Report on an unannounced inspection of

Yarl's Wood Immigration Removal Centre

by HM Chief Inspector of Prisons

13 April – 1 May 2015

Glossary of terms

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Victory House
6th floor
30–34 Kingsway
London
WC2B 6EX
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Contents

Introduction

Yarl's Wood immigration removal centre in Bedfordshire held 354 detainees at the time of this inspection. Most of those held were single women but the centre also held a small number of adult families and there was a short-term holding facility for single men. The centre has been controversial since it opened in 2001 and in recent months it has been the subject of new allegations about the treatment of women held there and the conduct of staff. We last inspected the centre in June 2013 and at that time concluded that the centre was improving, although significant concerns remained and for the most vulnerable women we found the decision to detain was much too casual. This inspection found that in some important areas the treatment and conditions of those held at the centre had deteriorated significantly, the main concerns we had in 2013 had not been resolved and there was greater evidence of the distress caused to vulnerable women by their detention. We did not find evidence of a widespread abusive or hostile culture among staff – although there were some matters of concern. Women told us about, and we observed, positive attempts by staff to ameliorate the impact of detention for those in their care, although staff numbers and training gaps limited what they could do.

We made some adjustments to our normal inspection methodology for this inspection. We amended our inspection criteria to reflect our new expectations for women's prisons, which incorporate the requirements of the UN 'Bangkok Rules' for the treatment of women prisoners. In addition to our normal confidential detainee survey, we asked specific survey questions to address particular issues of concern, such as inappropriate sexual behaviour. We also offered every woman in Yarl's Wood a confidential interview with a female inspector, using interpretation where necessary, and carried out confidential interviews with a sample of staff. We interviewed 92 women detainees in Yarl's Wood and a further eight who had recently been released, as well as 39 staff. The inspection was conducted over three weeks and included intelligence gathered from a variety of voluntary and community groups.

Yarl's Wood is a complex and challenging place to manage and in which to work – and had become more so since the last inspection. About 12% of detainees were ex-prisoners, an increase since the previous inspection. Many women told us harrowing stories about their histories of abuse, rape, trafficking and other victimisation. At best, they were distressed and anxious about their detention and the uncertainty surrounding their possible deportation. In our survey, a disturbing 54% of the women held told us they felt depressed or suicidal when they first arrived. A new contract with reduced staffing levels was being introduced as the inspection took place and we were concerned that staffing levels were insufficient. We found that many women were relieved to have someone to listen to them while they described, in often distressing detail, what had happened to them in the past and their anxieties about the future. Staff rarely had time to do this and there was no counselling service. On top of all this, the allegations that had been made about the centre had clearly shocked staff and lowered morale, and both staff and detainees told us about a loss of mutual trust that had occurred since recent news reports.

The needs of the men held on the Bunting Unit, the short-term holding facility, needed close attention in their own right. Most of the men had been detained after being found in or disembarking from lorries. Most had endured hazardous and arduous journeys and were grateful for the good care they received in Yarl's Wood. The unit was decent and clean, staff were professional and most of the men only stayed a few days.

The experience of the women held was less positive. Forty-five per cent said they felt unsafe at the centre. They told us their fears arose from the uncertainty of their status in the country, a poor introduction to the centre, very poor health care and having too few visible staff on the units. Many women said that past histories of abuse affected their current feelings. The number of violent

incidents had increased, albeit from a low base, and both staff and detainees thought the increase was due to the higher number of former prisoners and women with serious mental health problems.

In both surveys and interviews, we asked current detainees, former detainees and staff about sexually inappropriate behaviour between staff and detainees. In our confidential survey, four women reported instances of sexually inappropriate comments from staff, one woman reported sexual contact from staff, and one reported comments, contact and abuse. None of these responses gave further details of the incidents concerned. In our interviews, no women said they were aware of staff involved in any illegal activity or sexual abuse of detainees. Three women were aware of an incident some years previously when a detainee became pregnant by an officer. Staff were emphatic they had not witnessed any rogue behaviour by colleagues and would report it if they did. Nevertheless, the whistle-blowing procedure was not sufficiently clear and some staff were not confident about using it. We did not find evidence of widespread abuse in the centre but the vulnerability of the women held, the closed nature of the institution and the power imbalance between the staff and detainees – common to any prison – made individual instances an ever-present risk. Constant vigilance was required to protect women from this risk.

Given the very vulnerable and anxious state in which so many women arrived at the centre, early days processes were weak. An unacceptable 38% of detainees (excluding the Bunting unit) arrived at the centre between 10pm and 6am. The reception area was welcoming but the process took too long. Health care screening, which involved asking intimate questions, was sometimes carried out by a male nurse. Not all women received an induction briefing and the briefing did not contain all that women needed to know. Detainee 'greeters' provided positive support to most new arrivals.

Levels of self-harm were high but a small number of women accounted for a significant proportion of the incidents. Women on assessment, care in detention and teamwork (ACDT – casework management for detainees at risk of suicide or self-harm) praised the support they received from staff, but other forms of support, such as links with the Samaritans, peer support and counselling were absent. Constant supervision was used for women in the most acute crisis but the use of male staff to do this when women were sleeping was inappropriate. Two detainees had died from natural causes since the last inspection, one of these during this inspection.

Security was generally thoughtful and proportionate and some of the most intrusive elements of physical security had been removed. Most use of force was well managed, but we were very concerned about one incident in which an officer appeared to use excessive force. He was rightly suspended. The amount of separation had increased since the last inspection. Some but not all of this could be explained by the difficulties in managing ex-prisoners and women with acute mental health needs. The separation unit was not an appropriate therapeutic environment for women who were eventually transferred to a secure hospital and work to develop a care suite was welcome.

Immediate physical safety issues were much less a concern for the women held than uncertainty about their immigration cases and the length of detention. We were particularly concerned about the length of time some women were detained and the detention of the most vulnerable women without clear reason. In the six months prior to the inspection, more than double the number of women who were removed (443) were released back into the community (894), which raises questions about the validity of their detention in the first place. A few detainees were held for very long periods. At the time of the inspection, 15 detainees had been held for between six months and a year and four for more than a year. The longest had been held for 17 months. The Home Office's own policy states pregnant women should not normally be detained, but 99 had been held in 2014. Only nine of these women had eventually been removed from the UK. Rule 35 reports should protect detainees who have been tortured or who are extremely vulnerable in other ways from being detained. The Rule 35 reports we examined at Yarl's Wood were among the worst we have seen. All were handwritten and many were difficult to read, lacked detail and were perfunctory. Some responses were dismissive.

Most detainees in interviews and 80% in our survey said staff treated them with respect. However, many women felt staff did not sufficiently understand their needs as detainees and staff training did not sufficiently address this important area. There were still too many male staff and this either meant that men had to be used inappropriately – as in some health care and constant supervision roles – or processes such as reception were delayed until female staff were available. It was unacceptable that male and female staff still entered women's rooms without knocking. It is important to note that when women were asked where they felt unsafe in the centre, 20% said their bedrooms.

Of all the areas in the centre, health care had declined most severely. G4S Justice Health had provided health services since September 2014. There were severe staff shortages and women were overwhelmingly negative about access, quality of care and delayed medication. Local governance was poor. Care planning for women with complex needs was so poor it put them at risk. The available mental health care did not meet women's needs and this made it particularly unacceptable that a number of women with enduring mental health needs had been detained. The small enhanced care unit was located in health care and was used to isolate women. It was effectively used as an inpatient unit although it was not commissioned, resourced or registered to be so. Pregnant women had prompt access to community midwives and reasonable anti-natal care, but we saw two instances where abdominal pain in early pregnancy was not managed appropriately. Pharmacy services were chaotic. The Care Quality Commission issued three requirement notices following this inspection.

Women had good freedom of movement in the centre and recreational facilities were good. There was a reasonable range of activities but take up was low. Some activities that women enjoyed, such as the opportunity to cook for themselves and their friends in the cultural kitchens, were insufficient to meet demand. More thought needed to be given to how a more imaginative range of activities could meet the therapeutic, as well as learning needs, of the women held. The library and gym were good facilities.

Women reported positively on the help given to them to prepare for removal or release, but support was limited. Many women's prisons have a good range of third sector organisations providing services – this is valuable not just for the services themselves but because of the impact on culture and transparency it brings. A small number of voluntary organisations and volunteers provided important services at Yarl's Wood, but the potential for this to be increased should be examined. Visits provision was good and detainees had good access to the internet, but social media and Skype were still not allowed. Women who had been released spoke to us about the prolonged adverse impact of detention and support for women who were being released or transferred was inadequate.

Yarl's Wood is rightly a place of national concern. We should not make the mistake of blaming most of this on the staff on the ground. While there have been instances of unacceptable individual behaviour most staff work hard to mitigate the worst effects of detention and women told us they appreciated this. However, Yarl's Wood is failing to meet the needs of the most vulnerable women held. These are issues that need to be addressed at a policy and strategic management level. We have raised many of the concerns in this report before. Pregnant detainees and women with mental health problems should only be held in the most exceptional circumstances. Rule 35 processes are meant to protect people from detention when they have been tortured and traumatised or are extremely vulnerable in other ways. Staff should have the training and support they need to better understand the experiences of the women for whom they are responsible. There are not enough female staff. This inspection has also identified new concerns. Health care needs to improve urgently. Staffing levels as a whole are just too low to meet the needs of the population.

Yarl's Wood has deteriorated since our last inspection and the needs of the women held have grown. In my view, decisive action is needed to ensure women are only detained as a last resort. Procedures to ensure the most vulnerable women are never detained should be strengthened and

managers held accountable for ensuring they are applied consistently. Depriving anyone of their liberty should be an exceptional and serious step. Other well-respected bodies have recently called for time limits on administrative detention. In my view, the rigorously evidenced concerns we have identified in this inspection provide strong support for these calls, and a strict time limit must now be introduced on the length of time that anyone can be administratively detained.

Nick Hardwick August 2015
HM Chief Inspector of Prisons

Fact page

Task of the establishment
The detention of people subject to immigration control

Location
Milton Ernest, Bedfordshire

Name of contractor
SERCO

Number held
354

Certified normal accommodation
410

Operational capacity
410

Last inspection
June 2013

Brief history
Yarl's Wood immigration removal centre holds mainly adult women and adult family groups. In addition, it has a small short-term holding facility for adult males who have arrived in the UK as clandestine migrants on freight lorries.

Name of centre manager
Norman Abusin

Escort provider
TASCOR

Short description of residential units
There are five residential units: three for single females, Crane (induction), Avocet and Dove; one family unit, Hummingbird; and one single male short-term holding facility, Bunting

Health service commissioner and providers
Commissioner: NHS England (East Anglia Team)

Health Provider: G4S Justice Health
GP service: Saxonbrook
Dentist: Time for Teeth
Pharmacy: Boots

Learning and skills providers
SERCO

Independent Monitoring Board chair
Mary Coussey

About this inspection and report

A1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, immigration detention facilities and police custody.

A2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

A3 All Inspectorate of Prisons reports include a summary of an establishment's performance against the model of a healthy establishment. The four tests of a healthy establishment are:

Safety	that detainees are held in safety and with due regard to the insecurity of their position
Respect	that detainees are treated with respect for their human dignity and the circumstances of their detention
Activities	that the centre encourages activities and provides facilities to preserve and promote the mental and physical well-being of detainees
Preparation for removal and release	that detainees are able to maintain contact with family, friends, support groups, legal representatives and advisers, access information about their country of origin and be prepared for their release, transfer or removal. Detainees are able to retain or recover their property.

A4 Under each test, we make an assessment of outcomes for detainees and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the Home Office.

- **outcomes for detainees are good against this healthy establishment test.**
  There is no evidence that outcomes for detainees are being adversely affected in any significant areas.

- **outcomes for detainees are reasonably good against this healthy establishment test.**
  There is evidence of adverse outcomes for detainees in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.

- **outcomes for detainees are not sufficiently good against this healthy establishment test.**
  There is evidence that outcomes for detainees are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of detainees. Problems/concerns, if left unattended, are likely to become areas of serious concern.

- **outcomes for detainees are poor against this healthy establishment test.** There is evidence that the outcomes for detainees are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for detainees. Immediate remedial action is required.

A5 Although this was a custodial establishment, we were mindful that detainees were not held because they had been charged with a criminal offence and had not been detained through normal judicial processes. In addition to our own independent *Expectations*, the inspection was conducted against the background of the Detention Centre Rules 2001, the statutory instrument that applies to the running of immigration removal centres. Rule 3 sets out the purpose of centres (now immigration removal centres) as being to provide for the secure but humane accommodation of detainees:

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

A6 The statutory instrument also states that due recognition will be given at immigration removal centres to the need for awareness of:

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

A7 Our assessments might result in one of the following:

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

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

A9 At this inspection, in addition to our normal methodology, we offered every woman in the centre a confidential interview with a female inspector and 92 took up this offer; we additionally interviewed eight women who had recently been released from Yarl's Wood and were referred to us by third sector organisations. These interviews were conducted with the help of professional interpretation where necessary. We also interviewed 39 centre staff. We added new questions to our detainee survey, including some about experiences of sexually inappropriate behaviour by staff and other detainees. We conducted three detainee

group interviews and one group interview with staff. As usual, we were joined by colleagues from Ofsted and the Care Quality Commission, including a doctor with mental health expertise and a midwife.

A10 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection, unless these have already been reviewed by a short follow-up inspection. This inspection follows a short follow-up inspection and does not report directly on progress made against the previous recommendations.

A11 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission or Healthcare Inspectorate Wales, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

A12 This explanation of our approach is followed by a summary of our inspection findings against the four healthy establishment tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the conditions for and treatment of immigration detainees*. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection.

A13 Details of the inspection team and the detainee population profile can be found in Appendices I and II respectively.

A14 Findings from the surveys of detainees and a detailed description of the survey methodology can be found in Appendix III of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant. [1] Findings from our confidential one-to-one interviews with detainees and staff can be found in appendices IV and V of this report.

[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 *About a third of detainees were transported to the centre overnight. Reception processes often took too long and many detainees did not receive an adequate induction. The Bunting short-term holding facility provided good support for recently arrived men. Most violence was low level but it had increased and more detainees felt unsafe than at the last inspection. In our confidential survey and interviews with women detainees, there was little indication of sexually inappropriate behaviour by staff and in our interviews no detainees gave details of current concerns. Self-harm was high. The quality of care for those at risk of self-harm was reasonable, but some ACDTs[2] were opened without evidence of self-harm risk. Safeguarding procedures were underdeveloped. Security was generally proportionate. Separation was not used excessively but some detainees had spent too long in temporary confinement. Force was usually proportionate, but in one incident a member of staff had used excessive force and was subsequently suspended. Some detainees were held for long periods with insufficient case progress. Many Rule 35[3] reports were very poor. A large number of pregnant women had been held with little or no recorded evidence of the exceptional circumstances justifying their detention.* ***Outcomes for detainees were not sufficiently good against this healthy establishment test.***

S2 *At the last inspection in 2013, we found that outcomes for detainees in Yarl's Wood were reasonably good against this healthy establishment test. We made 23 recommendations in the area of safety. At this inspection we found that four of the recommendations had been achieved, five had been partially achieved and 14 had not been achieved.*

S3 Most detainees reported that escort staff treated them with respect. Detainees reported long journeys to the centre and just over a third of detainees in the previous three months had arrived overnight, which was unacceptable. The reception area was a welcoming space with good facilities. However, escort vehicles often queued outside and detainees could experience long delays in reception. Health care screening was sometimes carried out by a male nurse, who asked women personal and, in some cases, inappropriate questions. Women detainees often arrived with a high level of need and did not receive enough information or support during their early days at the centre. In our survey, far fewer detainees than at the last inspection said they felt safe on their first night (39% against 60%). Induction was delayed for many detainees or did not happen at all. Translated materials were not easily accessible in a wide enough range of languages. The needs of men arriving on Bunting unit after arduous journeys were well met and they were positive about the support they received.

S4 In our survey, more detainees than at the previous inspection said they felt unsafe (42% against 29%). The main reasons cited for this during interview were poor reception and induction, poor health care, immigration uncertainty and low staffing levels. Many women reported experience of previous abuse and domestic violence and were likely to feel particularly vulnerable as a result. We specifically investigated views on sexual contact or comments. In our confidential survey, four women reported instances of sexually inappropriate comments from staff, one women reported sexual contact from staff, and one

[2] Assessment, care in detention and teamwork case management of detainees at risk of suicide or self-harm

[3] 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.

women reported comments, contact and abuse. In our interviews, nobody reported any direct experience of sexually inappropriate behaviour in the centre, but three women were aware of an incident where an officer had made a woman pregnant in the past.

