

Main comparator and comparator to last time

Key to tables

		The Verne IRC 2015	IRC comparator
	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		
39	Is the food good/very good?	29%	30%
40	Does the shop sell a wide enough range of goods to meet your needs?	41%	48%
41	Do you feel that your religious beliefs are respected?	86%	78%
42	Are you able to speak to a religious leader of your own faith if you want to?	66%	54%
43	Is it easy/very easy to get a complaint form?	71%	53%
44	Have you made a complaint since you have been at this centre?	21%	22%
For those who have made a complaint:			
45	Do you feel complaints are sorted out fairly?	25%	28%
SECTION 7: Staff			
47	Do you have a member of staff you can turn to for help if you have a problem?	72%	65%
48	Do most staff treat you with respect?	88%	76%
49	Have any members of staff physically restrained you in the last six months?	9%	10%
50	Have you spent a night in the segregation unit in the last six months?	12%	14%
SECTION 8: Safety			
52	Do you feel unsafe in this centre?	25%	32%
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	18%	19%
54a	Have you been hit, kicked or assaulted since you have been here? (By detainees)	8%	4%
54b	Have you been victimised because of your nationality since you have been here? (By detainees)	5%	6%
54c	Have you ever had your property taken since you have been here? (By detainees)	1%	2%
54d	Have you been victimised because of drugs since you have been here? (By detainees)	3%	1%
54e	Have you ever been victimised here because you have a disability? (By detainees)	2%	1%
54f	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	1%	3%
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	11%	16%
56a	Have you been hit, kicked or assaulted since you have been here? (By staff)	3%	2%
56b	Have you been victimised because of your nationality since you have been here? (By staff)	3%	6%
56c	Have you been victimised because of drugs since you have been here? (By staff)	2%	1%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	The Verne IRC 2015	IRC comparator
	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%
56e	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	1%	3%
For those who have been victimised by detainees or staff:			
57	Did you report it?	32%	42%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	13%	11%
59	Have you ever felt threatened or intimidated by a member of staff in here?	6%	12%
SECTION 9: Health services			
61	Is health information available in your own language?	26%	39%
62	Is a qualified interpreter available if you need one during health care assessments?	16%	22%
63	Are you currently taking medication?	37%	43%
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?	39%	48%
SECTION 10: Activities			
66	Are you doing any education here?	23%	23%
For those doing education here:			
67	Is the education helpful?	96%	94%
68	Can you work here if you want to?	73%	58%
69	Is there enough to do here to fill your time?	66%	55%
70	Is it easy/very easy to go to the library?	84%	72%
71	Is it easy/very easy to go to the gym?	65%	66%
SECTION 11: Keeping in touch with family and friends			
73	Is it easy/very easy to use the phone?	59%	66%
74	Have you had any problems with sending or receiving mail?	16%	21%
75	Have you had a visit since you have been in here from your family or friends?	19%	43%
For those who have had visits:			
76	Do you feel you are treated well/very well by staff in the visits area?	83%	73%
SECTION 12: Resettlement			
78	Has any member of staff helped you to prepare for your release?	21%	16%

Diversity analysis - Disability



Key questions (Disability analysis) The Verne 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

	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		15	116
4	Do you understand spoken English?	86%	88%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	14%	8%
10	Have you been in this centre for more than one month?	71%	54%
13	Were you treated well/very well by the escort staff?	80%	76%
15	Were you seen by a member of health care staff in reception?	93%	92%
16	When you were searched in reception was this carried out in a sensitive way?	60%	68%
17	Were you treated well/very well by staff in reception?	71%	79%
22	Did you feel safe on your first night here?	73%	76%
23	Did you have any problems when you first arrived?	62%	63%
23f	Did you have any health problems when you first arrived?	31%	28%
26	Do you have a lawyer?	77%	61%
33	Is it easy/very easy to see this centre's immigration staff when you want?	29%	22%
35	Can you clean your clothes easily?	80%	72%
36	Are you normally able to have a shower every day?	93%	96%
43	Is it easy/very easy to get a complaint form?	71%	70%

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		
44	Have you made a complaint since you have been at this centre?	24%	22%
47	Do you have a member of staff you can turn to for help if you have a problem?	84%	71%
48	Do most staff treat you with respect?	93%	87%
49	Have any members of staff physically restrained you in the last six months?	0%	11%
50	Have you spent a night in the segregation unit in the last six months?	16%	11%
52	Do you feel unsafe in this centre?	24%	24%
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	0%	21%
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	0%	13%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	9%	14%
59	Have you ever felt threatened or intimidated by a member of staff in here?	9%	7%
62	Is a qualified interpreter available if you need one during health care assessments?	24%	15%
63	Are you currently taking medication?	57%	34%
66	Are you doing any education here?	31%	21%
69	Is there enough to do here to fill your time?	62%	66%
70	Is it easy/very easy to go to the library?	84%	85%
71	Is it easy/very easy to go to the gym?	54%	68%
73	Is it easy/very easy to use the phone?	77%	59%
74	Have you had any problems with sending or receiving mail?	16%	17%
75	Have you had a visit since you have been in here from your family or friends?	20%	19%
78	Has any member of staff helped you to prepare for your release?	34%	20%



Key questions (non-English speakers) The Verne 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		19	119
8	When being detained, were you told the reasons why in a language you could understand?	73%	80%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	0%	9%
10	Have you been in this centre for more than one month?	59%	57%
11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	37%	44%
13	Were you treated well/very well by the escort staff?	42%	80%
17	Were you treated well/very well by staff in reception?	53%	81%
18	Did you receive information about what was going to happen to you on your day of arrival?	31%	45%
19	Did you receive information about what support was available to you on your day of arrival?	26%	66%
22	Did you feel safe on your first night here?	58%	77%
23	Did you have any problems when you first arrived?	88%	61%
26	Do you have a lawyer?	50%	64%
33	Is it easy/very easy to see the centre's immigration staff when you want?	12%	23%
35	Can you clean your clothes easily?	56%	74%
36	Are you normally able to have a shower every day?	95%	94%
43	Is it easy/very easy to get a complaint form?	53%	74%

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?	11%	22%
47	Do you have a member of staff you can turn to for help if you have a problem?	57%	75%
48	Do most staff treat you with respect?	78%	89%
52	Do you feel unsafe in this centre?	50%	20%
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	22%	16%
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	11%	10%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	11%	14%
59	Have you ever felt threatened or intimidated by a member of staff in here?	6%	7%
61	Is health information available in your own language?	6%	29%
62	Is a qualified interpreter available if you need one during health care assessments?	25%	13%
66	Are you doing any education here?	29%	21%
68	Can you work here if you want to?	71%	73%
69	Is there enough to do here to fill your time?	47%	69%
70	Is it easy/very easy to go to the library?	89%	84%
71	Is it easy/very easy to go to the gym?	56%	66%
73	Is it easy/very easy to use the phone?	33%	63%
74	Have you had any problems with sending or receiving mail?	17%	16%
75	Have you had a visit since you have been in here from your family or friends?	5%	22%
78	Has any member of staff helped you to prepare for your release?	0%	24%