S5 Violence had increased over the previous year, but the seriousness of most reported incidents remained low and the names of a few detained women recurred several times in reported incidents. Many more behaviour logs were being opened than at the previous inspection, but the quality was poor and effectiveness unclear. Mediation was used to good effect to resolve disputes, but only in a few cases. Data collection, trend analysis and specific action planning were very limited.

S6 Nearly half the women in our survey said they felt depressed or suicidal on arrival. There had been over 70 self-harm incidents in the previous six months and a number of women had repeatedly self-harmed. Care provided to those on ACDT documents was generally good but triggers and care maps were weak in many cases. A large number of ACDTs were opened when there was no assessed self-harm risk, unnecessarily diverting staff resources. Male staff were inappropriately used to provide constant supervision for some women in acute crisis. Regular care meetings provided a good opportunity for additional and coordinated support. Data collection and trend analysis were good, but there was no specific safer custody strategy for Yarl's Wood. The Prisons and Probation Ombudsman's report into a death from natural causes was not reviewed regularly enough. We were concerned about delays in calling the emergency services in the case of a recent death.

S7 Procedures to protect the most vulnerable women were underdeveloped and there was still no formal link with the local safeguarding adults board. In our staff interviews, many staff showed limited understanding of safeguarding issues and of concerns such as trafficking. Most staff were confident about what constituted inappropriate behaviour by colleagues. However, the local whistle-blowing policy was convoluted and contained numerous warnings about the potential consequences of whistle-blowing, and some staff felt they would not be supported if they spoke up..

S8 Detainees who said they were children were appropriately cared for in the centre. Ex-adult estate prisoners who disputed their age at Yarl's Wood were not age assessed by social services, which was inappropriate. Detainee custody officers (DCOs) did not have regular safeguarding children training. Sixteen per cent of women in our survey said they had dependent children in the UK. The Home Office and Serco did not collect data on dependent children and could not therefore identify the relevant women and proactively address potential risks. In our casework analysis, we found one case where a mother had been separated from her child by detention, but saw no evidence on file that the Home Office had considered the child's best interests in their decision-making.

S9 The overall approach to security was thoughtful and proportionate. Most razor wire had been removed and the number of roll counts had been reduced from four to two a day. Male officers remained present when women detainees were rub-down searched. Quarterly room searches found almost nothing, and there was little justification for routine as opposed to intelligence-led searching. We were concerned about the practice of searching rooms of those on ACDT and constant watch with no specific identified risk. Handcuffing for escorts was based on risk assessment. In the cases of the very few women who were handcuffed, paperwork justified their use. However, staff were not always clear how to manage security at, for example, medical appointments. The practice of supervised visits, where staff listened to detainees' conversations with their visitors, was inappropriate.

S10 Separation, which included both removal from association under Detention Centre Rule 40 and temporary confinement under Rule 42, had increased in duration since the previous inspection. Some women had also been held in temporary confinement conditions for long periods without recorded justification. The increase in separation, and in violent incidents, appeared to be linked to the higher number of people with mental health problems and the increase in ex-prisoners; we were assured that this explained the increase in use of temporary confinement, but not removal from association. No systematic data were analysed to examine these concerns. Use of force was similar to the last inspection. Force was used proportionately in most cases that we examined and there was evidence of good de-escalation. However, one concerning incident involved excessive use of force by a DCO and there were weaknesses in the overall management of the whole incident. Governance of use of force was insufficient to provide assurance that all force was necessary, particularly when it was spontaneous.

S11 In our survey, more detainees than at other centres said that they had a solicitor. Waiting times for the recently increased number of duty advice surgeries were short. Detainees were able to get bail and country of origin information reports on line, but many were not aware of this. Bail summaries were not always served in a timely manner. Bail for Immigration Detainees provided assistance to detainees during fortnightly visits.

S12 Some periods of detention were prolonged as a result of unreasonable delays in decision-making. At the time of the inspection, 15 detainees had been held for between six months and a year and four for more than a year. The longest held detainee had been deprived of her liberty for 17 months. Observed immigration induction interviews were conducted well and the on-site Home Office contact team was diligent. Despite chasing by the local contact team, too many monthly progress reports were overdue and some showed a lack of substantial progress. Detainees were waiting a week to receive a Rule 35 assessment appointment, which was too long. Many Rule 35 reports were poor and some were among the worst that we have seen, providing wholly inadequate protection for some of the most vulnerable detainees. In one case, rape was not considered to meet the criteria for torture and symptoms of post-traumatic stress disorder (PTSD) were not adequately considered. Nearly a hundred pregnant women were detained during 2014 and 90% of them were then released. We examined the cases of 12 pregnant women, and the recorded evidence suggested that eight of them should either not have been detained or should have been released earlier.

Respect

S13 The standard of accommodation and levels of cleanliness were good. Most detainees said that staff treated them with respect, but both staff and detainees reported that staff had little time for positive engagement with detainees. There were still not enough women DCOs and staff lacked specific training in the backgrounds of detainees. Equality and diversity work was inconsistent. Faith provision was very good. Most complaints were well managed. The food was variable in quality and lacked cultural diversity. Health care had deteriorated substantially since the previous inspection, with potentially serious consequences for the physical wellbeing of detainees. Pharmacy services were very poor and mental health support did not meet the high need. ***Outcomes for detainees were not sufficiently good against this healthy establishment test.***

S14 At the last inspection in 2013, we found that outcomes for detainees in Yarl's Wood were good against this healthy establishment test. We made 17 recommendations in the area of respect. At this inspection we found that three of the recommendations had been achieved, two had been partially achieved and 12 had not been achieved.

S15 Accommodation was generally in good order and outdoor areas were well maintained and well used. Association rooms had good facilities but were unnecessarily locked after 9.30pm. Women on the induction unit did not have kettles in their rooms and could not access hot water overnight. In our survey, almost half the detainees did not feel units were quiet enough to sleep at night. Detainee consultation was regular, but attendance was variable and some issues were recurring repeatedly without resolution.

S16 In our survey, 80% of detainees said that most staff treated them with respect and our interviews were similarly positive about staff. There appeared to have been some loss of trust between staff and detainees since recent negative media coverage. There was a generally positive culture in the centre, with many decent staff, and we saw a number of good interactions.

S17 Overall, staffing levels seen during the inspection were inadequate, and both staff and detainees consistently reported that staff had little time to talk to or supervise detainees. Some staff lacked understanding of detainees' situations, and DCOs still had little training in the specific backgrounds, experiences and cultures of detainees. There were not enough women DCOs to meet the needs of a mostly female population; fewer than half the staff in detainee contact roles were women. In our survey, 17% of women said that staff rarely or never knocked and waited before entering their rooms. We also observed some staff failing to wait for an answer before entering rooms. This exacerbated fearfulness among women detainees, particularly if male staff were involved. The long-term resident scheme was not implemented consistently.

S18 The strategic management of equality and diversity work was weak. Some protected groups were under-identified and monitoring of treatment was rudimentary. The number of submitted discrimination incident reports had reduced substantially and the reasons for this had not been investigated. Useful regular forums were held with different nationality groups but not with other protected groups. Telephone interpretation was well used. There was no targeted support for gay and bisexual detainees. Care planning for those with identified disabilities was reasonably good. Meetings were no longer held routinely with pregnant detainees.

S19 Detainees were very positive about faith provision. A wide range of services was available and all major faiths were provided for. Faith facilities were bright, attractive and well maintained.

S20 Not all detainees knew about the complaints process and some were concerned about the consequences of complaining for their immigration cases. However, reasonable numbers of complaints were submitted and responses were comprehensive, respectful and usually on time. The exception was health care complaints, which for several months had either not been responded to or were extremely late. The number of complaints had doubled and those about staff conduct had increased by 80%. Serco staff were not made aware of the outcomes of complaints made against the Home Office, G4S staff in health care or Tascor staff undertaking escorts, which limited the understanding that detention staff had of detainees' concerns.

S21 Detainees were generally negative about the food and, while it catered for a range of diets, the menu did not include enough culturally diverse options. The cultural kitchens were highly valued by the detainees. While the main kitchen was open twice a day, more than at the previous inspection, this did not meet demand and there was scope for opening it more often. The family unit cultural kitchen was open only for one day a week. The shop provided a reasonable selection of goods and the weekly market was very popular.

S22 There had been a significant deterioration in health care provision since our previous inspection, exacerbated by chronic staff shortages. Detainees' perceptions of health care were overwhelmingly negative. Their main concerns included poor access to prescribed medication, a poor overall standard of care, a poor attitude from health care staff, a corrosive culture of disbelief, and a lack of support with emotional and mental health needs. Governance processes were inadequate. While we saw evidence of some good care, we also had significant concerns about inadequate management of physical health problems, which could have had serious consequences for detainees' health. The available mental health support did not meet the high level of need. A number of people with enduring mental health problems had been detained. There was no longer a counselling service. Local governance processes, including meetings, audits and clinical supervision, were underdeveloped. Access to most primary care services was good, but chronic disease management and the scheduling of appointments were inadequate. The drug administration area in health care gave detainees no privacy and became too crowded. Pharmacy services were very poor and many detainees did not receive their prescribed medication on time. The enhanced care unit was not appropriate for its current use. Dental services were good.

Activities

S23 Detainees had good freedom of movement around the centre and recreational facilities were good. There had been little strategic oversight or planning of activities, although there were enough activity places for the population. There was a reasonable range of education, but take-up was low and data collection was weak. There was slightly more work than at the last inspection, but opportunities had been missed to create more interesting roles. The library provided a good service. Fitness provision was adequate. ***Outcomes for detainees were reasonably good against this healthy establishment test.***

S24 At the last inspection in 2013, we found that outcomes for detainees in Yarl's Wood were reasonably good against this healthy establishment test. We made 10 recommendations in the area of activities. At this inspection we found that two of the recommendations had been achieved, four had been partially achieved and four had not been achieved.

S25 Women detainees could move freely around the centre for about 13 hours a day and available recreational facilities were good. Men on the family unit or the short-term holding facility had access to reasonably good recreational facilities.

S26 There were enough activity places for the population, and there were activities at evenings and weekends. The range was adequate to meet the needs of most detainees who were held at the centre for short periods. There had been no evaluation to ensure that the provision met the learning and therapeutic needs of detainees. In our survey, the percentage of detainees who thought there was enough activity at the centre had declined since the previous inspection and take up of activities such as information and communications technology and physical education was low. The centre had not monitored the quality of learning and skills provision sufficiently to identify areas for improvement.

S27 More able detainees or those who stayed at the centre for longer periods had little access to appropriate education courses. Although not all staff had teaching qualifications, they were very experienced and displayed a high level of commitment towards supporting detainees and encouraging them to engage in activities. Activities such as cooking and arts and crafts provided detainees with good opportunities to explore their creativity. Learning resources in English classes were too limited, lessons were too long and attendance was low.

S28 The amount of paid work had increased slightly since the previous inspection but there was a two-week waiting list. The recruitment process was transparent, risk based and well regulated. Many jobs were mundane and formal training was not offered across all roles. There were missed opportunities within activities to increase the number of paid work placements with interesting roles such as hairdressing. A number of detainees were inappropriately prevented from working by the Home Office[4], interfering with the centre's ability to manage the population.

S29 The library was well managed and organised. It offered a good range of materials in different languages that met the needs of the diverse population. Access to the library was particularly good and it was well regarded, although some stock was too old.

S30 Detainees had the opportunity to attend the gym and to undertake indoor sports every day across the centre, and were supported by qualified instructors. Managers responded to detainees' feedback to provide classes that met their needs

Preparation for removal and release

S31 *Welfare staff gave detainees some good welfare support and detainees reported positively on the help provided to them, although access was limited. Visits provision was generally good. Detainees had reasonable access to means of communication but reported worse than average phone contact. They had good access to the internet but not to social media or Skype. Detainees being released or transferred were not given systematic support. The centre had insufficient links with third sector and support organisations. Detainees received medication and a medical discharge summary on release but continuity of care and their wider health needs were not consistently addressed.* ***Outcomes for detainees were reasonably good against this healthy establishment test.***

S32 *At the last inspection in 2013, we found that outcomes for detainees in Yarl's Wood were good against this healthy establishment test. We made six recommendations in the area of preparation for removal and release. At this inspection we found that one of the recommendations had been achieved, two had been partially achieved and three had not been achieved.*

S33 The dedicated welfare officer provided valued support to detainees with practical issues such as closing financial affairs in the UK, and occasionally with more complex issues such as contact with children. The service was well advertised around the centre in a range of languages. Daily access to see the welfare officer was limited. The welfare officer did not routinely see all new arrivals and there was no immediate needs assessment.

S34 Visits provision was reasonably good. Visits took place in a clean and respectful environment. Visitors and detainees reported respectful and courteous treatment by visits staff. A helpful free bus service was provided to collect visitors from Bedford train station. The befrienders also provided good support to detainees.

S35 While detainees were all issued with a mobile phone in reception, they were unable to use their own sim cards and some were not able to retrieve numbers from their own mobiles. Detainees could send faxes easily, but staff checked them and in some cases told us they read documents in some detail. Detainees had reasonably good access to the internet but social media and Skype were still barred, which were disproportionate restrictions for a detainee population and reduced their contact with family and friends.

[4] This is a Home Office policy as set out in Detention Service Order 1/2013

S36 In the six months before the inspection, 894 women had been released back into the community and only 443 removed. In our interviews with recently released women, they reported ongoing anxiety, depression, other mental health problems and fearfulness as a result of their detention. Planning for removal or release did not begin on the detainee's first day at the centre. Detainees being removed were offered an appointment with the welfare officer but take up was low and there was no further follow up. Those being released were not routinely seen or given information or support before they left the centre, although Hibiscus[5] provided important help with international resettlement needs. Not all detainees being removed were provided with the means to reach their final destination safely. Links between the centre and community organisations that could provide additional support for detainees were underdeveloped. Detainees received medication and a medical discharge summary on release, but continuity of care and wider health needs were not consistently addressed.

Main concerns and recommendations

S37 Concern: Staff assured us that they understood what constituted improper conduct and that they would speak out if they saw it. However, we were concerned that the local whistle-blowing policy did not sufficiently clearly encourage staff to raise concerns and some staff did not feel they would be supported by their managers if they did so.

Recommendation: The whistle-blowing policy should be reviewed and staff should be given unambiguous reassurance they would be supported if they raised concerns. Work should be done to understand and address any concerns staff have about the policy.

S38 Concern: Some periods of detention were prolonged as a result of unreasonable delays in decision-making and women reported considerable stress as a result of open-ended detention. At the time of the inspection, 15 detainees had been held for between six months and a year and four for more than a year. The longest held detainee had been detained for 17 months.

Recommendation: There should be a strict time limit on the length of detention and caseworkers should act with diligence and expedition.

S39 Concern: A number of women had been detained under the Mental Health Act before being transferred to hospital, and high levels of emotional distress and mental health problems were reported. The exceptional circumstances justifying detention of pregnant women were unclear.

Recommendation: **Detainees with enduring mental health illnesses should not be detained and pregnant detainees should only be detained in the most exceptional circumstances. The continued detention of pregnant women should be considered in line with the Home Office's published policy on the detention of pregnant women.** (Repeated main recommendation S39)

[5] Charity providing assistance and support to people in immigration removal centres

S40 Concern: The quality of Rule 35 reports were among the worst we have seen. Some were difficult to read. Many lacked detail and were perfunctory. The reports usually did not comment on the consistency between the alleged method of torture and scarring.

Recommendation: **Rule 35 reports should provide objective professional assessments – for example, commenting on the consistency between injuries and alleged methods of torture, and on evidence of PTSD. Case owner replies should carefully address all relevant factors in reviewing ongoing detention. Rape should be considered a form of torture.**

S41 Concern: Overall staffing levels were inadequate and there were not enough women detainee custody officers to meet the needs of a mostly female population; less than half the staff in detainee contact roles were women and all detainee custody managers in contact roles were men.

Recommendation: Staffing levels should be adequate to enable staff to meet the needs of detainees consistently in a decent and respectful manner. More female staff should be recruited urgently to ensure that at least 60% of staff in direct contact with women detainees are also women.

S42 Concern: Many women we spoke to said that experiences before detention had made them fearful, and this was exacerbated by staff not knocking and waiting for an answer before entering their rooms, particularly as so many staff were male.

Recommendation: Male staff should never enter women's rooms unless invited to do so, except in cases of emergency.

S43 Concern: There had been a significant deterioration in health care provision since our previous inspection. We had particular concerns about inadequate management of physical health problems, which could have had serious consequences for detainees' health, and poor medicines administration. Local governance processes, including meetings, audits and clinical supervision, were underdeveloped. See also Appendix III, which lists Care Quality Commission (CQC) Requirement Notices.

Recommendation: Robust local governance processes should be in place in health care to monitor the effectiveness of the service and ensure the safety of detainees, including effective incident reporting and management, clinical audits, regular governance meetings attended by all service providers and effective service user engagement. CQC requirement notices should be complied with in full.

Section 1. Safety

Escort vehicles and transfers

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

1.1 *Detainees were positive about escort staff, and women detainees were accompanied by female officers during escort. Journeys to the centre were too long, especially for those who had been detained elsewhere waiting for escorts. Over a third of detainees arrived overnight, which was unacceptable.*

1.2 In our survey, 63% of detainees said that they had been treated well by escort staff. We observed polite and respectful escorts and all incoming vehicles carrying female detainees included female staff.

1.3 Detainees reported long journeys to the centre. In our survey, 30% of detainees said that they spent longer than four hours on vans compared with only 19% in 2013. Too many detainees arrived at the main centre late at night or during the early hours. In our sample of arrival records (excluding Bunting unit) between January and April 2015, 38% of detainees had arrived in reception between 10pm and 6am. The unacceptably high number of night moves sometimes followed long waits in police cells or at immigration reporting centres, and took place for reasons of administrative convenience rather than operational necessity. One family who had been detained at an immigration reporting centre in London at 10.30am arrived in their room after midnight, nearly 14 hours later.

Recommendation

1.4 Detainees should not be subject to long delays before transfer to Yarl's Wood, and should never be transported during the night unless this is for urgent operational reasons.

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.

1.5 *Reception was welcoming and offered good facilities, but the reception process took too long. Professional interpretation was generally used well, but there was insufficient translated information. Health care screening for women was sometimes carried out by male nurses. First night welfare checks were in place, but not always carried out appropriately. Women arrived with a high level of needs, which were not effectively met. Induction was often delayed and sometimes not delivered at all. Men arriving at the Bunting short-term holding facility were positive about the support they received on arrival.*

1.6 The reception area was clean and well maintained, with four holding rooms, two for female detainees and two for families. Each room had comfortable seating and televisions, but not enough translated information about the centre. Some detainees were locked inside holding rooms while in reception, which was unnecessary. We observed the use of telephone interpretation by reception staff and centre logs indicated that such services were used regularly during the reception process.

1.7 Escort vans often queued outside reception with detainees on board. We observed lengthy delays in reception, and some women reported waiting times of several hours before moving to their rooms. We saw female reception staff redeployed to carry out gender-specific tasks elsewhere in the centre as there were not enough women DCOs. This contributed to staffing shortages in reception and subsequent delays for detainees. One woman detainee told us: *'When I arrived in reception, I was kept in a locked room for five hours and couldn't even go to the toilet.'*

1.8 A number of women in our groups and interviews told us that health care screening in reception was sometimes carried out by a male nurse, which made them feel uncomfortable. This was particularly the case given that women were asked very personal questions, for example about when they had their last period or, in one case, about sexual orientation (see paragraph 2.72).

1.9 First night welfare checks of all new arrivals in the main centre were carried out by residential staff on the induction unit. One detainee who did not speak English told us that this had not been explained to her and she was confused and frightened by male staff opening her door at night to look in on her. In our survey, far fewer detainees than at the last inspection said that they felt safe on their first night in the centre, 39% compared with 60%.

1.10 Not all relevant risk information was shared between reception and residential staff. For example, one arriving woman was violently sick and this was not shared with first night staff. Women detainees often arrived with a high level of need and in our survey 82% compared to 61% at the last inspection said they had problems on arrival, and nearly half specifically mentioned health, depression or suicidal thoughts. Women did not receive enough information or support during their early days at the centre. In our survey, 31% of detainees who had had problems on arrival said they had received help from any member of staff in dealing with these problems within the first 24 hours of arrival, against 44% at the previous inspection (see sections on bullying and violence reduction and welfare).

1.11 Induction was often delayed or did not happen at all. Many told us they had not received an induction after two to three weeks in the centre. Staff on the induction unit confirmed that they were not routinely carrying out inductions and said this was because they were short of staff. There were no induction logs to show how many detainees had attended. The one induction we were able to briefly observe did not engage detainees. The induction leaflet and centre compact were in 16 languages but only a few translations were available in the induction room. A number of detainees moved on from the first night and induction unit before they had received their induction. Peer support workers known as 'greeters' usually showed new arrivals around the centre and introduced them to the electronic kiosk system (see section on residential units). The frequent turnover in population meant that there were not always enough trained greeters.

1.12 Bunting unit was a short-term holding facility for men arriving mainly from police stations after being found on the back of freight lorries as clandestine migrants. Most men we spoke to said they had experienced long, arduous journeys from overseas to the centre. The unit had a separate reception area, which was clean and welcoming. Showers, food and clean clothes were provided.

Recommendations

1.13 The reception process should be completed as quickly as possible, and detainees moved swiftly to the residential units. (Repeated recommendation 1.20)

1.14 Detainees should have access in reception to written information about the centre in a range of languages.

1.15 Newly arrived women should be screened by female nurses in reception.

1.16 Night-time welfare checks should be fully explained to detainees in a language they understand, and they should be conducted by staff of the same gender.

1.17 Induction should be thorough and take place on the day following reception and key information should be given to detainees in accessible, written formats.

Housekeeping point

1.18 Detainees should not be unnecessarily locked in holding rooms in reception.

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.

1.19 *Most violence was low level but it had increased significantly and far more detainees felt unsafe than at the previous inspection. Detainees' perception of safety was affected by several issues, many of which reflected weaknesses in processes and services in the centre. In our survey and interviews there was little indication of sexually inappropriate behaviour by staff and in our interviews no detainees gave details of current concerns. Bullying and violence reduction procedures were underdeveloped. Too little data analysis was undertaken and there was no specific strategy or action plan for the centre.*

1.20 In our survey, 42% of detainees said they felt unsafe in the centre against the comparator of 31% and 29% at the previous inspection. No men said they had felt threatened or intimated by other detainees compared with 18% of women. Only 4% of men said they had felt threatened or intimidated by staff compared with 18% of women. The reasons for this perception were complex and wide-ranging and most did not relate to fear of violence.

1.21 In our interviews, detainees said their feelings of safety were negatively affected by a range of centre-wide problems: in particular, poor early days support with little help to address problems on arrival; poor health care; and uncertainty about progress with their casework. They also said that having too few staff on the units made them fearful. Most detainees we interviewed thought that staff did the best they could in the circumstances but were too busy to provide effective support, especially to the most vulnerable detainees. Many staff agreed with this view (see section on staff-detainee relationships).

1.22 Other women said they felt like prisoners or criminals and that the uncertainty of their immigration cases made them feel very insecure. They found indefinite detention particularly

stressful. Others said they dreaded legal visits because they did not know what news they would receive.

1.23 Many women we interviewed reported experience of previous abuse and domestic violence. In view of concerns expressed about sexual misconduct and abuse in Yarl's Wood, we specifically investigated detainees' views on sexual contact or comments. In our confidential survey, four women reported instances of sexually inappropriate comments from staff, one women reported sexual contact from staff, and one women reported comments, contact and abuse. None of these responses gave further details of the incidents concerned. Two women stated:

'*some male staff give you a look that makes you feel very unsafe*'

'I have witnessed it but it has never been directed at me.'

1.24 In our interviews, no direct experience of sexually inappropriate behaviour in the centre was reported. Three women were aware of an officer who had made a woman pregnant some years ago, which managers confirmed had happened. Recent investigations by the Home Office Professional Standards Unit had concluded that there was no evidence to show that sexual relationships between staff and detainees were endemic.

1.25 The reported number of assaults had trebled[6] since the previous year, but this was from a low base and the figures were now similar to the level we usually find in other IRCs. A few women had committed a large proportion of the assaults or other acts of violence over the previous six months. Most assaults were not serious and detainees said that most related to cultural differences, language barriers and a lack of understanding of each other's ways of praying and going about their daily business. Most detainees we interviewed thought that staff did the best they could to stop bullying. Staff thought that the increase in violence was due to greater numbers of detainees with severe mental health problems and more challenging ex-prisoners (see sections on use of force and single separation).

1.26 In our survey, 15% of detainees against 9% in 2013 said they had felt threatened or intimidated by other detainees. There had been a considerable increase in the number of detainees with mental health problems compounded by lack of access to individual counselling services (see sections on health care and suicide and self-harm prevention). The proportion of foreign national offenders who had arrived at the centre from prison had also increased significantly. Both were identified as concerns by detainees during our interviews.

1.27 Many more behaviour logs were being opened than at our previous inspection, reflecting the increase in incidents. Reported incidents were investigated by the safer detention team or unit managers. The quality of the investigations was adequate but many behaviour logs were poor and their effectiveness was unclear. They lacked clear targets to change behaviour and support victims. Mediation had been used to good effect in a few cases to resolve disputes. There were no other formal interventions to help detainees examine their poor behaviour or reduce their victimisation.

1.28 The safer detention committee did not provide adequate oversight of bullying and violence reduction. Data collection, trend analysis and action planning were very limited. Detainee surveys had resumed but they were not detailed enough to provide concrete evidence about safety and they had only been issued in English.

[6] This figure relates to detainee on detainee and detainee on staff assaults.

Recommendations

1.29 Detainees' negative perceptions of safety should be investigated as a priority and action taken to address the findings.

1.30 Violence reduction measures should be robust. They should set clear targets to change behaviour and support victims, include formal interventions to address behaviour, and be underpinned by good quality behaviour logs.

1.31 There should be a safer detention strategy and action plan specific to the needs of Yarl's Wood detainees, which is informed by robust data and analysis, including detainee surveys.

Housekeeping point

1.32 Detainee surveys should be available in an appropriate range of languages.

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.

1.33 *Many detainees displayed high levels of personal crisis and a few self-harmed regularly. A large number of ACDTs[7] were opened when there was no assessed risk of self-harm which diverted scarce staff resources unnecessarily. Detainees spoke positively of the care they received but ACDT records required improvement. Regular care meetings provided additional oversight but other forms of support for detainees in crisis were not well developed and the lack of counselling was a significant gap. Male staff inappropriately undertook constant supervision of female detainees. The Prisons and Probation Ombudsman's (PPO) recommendations were not reviewed often enough to ensure they were embedded in practice.*

1.34 In our survey, 49% of detainees said that they had problems with feeling depressed or suicidal on arrival, compared with 39% at our last inspection. Many detainees reported acute personal crisis caused by a wide range of issues, including previous sexual and physical abuse, uncertainty about the future and concerns about weaknesses in systems and support at Yarl's Wood (see section on bullying and violence reduction).

1.35 There had been 72 self-harm incidents involving 27 detainees in the previous six months, which was slightly higher than at other IRCs but much higher than at the previous inspections when there had been about 25 incidents in a similar time period. Four people who repeatedly self-harmed had been involved in most of these incidents.

1.36 Detainees we spoke to were positive about the care and support they received while on an ACDT. One woman who repeatedly self-harmed praised the support received from her case manager and other staff on the unit.

[7] Assessment, care in detention and teamwork case management of detainees at risk of suicide or self-harm

1.37 The number of ACDTs opened in the previous six months was much higher than we see in other IRCs. However, a third of these had been opened in line with Home Office requirements because detainees were not eating the food provided by the centre. In some of these cases there was no indicator of self-harm risk and the detainees were preparing and eating their own food. It was a waste of valuable staff resources to open and maintain an ACDT in these cases and the value of a system designed to manage those in real crisis was undermined. A few women said that officers responded to them not attending meals in the dining hall in a very unsupportive way, bordering on bullying. They said they were told that *'if they didn't eat they would go on an ACDT and that could go against them in their casework'*.

1.38 In other ACDTs, we found no evidence of intended or previous self-harm in the assessment, but nevertheless detainees were managed on an ACDT for a full week, which was of little value to the detainees and another drain on staff time. During the first three months of 2015, 98 ACDTs had been opened, 18 of which were unnecessary based on evidence in the assessment.

1.39 The quality of ACDT case management records was inadequate; triggers were often ill defined, objectives in care maps were too often vague and failed to set objectives to help the detainee in crisis develop better coping strategies. Instead, objectives tended to focus on removal directions and contact with legal advisers. Daily entries by unit staff were generally good but entries were not made by other staff in the centre. Attendance at reviews by health care was poor and care maps were not always updated.

1.40 A care suite was being developed to manage detainees at risk of self-harm and was due to open imminently. However, there was still no peer support scheme and links with the local Samaritans had lapsed. The free Samaritans telephone helpline was available but not helpful to the many detainees who did not speak English. Constant supervision was used for those in acute crisis but the use of male staff to supervise female detainees, including while they were sleeping, was inappropriate.

1.41 Daily and weekly individual care meetings provided a good opportunity for additional and co-ordinated support. The former focussed on operational issues and the better attended weekly meetings had a good focus on individual care needs. However, the lack of counselling was a major gap. One woman we interviewed said '*There is no counsellor, nowhere to go when you feel broken. No emotional help. I was so broken.'*

1.42 The safer detention committee met monthly and was well attended. Data analysis was good, including an annual review of trends, but there was no specific safer custody strategy for Yarl's Wood, only a generic Serco strategy (see recommendation 1.31).

1.43 There had been two deaths from natural causes since our last inspection, one of which took place at the time of the inspection. The PPO report into the death in 2014 had been received and an action plan had been developed but it was not reviewed regularly enough. We were concerned that there had been a delay in calling an ambulance in the case of the most recent death because ambulances were not called automatically when an emergency code had been called (see recommendation 2.66).

Recommendations

1.44 ACDTs should not be opened without an assessed self-harm risk. They should identify coping strategies and set meaningful targets.

1.45 Male staff should not undertake constant supervision of female detainees.

1.46 Detainees at risk of self-harm should have support from trained peer supporters and specialist community groups such as the Samaritans. (Repeated recommendation 1.41)

1.47 Individual counselling should be available to promote safety and address personal crisis.

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.[8]

1.48 *Adult safeguarding procedures remained underdeveloped and links with the local board had still not been made. Staff training was limited and some staff lacked full knowledge of adult safeguarding and other relevant concerns. Staff were clear about the need to report inappropriate behaviour, but the whistle-blowing strategy did not sufficiently encourage disclosure of concerns and some staff felt they would not be supported by managers if they spoke out.*

1.49 Procedures to protect the most vulnerable detainees were underdeveloped and there was still no formal link with the local safeguarding adults board. Too little training had been provided to staff to equip them with a good level of knowledge about adult safeguarding and other concerns, such as detainees' experiences of abuse and trafficking. In our interviews with staff, only 68% said they had received adequate training in safeguarding adults, and only one member of staff said they were aware of the national referral mechanism for victims of trafficking.

1.50 The local whistle-blowing policy was convoluted and contained numerous warnings about the potential consequences of speaking out rather than focusing clearly on the need to speak out when there were concerns. In our interviews all staff were emphatic that they had not, in the last two years, witnessed inappropriate behaviour and that, if they did, they would not hesitate to report it to senior managers. Staff said they were confident about what constituted inappropriate behaviour by colleagues. However, only 57% of staff interviewed said they were well supported by their line manager and some of this group did not feel they would be supported if they spoke out about concerns (see main recommendation S37).

Recommendations

1.51 Links should be made with the local safeguarding adults board and the director of adult social services. (Repeated recommendation 1.48)

1.52 Safeguarding adults training should be delivered to all staff, and should include raising awareness of trafficking, torture and the national referral mechanism.

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

Safeguarding children

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

1.53 *Detainees who said they were children were appropriately cared for in the centre, but support plans lacked detail. Former prisoners from the adult estate who disputed their age were not age assessed, which was inappropriate. Detainee custody officers (DCOs) did not have regular safeguarding children training. No data were collected on whether women had dependent children. In the case of a mother separated from her child, we saw no evidence that the Home Office had considered the child's best interests.*

1.54 There was a reasonable safeguarding and child protection policy, although it was out of date, and an adequate age dispute procedure. However, DCOs did not receive regular safeguarding children training and some had not been trained for several years.

1.55 Detainees who said they were children were appropriately cared for in the centre. They were accommodated in a room on their own, and regularly monitored by officers who recorded observations in unit files. An individual support plan was opened, but plans that we looked at were basic and lacked details of the specific care of the child. There had been 23 such cases in the previous year. Most had been quickly removed from the centre for a Merton compliant age assessment[9] by social services, and 13 of the 23 cases had been assessed to be children. As a matter of policy, the Home Office did not conduct age assessments for foreign national ex-offenders arriving from an adult prison, which was inappropriate.

1.56 In our survey, 16% of respondents said that they had dependent children in the UK. Neither the Home Office nor Serco kept data on the number of women who had caring responsibilities, which was concerning. Such data would have assisted in addressing safeguarding risks and determining the best interests of the children. We reviewed the files of four women with children in the UK. In one case the woman told us she was arrested when she attended a reporting centre. Her 23-month old British daughter was placed in the care of the mother's sister who, within two days, decided the arrangement was inappropriate. The child was transferred to the care of social services. We saw no evidence of the Home Office considering the best interests of the child when detaining the mother, nor in any ongoing formal review of detention. In two other cases, social services confirmed that the women should not have contact with their children.

1.57 The Home Office continued to identify and treat detainees referred to the care of social services, who subsequently went missing, as absconders rather than missing persons.

Recommendations

1.58 Detainee custody officers and all other relevant staff should have regular safeguarding children training.

[9] The Merton judgement was handed down by Burnton J in the High Court on 14 July 2003, and gives guidance as to the requirements of a lawful assessment by a local authority of the age of a young asylum seeker claiming to be under the age of 18 years.

1.59 All detainees who say they are children should undergo a Merton compliant age assessment by social services.

1.60 Both the Home Office and Serco should keep a central record of women who have dependent children living in the UK.

1.61 The best interests of children should be fully considered in decisions about the detention of a primary carer and should be set out in the detainee's case file.

1.62 When an age dispute case leaves social services care, the Home Office should treat them as a missing person. (Repeated recommendation 1.56)

Housekeeping points

1.63 The safeguarding and child protection policy should be kept up to date.

1.64 Support plans for detainees who say they are children should be individual and should give details of how the child will be cared for.

Security

Expected outcomes:
Detainees feel secure in an unoppressive environment.

1.65 *Security was generally proportionate, and some improvements had been made. However, many of the issues described in our previous report remained, and we had additional concerns about 'supervised' visits.*

1.66 The overall approach to security was thoughtful and proportionate. Most of the razor wire around the centre had appropriately been removed and access to nail clippers and tweezers had been improved. The number of security information reports received was reasonable, and they were processed carefully. Security committee meetings were regular, reasonably well attended and followed an appropriate agenda.

1.67 Physical security was enhanced by comprehensive CCTV coverage and the number of drug and alcohol finds was very low. The number of roll counts had been reduced from four to two a day. However, women still reported anxiety about officers coming into their rooms without knocking and waiting for an answer (see paragraph 2.17 and main recommendation S42).

1.68 Room searches were still conducted routinely, rather than as a result of security intelligence. This could not be justified by the low level of risk presented, and finds were very rare. It was inappropriate that room searches were routinely conducted when women were placed on constant supervision or ACDT, regardless of an identified risk to justify such action. Male staff were involved in room searches, and were often still present while women were being rub-down searched, which women found embarrassing. There had been no recorded strip-searches during the six months before our inspection.

1.69 Six women had been handcuffed during escorts conducted by centre staff in the previous six months (3% of escorts). In each case a risk assessment showed why this had been necessary but processes were not robust enough for staff always to understand what was expected of

them; for example, some staff did not know that they should not be present during medical consultations. During our inspection a couple had a pregnancy scan in the presence of a female officer, a practice which we criticised at our previous inspection. Despite the existence of a formal memorandum of understanding between the centre and the nearest hospital, we were told that hospital staff sometimes asked officers to be present. More needed to be done to ensure that normal standards of medical confidentiality were observed.

1.70 Only two women had been subject to closed visits in the previous six months. A further four women had been placed on 'supervised visits', which were held in a private room with an officer in attendance and listening to what was being said. This was more intrusive than a closed visit and inappropriate. Women had been informed of these restrictions by letter, but the review process was not clear enough, and the restriction was not always related to an abuse of visits.

1.71 Four women had been subject to mail monitoring in the previous six months, and in each case we were assured that this had been appropriate to manage potential risks to the safety and security in the centre. Detainees were not allowed to take mobile phones into legal and social visits, which was a disproportionate restriction.

Recommendations

1.72 Room searches should be intelligence led rather than routine, and male staff should not search women's rooms.

1.73 Closed visits should be held in sight, but out of hearing of an officer. They should only be imposed when there is evidence that a detainee has abused visits and there should be monthly reviews of the related intelligence.

Housekeeping points

1.74 Male officers should not be present at rub-down searches of women.

1.75 Detainees should be permitted to take mobile phones into legal and social visits.

Rewards scheme

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

1.76 *There was no formal rewards scheme.*

1.77 There was no formal rewards scheme and this did not appear to be problematic.

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.

1.78 *Most use of force was proportionate, but we had concerns in one particular case. Governance arrangements were not adequate to provide assurance that force was always used as a last resort. Single separation was sometimes used for too long and we questioned whether it was appropriate for some of the vulnerable women held.*

1.79 Force had been used 48 times in the previous six months (excluding use of force by the escort contractor), similar to our previous inspection, including seven times to effect removal. About 60% of uses were spontaneous rather than planned. Most incidents were recorded by CCTV or hand-held video. We saw examples of good leadership and appropriate de-escalation. Other incidents were not as well managed, but we did not identify systematic problems. When the footage was considered, together with incident reports and use of force documentation, we were confident in most cases that force had been used proportionately and as a last resort.

1.80 However, we were not confident that managers were doing enough to assure themselves of this, particularly for spontaneous incidents. One video was reviewed each month at the security committee, but there was no evidence that the related documentation was also reviewed. Some learning points and good practice were identified, but it was not clear how these were shared. A spreadsheet of collated information was not used proactively enough to identify patterns, for example the identity of staff, the use of handcuffs and diversity characteristics (including pregnancy) of the detainees involved.

1.81 The Home Office professional standards unit (PSU) had investigated one complaint about use of force in the previous six months, although their investigation had taken four months. The PSU was also investigating another complaint about force which dated from February 2015.

1.82 One incident caused us significant concern. A group of seven women had gathered in a room in a non-violent attempt to prevent a removal - they all sat on a bed. Centre staff felt under pressure to effect removal by a deadline and decided to use force after several efforts to persuade the women to leave the room had failed. Staff used personal protective equipment, including helmets and shields, because of intelligence that the women may have had weapons. The video showed an officer advancing on the women with his shield. Some of them raised their legs to push the shield away and he then used excessive force by repeatedly striking the bottom edge of his shield down on the outstretched legs of at least two women, effectively using it as a weapon, and causing injuries to the women's legs. The officer was suspended while an investigation took place.

1.83 There were weaknesses in the overall management of the incident; staff were not prepared for seven women to be taken to the separation unit at the same time, and the control and restraint teams were backed up waiting to enter the unit. As a result, some women were subjected to unnecessary and lengthy waits under full restraint. We welcome an ongoing investigation by the PSU, which should include the overall management of the incident. The police investigated and decided to take no further action.

1.84 The separation unit remained clean, bright and well presented. Two rooms were dedicated to Rule 42 (temporary confinement) and had 'safer' furniture and, for reasons that were unclear, a toilet that was unscreened. The Rule 40 (removal from association) rooms had stainless sanitary fittings and no en suite shower, but were otherwise very similar to rooms in the main centre. It was not clear why women were not allowed their telephones in separation. Women were told verbally and in writing why they had been separated and we found the decisions reasonable.

1.85 The regime was more restricted than in the main centre, but detainees held under rule 40 had four opportunities a day to come out of their room and use the small communal area. In practice, we saw women allowed to stay out of their rooms all day.

1.86 The duration of single separation had increased significantly since our previous inspection in 2013, when we had noted a drop. Rule 42 had been used on 17 occasions in the previous six months, for an average of 10 hours and Rule 40 had been used on 65 occasions for an average of 20 hours. Staff thought that this increase, and the increase in violence, was due to the higher number of severely mentally unwell women and ex-offenders with particularly challenging behaviour who had been held at the centre in the previous six months. Our analysis of the data confirmed this impression for those held under Rule 42, but did not explain the increase in use of Rule 40. Data were not systematically analysed to help explore this issue. Furthermore as some of these women were ultimately transferred to secure hospital conditions, the separation unit was not an appropriately therapeutic environment. One woman reported: *'I was restrained a few times before I was sectioned under the mental health act and I remember being carried away in only a nightdress. I felt my right to dignity and respect was violated.' (Confidential comments in detainee survey)*

1.87 Separation continued to be authorised by first line managers, but senior staff were quickly informed and this was recorded. Records of separation were kept, and these showed that some women held under Rule 42 could have been moved to Rule 40 conditions more quickly; there was no recorded justification for not doing so. We noted that male staff sometimes supervised women who had removed some of their clothes, which was inappropriate.

Recommendations

1.88 Governance of the use of force should be substantially strengthened to provide assurance that force is always used proportionately and as a last resort.

1.89 Detainees should be separated for the shortest possible period, particularly in temporary confinement.

1.90 Male staff should not supervise female detainees who have removed their clothes.

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.

1.91 *More detainees than at other centres had a solicitor. Waiting times for duty advice surgeries were short. Solicitors were allocated to detainees earlier in the fast track process than in the past. Many detainees did not know how to access the available bail and country of origin information. Detainees could access the websites of a wide range of support organisations.*

1.92 In our survey, 80% of detainees who required a solicitor said they had one[10] - more than we find in other centres in England. Fewer detainees (28%) than at other centres (42%) and at our last inspection (50%) said that they received free legal advice. These figures suggested that many detainees paid privately for legal representation rather than receiving legal aid. In our survey, only 26% of detainees said that they had received a visit from their solicitor against 41% at the previous inspection and the comparator of 42%.

1.93 Non-fast track detainees could receive half an hour's legal advice through the Legal Aid Agency funded duty advice surgeries. These surgeries had increased from three to four days a week. Waiting times were short: at the time of our inspection detainees only had to wait two days for an appointment, a shorter period than we find at other centres. Solicitors confirmed that arrangements for the surgeries worked well but said that few detainees received ongoing legal representation following the initial half- hour consultation because of reductions in the scope of legal aid. Three firms of solicitors were contracted to run the surgeries – one firm had a reputation among detainees for tenacity and quality.

1.94 All detainees passing through the detained fast track process[11] were guaranteed legal representation. In 2014 the third sector organisation Detention Action challenged the legality of the process. The High Court concluded that delays in duty lawyers taking instructions from detainees amounted to '*crucial failings*' which carried '*too high a risk of unfair determinations for those who may be vulnerable applicants*'[12]. In light of the judgement, the Home Office and Legal Aid Agency agreed that solicitors would be allocated to detainees no later than two working days after entering the process and that there would be four working days between the allocation and the asylum interview. Solicitors confirmed that they were now instructed earlier than in the past.

1.95 Detainees could access bail information online. The Bail for Immigration Detainees (BID) handbook on bail procedures was available in the library. Staff knew to direct detainees to the welfare office or the library to obtain bail information. BID attended the centre once a fortnight when they conducted an open workshop in the morning and one-to-one advice in the afternoon. Despite this, only 22% of detainees in our survey said that it was easy to get bail information against the comparator of 32%. Bail summaries were not always served by 2pm on the working day before detainees' bail hearings which made it difficult for them to prepare adequately.

[10] See question 26 of the survey summary responses.
[11] The Home Office has the power to detain asylum seekers whose applications can be determined quickly. These applications are to be concluded, including any statutory appeals, within a few weeks. The Home Office indicative timescales state that the appeal before the First Tier Tribunal (Immigration and Asylum Tribunal) should be concluded within 10-12 days of the detainee entering the process.
[12] Detention Action v SSHD, [2014] EWHC 2245 (Admin).

1.96 Country of origin information reports were available in hard copy in the library and online. Despite this, only 15% of detainees in our survey said that it was easy to get official information reports against the comparator of 23%.

1.97 Detainees had good access to the internet (see section on communications) and a wide range of websites of support organisations. However, during the inspection, the Freedom from Torture website was inappropriately blocked as a result of over-zealous security software. Unblocking was simple but it could take a couple of days for the changes to take effect.

Recommendation

1.98 **All detainees should receive copies of bail summaries by 2pm on the working day before their bail hearing**. (Repeated recommendation 1.88)

Housekeeping points

1.99 Detainees should be informed about how to obtain country of origin information reports and bail information.

1.100 Detainees should be able to access the Freedom from Torture website.

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.

1.101 *Detention was prolonged for some detainees because of unreasonable casework delays. Nearly a hundred pregnant women were detained during 2014 and 90% of them were then released. Many could have been released earlier. Detainees waited too long for an appointment with the GP for a rule 35 assessment. The quality of rule 35 reports was poor.*

1.102 The centre continued to hold three categories of detainee: those whose asylum applications were being processed through the detained fast track (DFT) procedure; those being removed from the UK; and those who had recently arrived clandestinely in the UK (referred to in the centre as 'lorry drop' cases). On one day during the inspection, eight 'lorry drop' detainees were held, 58 DFT detainees and 290 being removed from the UK. This latter category comprised 229 single women and 61 men and women held in the family unit.

1.103 Some detainees were held for very long periods. At the time of the inspection, 15 detainees had been held for between six months and a year and four for more than a year. The longest held detainee had been deprived of her liberty for 17 months. She could not be removed within a reasonable period of time[13] because she did not have a travel document and,

[13] 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.

despite numerous attempts, the Home Office had failed to obtain one from the authorities of her country of origin. Slow casework led to prolonged detention in some cases. In two cases it took six months for the Home Office to make a decision on a detainee's asylum claim (see main recommendation S38). Women with sometimes severe mental health problems continued to be detained (see section on health services and main recommendation S39).

1.104 At the time of our inspection, two pregnant women were held. The Home Office did not keep records of pregnant women held in the centre but Serco records showed that 99 pregnant women had been held during 2014: 65 for less than a month, 30 for between one and three months and four between three and six months[14]. Of the 99, only nine had been removed from the UK; the rest were released into the community. Home Office policy stated, 'Pregnant women should not normally be detained'[15]. Non-DFT pregnant women could be detained only in very exceptional circumstances. Pregnant women assigned to the DFT process could be detained only if they were less than 24 weeks pregnant.

1.105 We examined the cases of 12 pregnant women. In six cases, the original decision to detain did not set out clearly the very exceptional circumstances justifying their detention or why the detainee could not have been released sooner (see main recommendation S39). Some pregnant women could also have had their asylum claims decided in the community rather than through the DFT process[16].

1.106 There had been 67 rule 35[17] reports during the six months before our inspection, compared with 171 at the last inspection. In 52 cases detention was maintained, in 13 cases the detainee had been released and no outcome was recorded in two cases. We reviewed 10 rule 35 reports, all of which related to torture. They were all handwritten and the quality was some of the worst we have seen. Some were difficult to read. Many lacked detail and were perfunctory. The reports did not comment on the consistency between the alleged method of torture and any scarring. Detention had been maintained in five cases, four detainees had been released before the report was considered and in one case the report had led to release.

1.107 One report concerned a woman's disclosure that she had been raped at gun point by three men. The report noted she was suffering from panic attacks, sleep loss and flashbacks. However, the doctor only examined and commented on some scarring and not possible symptoms of PTSD. In response, the Home Office quoted in full the definition of torture it worked to, which includes the infliction of severe physical and/or mental suffering to extract a confession, *or for any reason based on discrimination of any kind*. Nonetheless, it claimed that the rape did not constitute torture and detention was maintained.

(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, she should not seek to exercise the powers of detention.
(iv)The Secretary of State should act with reasonable diligence and expedition to effect removal.

[14] Some detainees may not have been pregnant when they were detained. At least one woman, detained with her husband, became pregnant at the centre. Others may not have known they were pregnant when detained.

[15] At the time of our inspection, the full Home Office policy stated that: 'Pregnant women should not normally be detained'. The only exception to this general rule is where removal is imminent and medical advice does not suggest the woman's baby is due before the expected removal date. (Enforcement Instructions and Guidance, Chapter 55.9.1).

[16] Since the inspection, the DFT process has been declared unlawful and was subsequently suspended on 2 July 2015. It remains suspended at the time of writing in mid-July 2015.

[17] The Home Office's Enforcement Instruction and Guidance, chapter 55.8A states that 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. The intended purpose of Rule 35 is to ensure that particularly vulnerable detainees are brought to the attention of those with direct responsibility for authorising, maintaining and reviewing detention. The information contained in the report needs to be considered in deciding whether continued detention is appropriate in each case.

1.108 Detainees had to wait a week for a rule 35 assessment from the centre GP, which was too long. Overall, rule 35 procedures failed to protect the most vulnerable detainees (see main recommendation S40).

1.109 The on-site immigration contact team worked diligently to facilitate communication between non-DFT detainees and their caseworkers. Induction interviews were good.

1.110 Some monthly progress reports showed a lack of substantive progress. Most were served in time. In some cases, monthly progress reports were missing. There was evidence of the local contact team chasing overdue reports. On one day of the inspection, 21 reports were overdue.

Recommendations

1.111 The Home Office should keep a central record of the number of pregnant women detained.

1.112 Detainees should wait no longer than 24 hours to see a GP for a rule 35 assessment.

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 *Accommodation was generally in good order and outdoor areas were well maintained and well used. Association rooms had good facilities but were locked after 9.30pm, which was unnecessary. Women on the induction unit did not have kettles in their rooms and could not access hot water overnight. In our survey, almost half the detainees felt that units were not quiet enough to sleep at night. There were regular consultations with detainees, but attendance was variable and some issues recurred repeatedly without resolution.*

2.2 Single females were accommodated on Crane, the first night and induction unit, before moving to Avocet or Dove unit. Each unit had a separate dining room and association room, although detainees were free to move between the units (except Crane, where only detainees accommodated on the unit were allowed to enter) and communal areas for most of the day. Shared central facilities included a shop, cultural kitchen, faith zone, gym, library, cinema and hairdressing salon. Hummingbird unit had shared rooms for adult families, pleasant association rooms, attractive outside areas and a multi-faith room. Bunting unit accommodated male detainees, mainly in single rooms. All rooms had showers and toilets. Female detainees on the Hummingbird family unit could access the main centre independently, and male detainees were escorted by staff. Association rooms had good facilities, but were locked after 9.30pm, which was unnecessary.

2.3 Accommodation was generally in good order on all units, although some corridors on units needed repainting, some showers were faulty and shower drains smelly. Outdoor areas were well kept, attractive and well used. Most rooms were clean; Serco staff cleaned rooms once a week and detainees had ready access to a mop and bucket, although they were not allowed any cleaning materials. Rooms contained lockable cupboards, a desk and two chairs, and all detainees had room keys. Women on Crane unit did not have kettles in their rooms and, while there were hot water boilers in the well-equipped unit laundry rooms, these were locked at midnight. Detainees could wear their own clothes. Toiletries and sanitary items were readily available. There were useful electronic kiosks on each unit and in the central corridor where detainees could do a range of things, including book visits, fill in menus and submit applications and requests.

2.4 In our survey, almost half the detainees did not feel that units were quiet enough to sleep at night. Staff told us this was caused by women praying, but some detainees spoke of loud televisions and music.

2.5 There were monthly consultation meetings with detainees to discuss the environment and facilities. Personal invitations were issued to detainees, and the meeting times and minutes were displayed on notice boards. Attendance was variable. Issues were not always followed up and consequently recurred repeatedly without resolution.

Recommendations

2.6 **Detainees should have access to communal areas in their units at any time.** (Repeated recommendation 2.8)

2.7 **Detainees on Crane unit should be provided with kettles in their rooms.**

Housekeeping points

2.8 Detainees should have access to cleaning materials.

2.9 Staff should ensure that units are quiet at night so that detainees can sleep.

2.10 Issues raised during consultation with detainees should be promptly addressed.

Staff–detainee relationships

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

2.11 *Detainees were generally positive about staff and a majority of detainees said that most staff treated them with respect. We observed a positive culture in the centre. However, overall staffing levels were inadequate and both staff and detainees reported that staff had little time to talk to detainees. Some staff lacked understanding of detainees' situations and DCOs still had little training in the specific backgrounds, experiences and cultures of detainees. There were still not enough female staff for a mainly female population. Some staff still failed to knock and wait before entering detainees' rooms. The long-term resident scheme was not implemented consistently.*

2.12 In our survey, 80% of detainees said that most staff treated them with respect and this was reflected in our interviews. However, there appeared to have been some loss of trust between staff and detainees since recent negative Channel 4 reports on Yarl's Wood, and in an interview one woman said: *'Staff think you are reporting on them to the outside world'.*

2.13 In our interviews, women told us that most staff were respectful and there was at least one officer or other member of staff they could go to for help. The women who had been released from Yarl's Wood (eight interviews) were generally more negative about staff than the detainees who were currently detained (92 interviews). We observed some good and caring interactions. However, most women also said there were some staff they avoided and some mentioned being treated rudely or in a patronising manner. One said: *'Some officers try to intimidate you, (they say) "if you do that, it won't help your case".' (Taken from detainee interviews).*

2.14 We observed a positive culture in the centre, with many decent staff trying to do a good job. In our interviews, most staff were very positive about relationships and generally proud of the care they provided to detainees. However, overall staffing levels were inadequate and staff and detainees consistently reported that staff had little time to talk to or supervise detainees. On a number of occasions we observed unit offices with only one member of staff on duty and long queues of detainees; while the officer on duty was doing their best to fulfil requests such as sending faxes, there was evidently no time for them to talk to detainees. This was reflected in a comment made by a woman: '*Staff are doing their jobs but not*

developing relationships and interacting with detainees' (taken from detainee interviews) (see section on bullying and violence reduction).

2.15 Some women told us that, despite showing respect, staff did not empathise with detainees' situations: *'They should have the mindset that they want to do the job, and put themselves in our shoes.' (Taken from detainee interviews)*

2.16 Several detainees mentioned that staff were inexperienced and lacked training and others said staff were insensitive to different cultures and to women's emotional needs. In our staff interviews, those who had been in post longer felt the training was less thorough than previously. Many felt it did not prepare them practically for the work. Some said that shadowing of colleagues, which had formerly been included in training, would be very helpful. Some were anxious that many good, experienced staff had left, and the positive staff culture could not easily be passed on to new staff.

2.17 There were not enough women detainee custody officers (DCOs) to meet the needs of a mostly female population; less than half the staff in detainee contact roles were women and all detainee custody managers in contact roles were men. Many women we spoke to said that experiences before detention made them fearful, and this was exacerbated by staff not knocking and waiting for an answer before entering their rooms, particularly as so many staff were male (see main recommendation S42). In our survey, 17% of women said that staff rarely or never knocked and waited before entering their rooms. In order to check this, female inspectors spoke to detainees in their rooms during roll checks and observed some staff walking in without knocking. In our interviews with staff, they told us it remained the case that male staff often did roll checks alone, especially at night, and they did not feel comfortable about it. One member of staff said that in a perfect world she would like all contact staff to be women.

2.18 A long-term resident scheme was in place, with the aim of ensuring that women who had been at the centre for more than 12 weeks had a named officer whom they met regularly to discuss concerns. This worked well on Avocet, but had not been implemented with any of the eight eligible cases we looked at on Dove unit.

Recommendations

2.19 Staff should receive training which equips them to fulfil their role and to recognise and respond appropriately to the particular vulnerabilities of a female detainee population. This should include training on cultural awareness and the specific backgrounds and experiences of detainees.

2.20 The long-term resident scheme should be consistently implemented with all eligible detainees.

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 characteristic[18] 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.

2.21 *The strategic management of equality and diversity was underdeveloped. There was no action plan, identification of protected characteristics was weak and monitoring of treatment and conditions rudimentary. Forums were held with different nationality groups but not other protected groups. The reasons for the decline in reported discrimination incidents were unclear. The use of telephone interpretation services was good. Care planning for detainees with disabilities was reasonably good. Male detainees were more positive about safety than women. There was no targeted support for younger or lesbian, gay, bisexual and transgender (LGBT) detainees. A pregnant detainee did not receive antenatal care equivalent to that in the community.*

Strategic management

2.22 The strategic management of equality and diversity was poor and had deteriorated since our last inspection. There was an up-to-date equality policy but no strategic action plan setting out objectives and how to achieve them. Identification of protected characteristics was weak. For example, in our survey 12% of detainees said they had a disability, but the centre had only identified two. Equality was led by a detainee custody manager who was allocated to other duties and able to dedicate little time to the role. The equality action team (EAT) discussed an equality report at a monthly meeting. The report contained equality monitoring data which were too rudimentary to identify trends in detainee outcomes across all protected groups. All staff were required to undergo an online equality training package which focused on staff issues rather than detainees. A second in-house package was basic and more tailored to the role of detainee custody officers. There were no detainee equality representatives. Detainees could attend the EAT meetings, although they rarely went.

2.23 Detainees had easy access to discrimination incident report forms. The box for submitting complaints in the main part of the centre was emptied daily but was not secure, which could have discouraged reporting. The number of incidents reported was declining: in 2013, 20 incidents had been reported, in 2014 10 and in 2015 to date only one. Many involved detainees or visitors racially abusing staff. The last incident to be reported by a detainee rather than a member of staff was in August 2014. The decline in incident reporting had been identified by the EAT but the team could not explain the reasons and there had been no investigation. We found one example of a Chinese detainee who could not speak English complaining to an officer who arranged a telephone interpreter and completed the incident report form on behalf of the detainee. The quality of replies was reasonably good.

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

Recommendations

2.24 **Strategic planning for diversity should consider the specific needs of the population at Yarl's Wood, set objectives and clearly set out how these will be achieved.** (Repeated recommendation 2.27)

2.25 **Diversity monitoring should facilitate the identification and investigation of trends in detainee outcomes across all the protected characteristics.** (Repeated recommendation 2.28)

2.26 **The low number of reported discrimination incidents should be investigated and the findings acted on.**

Housekeeping point

2.27 The box for submitting discrimination complaints should be secure.

Protected characteristics

2.28 Forums were held with different nationality groups but not other protected groups. Attendance varied greatly. In our survey, non-English speaking detainees were more negative than English speakers about having a solicitor, getting complaint forms, having a member of staff they could turn to and access to work. A range of cultural festivals was celebrated; arrangements for the Chinese New Year were particularly good. Telephone interpretation was used frequently, especially by health care, immigration and reception staff.

2.29 The two detainees who had been identified as having a disability received reasonably good care. Both had care plans and were located in adapted rooms close to unit offices. However, one of these women told us that she would benefit from having a walking stick. When we raised this, an appointment was made for a health care assessment. There were no paid carer roles.

2.30 There was no targeted support for LGBT detainees and there was no longer an LGBT officer. Shortly before our inspection, LGBT detainees made a presentation to the EAT meeting and there was a recognition of the need to focus more on their concerns. A transgender detainee held before our inspection appeared to have received very good support, including a tailored care plan. There were 61 detainees in the centre aged 50-59 and 17 aged 60-69. For these older detainees there was a knitting club, remedial gym session and yoga lessons. There was no targeted provision for younger detainees. There were 15 detainees in the centre aged between 18 and 21.

2.31 Meetings were no longer held routinely with pregnant detainees. Two pregnant women were held at the time of the inspection, one of whom was released during the inspection. We interviewed a woman who was 15 weeks pregnant with her first child. She found detention stressful and was anxious and scared, particularly at night. Before entering detention she was taking vitamin supplements prescribed by her doctor in the community. These ran out while she was in detention and the health care department failed to order more in time. Health care did prescribe her iron tablets but these were past their 'use by' date. The detainee had missed her 12-week scan while in detention and a scan was arranged for her a week later at Bedford hospital, with the detainee's husband in attendance. A detainee custody officer was present in the room behind a curtain during the scan, which was inappropriate. The detainee was given extra food and milk in the centre to supplement her diet but she was concerned about the quality and variety of the food. She was not offered the direct contact details of

the community midwifery service and did not feel adequately informed or involved in her antenatal care. During our inspection, she went to health care complaining of back and abdomen pain, dizziness, breathlessness and nausea and she waited an hour to see the GP. After having her blood sugar and blood pressure checked she was advised to eat and drink normally and to take paracetamol for the pain. This advice did not concur with the local protocol for ante-natal services which stated that: '*women who present with pain……need IMMEDIATE assessment and referral to A&E/Labour Ward if necessary.'* (see paragraph 2.76 and main recommendation S39).

Recommendations

2.32 **Specific forums should be established for detainees across all protected characteristics, numbers permitting.** (Repeated recommendation 2.33)

2.33 **The under-reporting of disabilities should be investigated and addressed by the centre, and paid carer roles should be introduced.** (Repeated recommendation 2.34)

2.34 **The specific needs of young adults should be investigated and acted on as necessary.** (Repeated recommendation 2.36)

2.35 **Pregnant women should receive care and support equivalent to that in the community.**

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.

2.36 *Detainees were very positive about the provision of faith services. Women were more positive than men about access to religious leaders. All major faiths were provided for. Faith facilities were some of the best we have seen.*

2.37 Detainees in our groups and survey were very positive about the faith and religious activities. Eighty-three per cent of detainees said their religious beliefs were respected.

2.38 In our survey, fewer men (38%) than women (62%) said that they were able to speak to a religious leader of their own faith when they wanted to. The reasons for this were unclear to the chaplaincy.

2.39 Faith facilities were bright, attractive and well maintained. A great deal of care had been taken to make them welcoming places for worship and contemplation, and they were among the best we have inspected. In the main part of the centre, there was a prayer room for Hindus and Sikhs, a mosque, chapel and multi-faith room. The family unit, Crane, and the short-term holding facility, Bunting, each had a multi-faith room.

2.40 All major faiths were represented in the chaplaincy. Chaplains from minority faiths were called on when necessary. The centre was recruiting a female Muslim chaplain. Detainees were involved in leading some Christian services and the choir. The full-time manager of

religious affairs was highly visible, well regarded by detainees of all backgrounds and involved in the life of the centre.

Recommendation

2.41 The reasons for the poor perception of men's ability to see a religious leader of their own faith should be investigated and the findings acted on.

Complaints

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

2.42 *Complaint forms were easy to access and complaints were well managed. There had been a rise in complaints against staff conduct but reasons for this had not been established.*

2.43 In our survey, more detainees than at our previous inspection said that it was easy to get a complaint form. However, non-English speakers were less positive and we found women who did not know about the system.

2.44 The number of complaints did not suggest a reluctance to complain. However, in our interviews women detainees said they feared an adverse effect on their immigration case if they complained.

2.45 Responses to complaints were comprehensive and respectful. They were written by an appropriate member of staff, but were not translated for non-English speakers. Detainees always received information on how to appeal to the Prisons and Probation Ombudsman. However, we were not confident that managers always spoke to detainees during investigation of their complaint. Most replies were timely, with the exception of health care complaints, which for several months had either not been responded to or were extremely late (see section on health services).

2.46 The number of complaints had increased by 100% between 2013 and 2014. Complaints about staff conduct had increased at a slower rate but had still gone up by 80%. The reasons for the increase in complaints about staff had not been established. Six complaints about staff had been referred to the Home Office professional standards unit for investigation; three related to use of force (two of these related to the incident described in the use of force section); the fourth was about a family being split; the fifth was about a male officer entering a woman's room; and the last was about 'treatment in detention', but we did not have further details. Staff who were the subject of multiple complaints were interviewed by managers to identify any performance issues and to offer support.

2.47 Serco staff were not made aware of the outcomes of complaints made against the Home Office, G4S staff in health care or Tascor staff undertaking escorts, which limited the understanding that the centre's detention staff had of detainees' concerns.

Recommendations

2.48 The reasons for the increase in complaints, particularly against staff, should be investigated through consultation with detainees, and prompt action should be taken to address the findings.

2.49 Complaints responses should be in the same language in which they were submitted and staff answering complaints should speak to the detainee in person as part of their investigation.

2.50 With the exception of medical in confidence issues, the centre should be aware of all complaints made to ensure managers have a good understanding of detainee concerns.

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.

2.51 *Severe staff shortages had contributed to a deterioration in health care provision since our last inspection. Detainees were overwhelmingly negative about access, quality of care and delayed medication. Local governance arrangements were inadequate to monitor service quality effectively, manage risk and improve detainee experience. Access to primary care services was generally good, but chronic disease management and pharmacy services were poor. Mental health support services did not meet the needs of the population.*

Governance arrangements

2.52 The Care Quality Commission[19] issued three 'requirement to improve' notices following the inspection (see Appendix III).

2.53 G4S Justice Health had provided health services since September 2014. An up-to-date health needs assessment had informed the recent commissioning process. The centre, provider and commissioner were developing positive working relationships. However, only one poorly attended local governance meeting had been held since September 2014, which reduced the effectiveness of the quarterly partnership board meeting. Not all adverse incidents were reported and some investigations were too slow, which meant that opportunities to learn from the incidents were delayed or missed. Detainee feedback mechanisms and clinical audits needed development (see main recommendation S43).

[19] CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: http://www.cqc.org.uk.

2.54 A high turnover of senior health staff had produced inconsistent clinical leadership during the previous year. A new experienced nurse manager had been in post since the beginning of April 2015. Despite vigorous recruitment and regular agency nurses, there were chronic staff shortages. Only core services were provided and chronic disease clinics were not running. At least two nurses were on site 24 hours a day. Four regular doctors delivered daily GP clinics.

2.55 In our survey, 21% of detainees said that the quality of health services was good against the comparator of 46% and 50% at the previous inspection. Detainees reported delays in the arrival of medication, poor care, rude and unhelpful health staff and inadequate mental health support. Health staff were easily identifiable and the health interactions that we observed were generally good.

2.56 Staff shortages had restricted training opportunities for permanent staff and most required mandatory training updates, although this was being addressed. Health staff records were incomplete. Health staff had not received torture awareness training and most doctors had not received training to complete Rule 35 applications effectively (see section on casework). Formal clinical supervision had lapsed. The provider had a full range of corporate policies on its internal computer system, but they were not consistently followed because agency nurses could not access them.

2.57 Detainees with suspected infections were identified and isolated until reviewed by a doctor. However, there was no local communicable disease protocol and appropriate infection control measures were not consistently applied or adequately communicated to staff or detainees.

2.58 Newly arrived detainees had not been given written health service information for several months, although a new leaflet in English only was introduced during the inspection. Access to the health centre and the use of professional interpreting services was good. The SystmOne electronic clinical records system had been installed in February 2015 and was gradually improving record keeping and management. However, we observed instances when detainee health information was not secure enough, including confidential documents that were visible to detainees through the medication administration hatch.

2.59 Most health rooms were of a reasonable standard, although the cleanliness and some fixtures, such as taps, did not meet NHS infection control standards. Detainees received medication and requested services from the same area in a cramped waiting room, which was too small for the number using it and lacked privacy and confidentiality. Health rooms were secured by a key held by all centre staff which created security and information governance risks.

2.60 The health centre held appropriate, well checked emergency equipment including an automated external defibrillator. Most detention staff were first aid and defibrillator trained and had access to defibrillators. Emergency codes to ensure prompt medical responses had been introduced in November 2014 and were well understood, but ambulances were not automatically requested when a code was called, which delayed effective emergency treatment. We noted a delay of six minutes before an ambulance was called in relation to the incident that took place at the centre during the inspection (see section on bullying and violence reduction). Ambulances had rapid access to the centre when they arrived.

2.61 Detainees complained about health services using the centre complaints system, which was not sufficiently confidential. The number of complaints received had trebled to about 10 a month since our last inspection, mostly related to patient care and medication delays. Most of the complaints between October 2014 and March 2015 had been responded to very late or not at all. The new manager was addressing this backlog and all complaints in April had been answered quickly.

2.62 Health promotion displays in the health centre were good, but most were not accessible to those who did not speak English. There was no system to identify detainees who were eligible for national screening programmes such as cervical or retinal screening. Condoms were only available on the family unit and detainees had to ask a custody officer for them, which was degrading.

Recommendations

2.63 All health staff should have regular documented clinical supervision, mandatory training and relevant professional development, including chronic condition management, nurse assessment and torture awareness. Doctors should receive training to complete Rule 35 reports effectively.

2.64 Health staff should have access to and use a full range of pertinent policies and procedures which accurately reflect the environment, including communicable disease management and information governance.

2.65 All clinical environments should only be accessible to health staff, comply with infection control standards and provide adequate privacy for detainees.

2.66 Ambulances should be automatically requested when the emergency code is called.

2.67 Detainees should be able to complain about all health services through a single confidential well understood system and receive a reply within the agreed time frame.

2.68 Adverse incidents should be reported and investigated promptly and learning should be shared with the health team to inform service improvement.

Housekeeping points

2.69 Health care information and health promotion literature should be available in a range of languages and formats.

2.70 Detainees should have timely access to all relevant community screening programmes.

2.71 Detainees should have easy confidential access to barrier protection.

Delivery of care (physical health)

2.72 In our survey, 49% of detainees reported that they had health problems on arrival against the comparator of 27% and 22% at the previous inspection. Detainees received a private health screen soon after arrival, but some women we spoke to reported they were uncomfortable discussing their health issues on arrival with male nurses. New arrivals were routinely asked about their sexual orientation as part of the health screen, which was inappropriate. Follow-up referrals were made, including to the GP, but the lack of a secondary health screen meant that some wider health needs might not have been identified. Community GPs were not routinely contacted and our clinical record review identified several instances where this generated delays in treatment.

2.73 Detainees mainly requested health services by application, but the form was only in English and had no explanatory pictures. Waiting times for GP, nurse, physiotherapist and dental care services were short, but detainees waited six to eight weeks to see the optician, which was too long. There was reasonable access to a female GP.

2.74 There were daily nurse assessment clinics but most nurses were not able to resolve minor illnesses without a GP referral which delayed effective treatment. Chaperones in clinics were available on clinical need or patient request. The consultations we observed were generally good and not rushed, but most appointments significantly overran and detainees were frustrated by the long delays. Text reminders were regularly used to increase attendance at appointments, but appointments were not adequately prioritised and non-attendance was not managed systematically. GP appointments that were urgent on the day and nurse appointments were available daily. The out-of-hours GP arrangements were effective.

2.75 Detainees with chronic conditions and disabilities were identified in reception but there was no chronic disease register, no routine review clinics and no agreed care pathways. Most records that we examined were reasonable, but care planning for detainees with complex needs was inadequate, did not demonstrate patient involvement and not all required follow-up took place, which created health risks.

2.76 Community midwives attended the centre weekly. Our clinical records review by an independent midwife indicated that detainees had prompt access to midwifery services and overall received reasonable antenatal care. However, there was no agreed pathway to ensure consistency and effective release and transfer planning and we saw two instances where abdominal pain in early pregnancy was not managed appropriately by health staff. (see paragraph 2.31)

2.77 The five-bed enhanced care unit attached to health care was primarily used to isolate detainees while suspected communicable infections were investigated and treated. Health staff were responsible for all detainees located there, although it was not commissioned, resourced or registered as an inpatient unit. Staff were not routinely located on the unit and residents did not always get a prompt response when they called for staff assistance. Two detainees with clinical needs were located in the unit at the time of the inspection and the level of staff supervision and therapeutic input was inadequate. Staff had to go through two locked doors to reach these women.

2.78 We found instances in our clinical records review where referral to community secondary services was delayed, although once detainees were referred, the process was well managed and appointments occurred promptly. Appointments were rarely cancelled because there was not enough transport or escort staff.

Recommendations

2.79 Detainees should have prompt access to nurse assessment clinics with trained staff who can provide appropriate treatment using evidence-based assessment algorithms to ensure consistency.

2.80 Detainees with life-long conditions should be cared for within an agreed care pathway and receive regular reviews which generate an evidence-based care plan managed by staff who are appropriately trained and supervised.

2.81 A clear care pathway for women who are pregnant should be agreed between the community midwifery service, health provider and the centre, which includes

training for staff and prompt referral for specialist advice when potential complications in pregnancy are reported.

2.82 The enhanced care unit should be underpinned by clear protocols and risk assessments agreed by the partnership board, and detainees who are admitted should receive adequate individual care planned support to ensure their safety and well being.

Housekeeping points

2.83 Application forms for health services should be accessible to detainees who do not read English.

2.84 Detainees should be able to see an optician within four weeks for routine appointments.

2.85 Health appointments should be scheduled to allow detainees adequate time.

2.86 Non-attendance at clinic appointments should be managed consistently and required follow-up, including the reason for non-attendance, should be noted in the clinical records.

2.87 Detainees who require secondary care services should be referred promptly.

Pharmacy

2.88 A new pharmacy supplier had started in September 2014. Despite daily deliveries, medication frequently did not arrive when expected and these delays were often exacerbated by poor communication between the supplying pharmacy, the health team and detainees. Governance of pharmacy services was inadequate; there were no medicine audits or medicines management meetings and no regular pharmacist visits. Detainees were not able to see a pharmacist.

2.89 Refrigerator temperatures were in range, but the refrigerator was over full and contained medication for detainees who had left, some with the patient's name obscured or removed, with the risk that the medicine could be inappropriately reused.

2.90 Most named patient medication was stored appropriately but we found some poor practice, including loose tablets and unlabelled tablet containers. Stock medication was stored tidily but its use was not audited.

2.91 Medicines which detainees arrived with were left unsecured on a counter in the dispensing area or the doctors' room until new supplies were prescribed, which was a security risk. We found unsecured medicines in an empty unlocked doctors' room with two unsupervised patients waiting outside. Detainees were given medicines from their own supply until new stocks arrived which ensured continuity of care, but this was not recorded and we observed medication being administered from unlabelled and undated supplies which meant the correct dose was not confirmed.

2.92 The medicine storage and administration area was in the health care office and the regular traffic through the area, constant phone interruptions and significant background noise increased the risk of drug errors and impeded effective communication with detainees. Detainees had no privacy or confidentiality during drug administration.

2.93 Medication was administered four times a day at appropriate times. Administration records were generally good, but pre-release medications were not consistently recorded and neither was the in-possession risk assessment process. From interactions that we observed, we were not confident that detainee understanding of their medication was always checked.

2.94 Detainees had good access to paracetamol from detention staff and its use was well recorded and monitored. The range of medicines nurses could administer without a prescription was too limited, which delayed access to medication for detainees.

Recommendations

2.95 Medication should be prescribed, administered, recorded and stored in compliance with local procedures and all requisite professional standards, and detainees should receive medication promptly.

2.96 Medicine management should be overseen by regular on-site pharmacist visits, compliance audits and an effective medicines management committee.

2.97 Nurses should be able to supply an appropriate range of over-the-counter and prescribed medications to avoid unnecessary detainee consultations with the GP.

Housekeeping point

2.98 Health staff should ensure that detainees understand their medication regimes, the potential side effects and how to reorder their medication.

Dentistry

2.99 Two dentist and two dental nurse triage clinics every fortnight provided an appropriate range of NHS dental services. Appointments were appropriately allocated on clinical need and waiting times were short at three weeks. Emergency provision was satisfactory. The clinical records that we looked at were good. Oral health promotion was provided, but literature was only available in English.

2.100 The dental surgery was a reasonable facility, but we could not verify that equipment was appropriately maintained as records were not available. There was professional disposal of dental waste.

Recommendation

2.101 All dental equipment should be appropriately serviced and maintained and this should be recorded.

Delivery of care (mental health)

2.102 In our survey, 49% of detainees said that they had felt depressed or suicidal when they first arrived against the comparator of 33% and 39% at the previous inspection. Few detention staff had received detention specific mental health awareness training in the last three years and many detention staff we spoke to said they needed additional training.

2.103 Health staff asked detainees in reception about their mental health history and referred detainees for further assessment as indicated. Several agency nurses delivered mental health clinics and received about 20 referrals a month, which appeared low for the high levels of emotional distress and mental health problems reported. Initial assessment was prompt and comprehensive, but there was no clear mental health pathway to ensure evidence-based holistic care was provided. Ongoing support and monitoring were inconsistent and patient involvement in care planning was not always recorded. Liaison with community services was not consistent for detainees who reported mental health problems on arrival and discharge. Self-help guides were only available in English.

2.104 Psychiatrist input was requested as needed for detainees with acute and severe symptoms, but the planned regular psychiatrist review clinics had not started. There was no access to any other support, which meant the needs of many detainees were not met.

2.105 Most of the six detainees transferred to hospital under the Mental Health Act between October 2014 and March 2015 had been transferred quickly.

Recommendations

2.106 Detention staff should all receive regular mental health awareness training which reflects the cultural diversity and specific needs of detainees, so that they can identify and support detainees with mental ill health.

2.107 Detainees should have timely access to a full range of multidisciplinary care-planned support which meets their needs, including community liaison and the care programme approach.

Substance misuse

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

2.108 *The demand for clinical services was low. Detainees with substance misuse issues received reasonable individual clinical support, but the care pathway was under-developed.*

2.109 Intelligence reports and finds indicated that there was little illicit drug or alcohol use in the centre. All detainees were asked about their drug and alcohol use in reception and referred for GP assessment if necessary. One nurse and one doctor had completed specialist substance misuse training. Few detainees required clinical interventions. The clinical records that we examined showed that those detainees received regular reviews and the prescribing regimes were flexible, but care planning was poorly recorded. There was no formal care pathway specific to the centre to ensure consistent evidence-based care, and no psychosocial support. The one detainee on opiate substitution treatment at the time of the inspection spoke positively of the support he received. Detainees with known substance misuse issues did not systematically receive harm reduction advice on release. The centre had no drug strategy or drug committee.

Recommendation

2.110 Detainees requiring treatment for substance misuse should receive consistent care within an agreed local evidence-based care pathway including discharge planning.

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.

2.111 *Most detainees were negative about the food. The food catered for a range of diets but there was insufficient cultural diversity in the menus. The cultural kitchens were popular, but not open enough. Detainees were not allowed to cook in the main kitchen. The weekly market was popular with detainees.*

2.112 The main kitchen was clean and well equipped. Ten detainees worked on the serveries, but were not allowed to cook in the main kitchen.

2.113 In our survey, 25% of detainees said the food was good or very good compared with 34% at the previous inspection. While the menus catered for vegetarian, vegan and Halal diets, with fruit, vegetables and salads available daily, the food lacked cultural diversity and some meals we sampled lacked balance and had too many carbohydrates. The evening meal was generally better than the breakfast and lunchtime food.

2.114 Food comments books were available on each unit and staff responded to the comments made. The food-related action points raised during the bimonthly consultation meetings were not always addressed promptly. Meals were served at appropriate times and the night time café was popular. Menus were available on electronic kiosks three days in advance, but only in English. This posed problems for detainees who could not speak or read English.

2.115 The cultural kitchens were very popular with detainees and a significant normalising feature of life in detention. In the main centre two sessions were available daily but still did not meet demand; there was scope for opening the kitchen in the evening. Families on Hummingbird unit could only attend on one day a week. Although two sessions were now offered on Hummingbird rather than the one at our last inspection, this was still not enough. There was a two-week waiting list for the cultural kitchens.

2.116 The centre shop provided a reasonably good service. It was open from 9.30am to noon and 1.30 to 4pm every day. It sold a wide range of goods including toiletries, food, confectionery, stamps, greetings cards, mobile phones and mobile top-up cards. Detainees no longer had access to catalogues or approved internet sites to purchase items not available in the shop.

2.117 The weekly market run by the charity His Church was very popular with detainees. Items of clothing, children's toys and cosmetics were available to buy at discounted prices.

Recommendations

2.118 Detainees should be able to work in the main kitchen cooking food.

2.119 The menu should include more culturally diverse options to reflect the detainee population.

2.120 The electronic menu ordering system should be in a variety of languages. (Repeated recommendation 2.91)

2.121 The cultural kitchens should offer additional sessions.

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 *The centre had increased the time for free movement of detainees and the number of paid jobs. The range of activities was adequate to meet the needs of detainees staying at the centre for shorter periods and recreational activities were good. Many activities were well attended by detainees. Managers had not evaluated and reviewed the activities appropriately to ensure they met both the learning and therapeutic needs of detainees. The quality of the English provision for speakers of other languages required improvement. Access to computers linked to the internet was good throughout the centre. The library services were good and the gym and sports facilities met most fitness needs.*

3.2 Since the previous inspection, the time that detainees could move freely across the main activities and residential areas had been increased to an average of 13 hours a day. Any movement restrictions were appropriately based on potential risk, such as in the case of male detainees who were contained in the family unit or the short-term holding facility. Women in the family unit enjoyed the same freedom of movement as women in the single units.

3.3 Enough activities were provided to engage all detainees and the range was broadly adequate to meet the needs of most detainees who stayed at the centre for short periods. However, our survey showed that the percentage of detainees who thought there was enough activity at the centre had declined since the last inspection. The promotion of activities was not effective and detainees were sometimes unclear about what activities were taking place and where.

3.4 Recreational facilities were particularly good. Detainees enjoyed attending the arts and crafts classes where they could make and repair their own clothes and explore their creativity. The centre delivered a comprehensive calendar of activities including religious festivals and topical events such as support for national charities. Detainees participated very well in these activities and enjoyed getting involved in the preparation of events.

3.5 The cinema room was used every day by detainees watching international films. A dedicated events room was well equipped with light and sound. Fifteen detainees sang in a choir every week and music workshops were popular and well attended.

3.6 The centre provided good access to computers linked to the internet. In the central area, detainees could use a suite of 19 computers throughout the day and evening. However, they did not receive clear information on what material could be printed. Those with less knowledge of computers did not receive enough support on how to search the internet.

3.7 During the previous two years, managers had not used information effectively to evaluate the provision of activities. As a result, they could not be assured that activities met the needs of detainees, for example by supporting mental wellbeing through appropriately therapeutic provision.

Recommendations

3.8 Activities should be promoted effectively throughout the centre to ensure that clear information and advice are provided and that all detainees understand how to participate.

3.9 Managers should analyse attendance data and survey results regularly to evaluate the effectiveness of activities in meeting the learning and therapeutic needs of all detainees.

Housekeeping point

3.10 Staff should ensure that detainees understand how to search the internet and understand any restrictions placed on printing material.

Learning and skills

3.11 More than half the detainees were speakers of other languages. However, attendance at English classes was low and participation in activities such as information and communications technology and PE was low at the time of the inspection.

3.12 The quality of ESOL (English for speakers of other languages) provision required improvement. Learning resources were too limited and consisted mainly of photocopied black and white work sheets, which were not appropriate to develop English speaking skills. Lessons were too long to keep learners interested, particularly those with a very low level of English. The centre had secured the support of volunteers to help detainees improve their English, but no monitoring of the effectiveness of volunteers had taken place and managers and staff did not know if detainees' English language skills were improving.

3.13 Some detainees had achieved short computing qualifications but the centre had not collated this information to monitor their achievement. At the time of the inspection, a few detainees were learning to touch type.

3.14 Although staff did not have appropriate teaching qualifications, they were very experienced. They displayed a great level of commitment to encouraging detainees to complete tasks. Occasionally, their dedication curtailed independent learning.

3.15 The more able detainees or those who stayed at the centre for longer periods had little access to education courses which met their needs. The promotion of these courses was particularly weak and many detainees did not know what was available. The range of on-line learning programmes was also not well promoted.

3.16 The quality of learning and skills provision had not been monitored well enough to identify areas for improvement. Managers had not carried out teaching and learning observations to assure the quality of teaching and training.

Recommendations

3.17 The quality of English lessons for speakers of other languages should be improved through use of a wider range of learning resources.

3.18 **The centre should provide up-to-date computer-based learning resources which detainees can use independently.** (Repeated recommendation 3.15)

3.19 **There should be effective monitoring of the quality of education. Monitoring and analysis of attendance at education classes and fitness activity should be thorough.** (Repeated recommendation 3.16)

Paid work

3.20 Since the previous inspection, paid work had increased to approximately 60 jobs. The average working hours had similarly increased to 16 hours a week. Paid work was very popular with detainees and jobs were constantly taken. Detainees waited a relatively short time to obtain a job.

3.21 Job descriptions placed good emphasis on standards and safety at work. Many jobs, such as cleaning, were mundane and uninteresting. The recently created 'meet and greet' role, which helped new arrivals at the centre on their first day, offered a more challenging type of employment. Detainees working in the kitchen received the appropriate food hygiene training but no formal training was offered to detainees carrying out cleaning tasks. The centre had not used all available opportunities to increase the number of paid work placements, but plans to rectify this were advanced.

3.22 The allocation process to paid work was transparent, risk based and well regulated. Pay rates were low but consistent across roles. In line with Home Office policy[20], detainees were prevented from working if they were not considered to be complying with the Home Office, which was inappropriate.

Recommendations

3.23 **The quantity of meaningful, interesting paid work and education should be increased for the more able detainees and those who stay longer.**

3.24 **Detainees should not be prevented from taking up work because of non-compliance with the Home Office.** (Repeated recommendation 3.21)

Library

3.25 The library service had improved since the last inspection. It was well managed and organised, and offered a good service to detainees. Access was particularly good across the centre throughout the week and at weekends. In our survey, 79% of detainees said it was easy to access the library services.

3.26 An extensive range of books and DVD films were available in a wide range of languages. The librarian, although not formally qualified, was very experienced and had developed good information management systems to help him manage the stock. An analysis of the languages in the centre was carried out regularly to ensure the library met the linguistic needs of the diverse population.

[20] See Detention Service Order 1/2013.

3.27 Library staff were excellent at encouraging detainees to read more and they provided very good advice on films and literature which met the interests of detainees. Library stock met religious interests particularly well, although some of the general reading books were too old and needed replacing. There was a large, bright meeting room in which detainees could hold meetings or gather informally.

3.28 Detainees in the family unit had access to a small library containing a selection of books, DVDs and legal materials. However, there were no printing facilities at the unit which had led to unsatisfactory arrangements for detainees who wanted to print information. This was rectified during the inspection after being raised by inspectors.

Recommendation

3.29 The book stock should reflect up-to-date literary publications.

Sport and physical activity

3.30 The provision of sport and physical activity was adequate. All detainees had the opportunity every day to attend the gym and to enjoy indoor sports, supported by qualified instructors. Male detainees had sufficient allocated sessions to the fitness and sports facilities. The gym offered an appropriate range of cardiovascular machines and a section dedicated to weights fitness. The family unit and the short-term holding facility both had smaller fitness rooms where detainees could exercise.

3.31 Induction to the gym facilities took place in a timely manner and detainees undertook a health assessment on arrival of their suitability to use the gym. However, gym staff were not always clear about the results of these health assessments before detainees started using the gym.

3.32 Staff were very committed to supporting the fitness levels of detainees and often participated in playing sports with them. The centre no longer delivered the weight management programme, but a fitness programme dedicated to detainees aged 50 years and over had been launched recently. The range of programmes had been adapted well and zumba and yoga sessions had been introduced to meet detainees' fitness interests.

3.33 Detainees using the gym and sports facilities were able to take a shower in their accommodation unit. Staff placed good emphasis on detainees wearing the appropriate footwear and kit when exercising. Records of attendance at the gym were kept but were not analysed sufficiently to identify patterns and improve the provision.

3.34 Detainees could use outdoor space outside the central area. Residents in the family unit had access to a garden and a small recreational area, although this was too small for playing sports. Detainees in the short-term holding facility had access to better outdoor sport facilities.

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 welfare officer provided some good support and detainees reported positively on the help provided. However, access was limited and there was no provision during the evenings or weekends. The welfare officer did not routinely see new arrivals to undertake an immediate needs assessment.*

4.2 There was a dedicated welfare officer from Monday to Friday and two other officers were available to provide cover. The service was well advertised around the centre in a range of languages.

4.3 The welfare officer provided valued support to detainees with practical issues such as retrieving property from police stations, obtaining outstanding wages from prisons, closing down bank accounts and liaison with landlords. Support had also been provided with more complex issues, such as liaison with social services concerning contact with children. The officer did not routinely see new arrivals to undertake an immediate needs assessment.

4.4 There was no welfare provision during the evenings or weekends and we saw detainees waiting outside the office for long periods. With only one welfare officer, daily access to the service for detainees was limited. The officer conducted a daily drop-in of one hour and half an hour on the family unit. The rest of the officer's time was spent in appointments with detainees being removed and following up cases. Despite this, the service had been well used by 256 detainees over the previous three months.

Recommendation

4.5 The welfare service should be adequately resourced and available seven days a week. All new arrivals should be seen promptly to assess immediate needs and all detainees being discharged should be seen to assist with outstanding needs.

Visits

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

4.6 *Access to visits was good and the visits hall offered comfortable accommodation. The refreshments available during visits were not adequate. The volunteer befrienders scheme provided good support to detainees.*

4.7 The provision of visits was reasonably good. There were sessions every day between 2 and 5pm and 6 and 9pm. The visitors' centre was open every day, but offered limited facilities and no substantial food. Lockers were available and property for detainees could be booked in before a visit. The centre provided a reliable, free bus service between 1.30 and 9pm to and from the train and bus stations in Bedford.

4.8 Visits could be booked 24 hours ahead online and on a telephone booking line. Information explaining the use of visitors' personal data was readily available, Staff were helpful and knowledgeable, and visitors and detainees reported sensitive searching during visits. Visits sessions started and ended on time during the inspection, but some visitors told us that evening sessions ended up to 15 minutes early on occasion.

4.9 The visits hall was large, clean and well maintained. It afforded adequate space for privacy and access to a pleasant outside area. There was a designated children's play area. Vending machines sold hot drinks and snacks, and visitors could order a sandwich from the visits hall desk, although this was not widely advertised and none of the visitors we spoke to knew about it.

4.10 The Yarl's Wood befrienders service visited the centre each week. The coordinator visited all detainees referred to the service to assess their needs and match them to one of the 30 trained and vetted volunteers. The service also signposted detainees to specialist community agencies such as Hibiscus, Medical Justice and the Helen Bamber Foundation. The School of African Studies also provided 30 students who volunteered at the centre each month.

Recommendation

4.11 **Substantial food should be available for purchase by visitors.** (Repeated recommendation 4.17)

Housekeeping points

4.12 Visits sessions should start and finish on time.

4.13 Visitors should be made aware that they can order sandwiches in the visits hall.

Communications

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

4.14 *Detainees were issued with a mobile phone on arrival but not all were able to transfer contact numbers. Detainees could fax documents but not confidentially. They had good access to the internet but not to Skype or social media.*

4.15 All detainees were issued with a mobile phone in reception and a free five-minute international telephone card. Despite this, in our survey 45% of detainees said it was easy to use the phone against the comparator of 65% and 71% at the previous inspection. Some detainees had been unable to retrieve telephone numbers from their own mobile phones before they were taken by staff and put into their stored property. One detainee, who was

in the detained fast track system, had been unable to contact her solicitor for this reason. She had submitted an application to go to reception and retrieve the number, but this would have taken five days, which was too long for her to wait in the fast track system.

4.16 The shop sold mobile phones and a variety of top-up cards, as well as international phone cards, which provided cheaper call rates. Payphones with privacy hoods were available on all residential units, although they were little used. Free phone calls could be made to Childline and the Samaritans.

4.17 Fax machines were situated in the unit offices on each residential unit and in the library. Staff sent all faxes on behalf of detainees, and some told us they read them in some detail before sending, which compromised confidentiality and was a disproportionate security measure. External mail was delivered to units every day, and was opened by detainees in front of staff, but not read by them.

4.18 Detainees had good access to the internet and were able to use personal online email accounts such as hotmail. Legitimate sites were usually easily accessible, but we found one instance of an inappropriately blocked site (see section on legal rights). Access to social media and Skype were still prohibited, which was a disproportionate restriction for a detainee population and hindered contact with family and friends.

Recommendation

4.19 Subject to risk assessment, detainees should have access to Skype and social media.

Housekeeping points

4.20 Staff should not read detainee faxes unless an individual risk assessment indicates otherwise.

4.21 All detainees should be able to retrieve numbers quickly from their mobile phones on arrival.

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.

4.22 *In our interviews with recently released women, they reported continuing mental health problems and fearfulness as a result of their detention. Planning for removal or release did not begin on the detainee's first day at the centre and those being released were not routinely seen before discharge. Hibiscus provided important help with international resettlement needs. Not all detainees being removed were provided with the means to reach their final destination safely. Links between the centre and community organisations that could provide additional support for detainees were underdeveloped. Detainees received medication and a medical discharge summary on release but continuity of care and wider health needs were not consistently addressed.*

4.23 In our interviews with recently released women, they told us of the continuing impact of detention, including anxiety, depression, sleep disruption, mental health problems and self-imposed isolation from friends. They talked of no longer trusting people and losing confidence in themselves and others. One said: '*our whole lives have been changed by Yarl's Wood*'.

4.24 During the previous six months, 1,824 detainees had been released into the community from Yarl's Wood, including men released from Bunting short-term holding unit, 481 detainees had been removed, and 146 transferred to other places of detention. Of these totals, 894 women had been released from the centre and 443 had been removed. Planning for removal or release did not begin on the detainee's first day at the centre and there was no structured needs assessment on arrival or pre-release/removal (see section on welfare and recommendation 4.5). All detainees served with removal directions were offered an appointment to see the welfare officer through a slip under their door, but take up was low and there was no proactive follow up of detainees who did not attend. The appointment slip referred to the removal which staff felt may have contributed to the problem. Detainees being released into the community were not seen by welfare.

4.25 Country information packs were not distributed to detainees being removed and those being released were given no information on local organisations. Hibiscus gave useful support with resettlement issues, such as retrieval of property from home addresses, and information about voluntary return and associated return bans. They were seeing about 120 detainees each month. Hibiscus was able to provide small sums of money to some detainees being removed to ensure they reached their home safely from the destination airport, but this was not routinely provided by the centre or Home Office to all who required it. We were told that group forums for women being removed on charter flights were held so that they could ask questions and express concerns. This was a positive initiative, but minutes were not kept of these meetings and it was not possible to determine their frequency or usefulness.

4.26 Health staff were informed of planned removals and made available two weeks' medication to take away and a summary of the detainee's medical notes. A health worker saw all detainees in reception before discharge and placed their medication and notes in their property. However, the medication administration was not routinely recorded and it was unclear if it had been received. There was no robust system for arranging continuity of physical or mental health care or identifying ongoing health issues, including the need for contraception, travel vaccinations or malarial prophylaxis.

4.27 The welfare office had good links with the Red Cross, but links with other community organisations that could have provided additional support for detainees were underdeveloped. Given the previous experiences of many women at the centre, it was particularly surprising that there were no links with organisations providing support for victims of rape, gender-based violence and exploitation.

Recommendations

4.28 Appropriate information about destination countries for detainees being removed and local community support organisations for detainees being released should be provided to those requiring it.

4.29 All detainees requiring it should be provided with the financial means to reach their final destination safely.

4.30 Detainees should be seen by health care staff before their discharge date to facilitate effective preparation for release or removal, including malarial prophylaxis, travel vaccinations and community liaison.

4.31 Links with a broader range of community organisations should be developed, including gender specific services. Centre staff should work closely with these organisations to address the support needs of detainees who have experienced abuse, rape, violence or other forms of exploitation.

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 G4S

5.1 Rule 35 reports should provide objective professional assessments – for example, commenting on the consistency between injuries and alleged methods of torture, and on evidence of PTSD. Case owner replies should carefully address all relevant factors in reviewing ongoing detention. Rape should be considered a form of torture. (S40)

Main recommendation — To the centre manager and G4S

5.2 Robust local governance processes should be in place in health care to monitor the effectiveness of the service and ensure the safety of detainees, including effective incident reporting and management, clinical audits, regular governance meetings attended by all service providers and effective service user engagement. (S43)

Main recommendations — To the centre manager

5.3 The whistle-blowing policy should be reviewed and staff should be given unambiguous reassurance they would be supported if they raised concerns. Work should be done to understand and address any concerns staff have about the policy. (S37)

5.4 There should be a strict time limit on the length of detention and caseworkers should act with diligence and expedition. (S38)

5.5 Detainees with enduring mental health illnesses should not be detained and pregnant detainees should only be detained in the most exceptional circumstances. The continued detention of pregnant women should be considered in line with the Home Office's published policy on the detention of pregnant women. (S39)

5.6 Staffing levels should be adequate to enable staff to meet the needs of detainees consistently in a decent and respectful manner. More female staff should be recruited urgently to ensure that at least 60% of staff in direct contact with women detainees are also women. (S41)

5.7 Male staff should never enter women's rooms unless invited to do so, except in cases of emergency. (S42)

Recommendations — To the Home Office

Safeguarding children

5.8 All detainees who say they are children should undergo a Merton compliant age assessment by social services. (1.59)

5.9 The best interests of children should be fully considered in decisions about the detention of a primary carer and should be set out in the detainee's case file. (1.61)

5.10 When an age dispute case leaves social services care, the Home Office should treat them as a missing person. (1.62)

Legal rights

5.11 All detainees should receive copies of bail summaries by 2pm on the working day before their bail hearing**.** (1.98)

Casework

5.12 The Home Office should keep a central record of the number of pregnant women detained. (1.111)

Recommendation — To the Home Office and escort contractors

Escort vehicles and transfers

5.13 Detainees should not be subject to long delays before transfer to Yarl's Wood, and should never be transported during the night unless this is for urgent operational reasons. (1.4)

Recommendation — To the Home Office and centre manager

5.14 Both the Home Office and Serco should keep a central record of women who have dependent children living in the UK**.** (1.60)

Recommendations — To the centre manager

Early days in detention

5.15 The reception process should be completed as quickly as possible, and detainees moved swiftly to the residential units. (1.13)

5.16 Detainees should have access in reception to written information about the centre in a range of languages. (1.14)

5.17 Newly arrived women should be screened by female nurses in reception. (1.15)

5.18 Night-time welfare checks should be fully explained to detainees in a language they understand, and they should be conducted by staff of the same gender. (1.16)

5.19 Induction should be thorough and take place on the day following reception and key information should be given to detainees in accessible, written formats. (1.17)

Bullying and violence reduction

5.20 Detainees' negative perceptions of safety should be investigated as a priority and action taken to address the findings. (1.29)

5.21 Violence reduction measures should be robust. They should set clear targets to change behaviour and support victims, include formal interventions to address behaviour, and be underpinned by good quality behaviour logs. (1.30)

5.22 There should be a safer detention strategy and action plan specific to the needs of Yarl's Wood detainees, which is informed by robust data and analysis, including detainee surveys. (1.31)

Self-harm and suicide prevention

5.23 ACDTs should not be opened without an assessed self-harm risk. They should identify coping strategies and set meaningful targets. (1.44)

5.24 Male staff should not undertake constant supervision of female detainees. (1.45)

5.25 Detainees at risk of self-harm should have support from trained peer supporters and specialist community groups such as the Samaritans. (1.46)

5.26 Individual counselling should be available to promote safety and address personal crisis. (1.47)

Safeguarding (protection of adults at risk)

5.27 Links should be made with the local safeguarding adults board and the director of adult social services. (1.51)

5.28 Safeguarding adults training should be delivered to all staff, and should include raising awareness of trafficking, torture and the national referral mechanism. (1.52)

Safeguarding children

5.29 Detainee custody officers and all other relevant staff should have regular safeguarding children training. (1.58)

Security

5.30 Room searches should be intelligence led rather than routine, and male staff should not search women's rooms. (1.72)

5.31 Closed visits should be held in sight, but out of hearing of an officer. They should only be imposed when there is evidence that a detainee has abused visits and there should be monthly reviews of the related intelligence**.** (1.73)

The use of force and single separation

5.32 Governance of the use of force should be substantially strengthened to provide assurance that force is always used proportionately and as a last resort. (1.88)

5.33 Detainees should be separated for the shortest possible period, particularly in temporary confinement. (1.89)

5.34 Male staff should not supervise female detainees who have removed their clothes. (1.90)

Casework

5.35 Detainees should wait no longer than 24 hours to see a GP for a rule 35 assessment. (1.112)

Residential units

5.36 Detainees should have access to communal areas in their units at any time. (2.6)

5.37 Detainees on Crane unit should be provided with kettles in their rooms. (2.7)

Staff–detainee relationships

5.38 Staff should receive training which equips them to fulfil their role and to recognise and respond appropriately to the particular vulnerabilities of a female detainee population. This should include training on cultural awareness and the specific backgrounds and experiences of detainees**.** (2.19)

5.39 The long-term resident scheme should be consistently implemented with all eligible detainees. (2.20)

Equality and diversity

5.40 Strategic planning for diversity should consider the specific needs of the population at Yarl's Wood, set objectives and clearly set out how these will be achieved. (2.24)

5.41 Diversity monitoring should facilitate the identification and investigation of trends in detainee outcomes across all the protected characteristics. (2.25)

5.42 The low number of reported discrimination incidents should be investigated and the findings acted on. (2.26)

5.43 Specific forums should be established for detainees across all protected characteristics, numbers permitting. (2.32)

5.44 The under-reporting of disabilities should be investigated and addressed by the centre, and paid carer roles should be introduced. (2.33)

5.45 The specific needs of young adults should be investigated and acted on as necessary. (2.34)

5.46 Pregnant women should receive care and support equivalent to that in the community. (2.35)

Faith and religious activity

5.47 The reasons for the poor perception of men's ability to see a religious leader of their own faith should be investigated and the findings acted on. (2.41)

Complaints

5.48 The reasons for the increase in complaints, particularly against staff, should be investigated through consultation with detainees, and prompt action should be taken to address the findings. (2.48)

5.49 Complaints responses should be in the same language in which they were submitted and staff answering complaints should speak to the detainee in person as part of their investigation. (2.49)

5.50 With the exception of medical in confidence issues, the centre should be aware of all complaints made to ensure managers have a good understanding of detainee concerns. (2.50)

Health services

5.51 All health staff should have regular documented clinical supervision, mandatory training and relevant professional development, including chronic condition management, nurse assessment and torture awareness. Doctors should receive training to complete Rule 35 reports effectively. (2.63)

5.52 Health staff should have access to and use a full range of pertinent policies and procedures which accurately reflect the environment, including communicable disease management and information governance. (2.64)

5.53 All clinical environments should only be accessible to health staff, comply with infection control standards and provide adequate privacy for detainees. (2.65)

5.54 Ambulances should be automatically requested when the emergency code is called. (2.66)

5.55 Detainees should be able to complain about all health services through a single confidential well understood system and receive a reply within the agreed time frame. (2.67)

5.56 Adverse incidents should be reported and investigated promptly and learning should be shared with the health team to inform service improvement. (2.68)

5.57 Detainees should have prompt access to nurse assessment clinics with trained staff who can provide appropriate treatment using evidence-based assessment algorithms to ensure consistency. (2.79)

5.58 Detainees with life-long conditions should be cared for within an agreed care pathway and receive regular reviews which generate an evidence-based care plan managed by staff who are appropriately trained and supervised. (2.80)

5.59 A clear care pathway for women who are pregnant should be agreed between the community midwifery service, health provider and the centre, which includes training for staff and prompt referral for specialist advice when potential complications in pregnancy are reported. (2.81)

5.60 The enhanced care unit should be underpinned by clear protocols and risk assessments agreed by the partnership board, and detainees who are admitted should receive adequate individual care planned support to ensure their safety and well being. (2.82)

5.61 Medication should be prescribed, administered, recorded and stored in compliance with local procedures and all requisite professional standards, and detainees should receive medication promptly. (2.95)

5.62 Medicine management should be overseen by regular on-site pharmacist visits, compliance audits and an effective medicines management committee. (2.96)

5.63 Nurses should be able to supply an appropriate range of over-the-counter and prescribed medications to avoid unnecessary detainee consultations with the GP. (2.97)

5.64 All dental equipment should be appropriately serviced and maintained and this should be recorded. (2.101)

5.65 Detention staff should all receive regular mental health awareness training which reflects the cultural diversity and specific needs of detainees, so that they can identify and support detainees with mental ill health. (2.106)

5.66 Detainees should have timely access to a full range of multidisciplinary care-planned support which meets their needs, including community liaison and the care programme approach. (2.107)

Substance misuse

5.67 Detainees requiring treatment for substance misuse should receive consistent care within an agreed local evidence-based care pathway including discharge planning. (2.110)

Services

5.68 Detainees should be able to work in the main kitchen cooking food. (2.118)

5.69 The menu should include more culturally diverse options to reflect the detainee population. (2.119)

5.70 The electronic menu ordering system should be in a variety of languages. (2.120)

5.71 The cultural kitchens should offer additional sessions. (2.121)

Activities

5.72 Activities should be promoted effectively throughout the centre to ensure that clear information and advice are provided and that all detainees understand how to participate. (3.8)

5.73 Managers should analyse attendance data and survey results regularly to evaluate the effectiveness of activities in meeting the learning and therapeutic needs of all detainees. (3.9)

5.74 The quality of English lessons for speakers of other languages should be improved through use of a wider range of learning resources. (3.17)

5.75 The centre should provide up-to-date computer-based learning resources which detainees can use independently. (3.18, repeated recommendation 3. 15)

5.76 There should be effective monitoring of the quality of education. Monitoring and analysis of attendance at education classes and fitness activity should be thorough. (3.19)

5.77 The quantity of meaningful, interesting paid work and education should be increased for the more able detainees and those who stay longer. (3.23)

5.78 Detainees should not be prevented from taking up work because of non-compliance with the Home Office. (3.24)

5.79 The book stock should reflect up-to-date literary publications. (3.29)

Welfare

5.80 The welfare service should be adequately resourced and available seven days a week. All new arrivals should be seen promptly to assess immediate needs and all detainees being discharged should be seen to assist with outstanding needs. (4.5)

Visits

5.81 Substantial food should be available for purchase by visitors. (4.11)

Communications

5.82 Subject to risk assessment, detainees should have access to Skype and social media. (4.19)

Removal and release

5.83 Appropriate information about destination countries for detainees being removed and local community support organisations for detainees being released should be provided to those requiring it. (4.28)

5.84 All detainees requiring it should be provided with the financial means to reach their final destination safely. (4.29)

5.85 Detainees should be seen by health care staff before their discharge date to facilitate effective preparation for release or removal, including malarial prophylaxis, travel vaccinations and community liaison. (4.30)

5.86 Links with a broader range of community organisations should be developed, including gender specific services. Centre staff should work closely with these organisations to address the support needs of detainees who have experienced abuse, rape, violence or other forms of exploitation. (4.31)

Housekeeping points

Early days in detention

5.87 Detainees should not be unnecessarily locked in holding rooms in reception. (1.18)

Bullying and violence reduction

5.88 Detainee surveys should be available in an appropriate range of languages. (1.32)

Safeguarding children

5.89 The safeguarding and child protection policy should be kept up to date. (1.63)

5.90 Support plans for detainees who say they are children should be individual and should give details of how the child will be cared for. (1.64)

Security

5.91 Male officers should not be present at rub-down searches of women. (1.74)

5.92 Detainees should be permitted to take mobile phones into legal and social visits. (1.75)

Legal rights

5.93 Detainees should be informed about how to obtain country of origin information reports and bail information. (1.99)

5.94 Detainees should be able to access the Freedom from Torture website. (1.100)

Residential units

5.95 Detainees should have access to cleaning materials. (2.8)

5.96 Staff should ensure that units are quiet at night so that detainees can sleep. (2.9)

5.97 Issues raised during consultation with detainees should be promptly addressed. (2.10)

Equality and diversity

5.98 The box for submitting discrimination complaints should be secure. (2.27)

Health services

5.99 Health care information and health promotion literature should be available in a range of languages and formats. (2.69)

5.100 Detainees should have timely access to all relevant community screening programmes. (2.70)

5.101 Detainees should have easy confidential access to barrier protection. (2.71)

5.102 Application forms for health services should be accessible to detainees who do not read English. (2.83)

5.103 Detainees should be able to see an optician within four weeks for routine appointments. (2.84)

5.104 Health appointments should be scheduled to allow detainees adequate time. (2.85)

5.105 Non-attendance at clinic appointments should be managed consistently and required follow-up, including the reason for non-attendance, should be noted in the clinical records. (2.86)

5.106 Detainees who require secondary care services should be referred promptly. (2.87)

5.107 Health staff should ensure that detainees understand their medication regimes, the potential side effects and how to reorder their medication. (2.98)

Activities

5.108 Staff should ensure that detainees understand how to search the internet and understand any restrictions placed on printing material. (3.10)

Visits

5.109 Visits sessions should start and finish on time. (4.12)

5.110 Visitors should be made aware that they can order sandwiches in the visits hall. (4.13)

Communications

5.111 Staff should not read detainee faxes unless an individual risk assessment indicates otherwise. (4.20)

5.112 All detainees should be able to retrieve numbers quickly from their mobile phones on arrival. (4.21)

Section 6. Appendices

Appendix I: Inspection team

Nick Hardwick	Chief inspector
Hindpal Singh Bhui	Team leader
Bev Alden	Inspector
Nicola Rabjohns	Inspector
Angela Johnson	Inspector
Sarah Cutler	Inspector
Deri Hughes-Roberts	Inspector
Karen Dillon	Inspector
Maureen Jamieson	Inspector
Fionnuala Gordon	Inspector
Jeanette Hall	Inspector
Sandra Fieldhouse	Inspector
Paul Fenning	Inspector
Martin Kettle	Inspector
Colin Carroll	Inspector
Majella Pearce	Health services inspector
Jan Fooks-Bale	Care Quality Commission health care inspector
Dr David Chinn	CQC specialist adviser
Mai Buckley	CQC midwife
Sue Melvin	Pharmacy inspector
Maria Navarro	OFSTED inspector
Eleanor Murray	Observer, National Audit Office
Kate Lampard	Observer, Verita
Ed Marsden	Observer, Verita
Rachel Prime	Researcher
Alissa Redmond	Researcher
Njilan Morris-Jarra	Researcher
Jane Parsons	Head of Communications (assisting with survey)

Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy establishment. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

Safety

Detainees are held in safety and with due regard to the insecurity of their position.

At the last inspection in 2013, detainee feedback on escorts was generally positive, but too many people were subject to overnight moves. The reception areas were welcoming but some detainees spent too long there before moving to their units. There was little evidence of violence or victimisation in the centre, but there were insufficient women staff and a lack of recognition of the particular vulnerabilities of detained women. Those at risk of self-harm were generally well cared for, but self-harm monitoring processes needed improvement. The 'individual needs' meeting effectively supported vulnerable detainees. Security was generally proportionate but there were some over-restrictive practices. Use of force and of separation had reduced. The number of legal advice surgeries had increased but waiting times could still be long. Detainees whose ages were disputed were appropriately cared for. Some people had been detained for long periods, and in some cases trafficking indicators appeared to have been missed by case workers. The overall quality of Rule 35 initial reports was poor. Outcomes for detainees were reasonably good against this healthy establishment test.

Main recommendations

Detainees with enduring mental health illnesses should not be detained, and pregnant detainees should only be detained in the most exceptional circumstances. The continued detention of pregnant women should be considered in line with the Home Office's published policy on the detention of pregnant women. (S39)
Not achieved (Recommendation repeated, S37)

Rule 35 reports should provide objective professional assessments – for example, commenting on the consistency between injuries and alleged methods of torture. Case owner replies should carefully address all relevant factors in reviewing ongoing detention (S40)
Not achieved

Recommendations

Detainees should not be subjected to exhausting overnight journeys (1.6)
Not achieved

Detainees should not be subject to multiple transfers around the detention estate (1.7)
Not achieved

Detainees arriving from police stations should be accompanied by police records and relevant risk information (1.8)
Not achieved

The reception process should be completed as quickly as possible, and detainees moved swiftly to the residential units (1.20)
Not achieved (Recommendation repeated, 1.14)

Managers should regularly conduct a detainee survey on their experiences of intimidatory behaviour, including questions aimed at discovering why detainees were sometimes reluctant to report such events (1.30)
Partially achieved

A care suite should be brought into use (1.40)
Partially achieved

Detainees at risk of self-harm should have support from trained peer supporters and specialist external groups such as the Samaritans (1.41)
Not achieved (Recommendation repeated, 1.47)

Links should be made with the local safeguarding adults board and the director of adult social services (1.48)
Not achieved (Recommendation repeated, 1.52)

All age assessments should be conducted by social services, and in other respects staff should rigorously follow the Home Office's own age assessing policy (1.55)
Not achieved

When an age dispute case leaves social services care, the Home Office should treat them as a missing person. (1.56)
Not achieved (Recommendation repeated, 1.63)

Security procedures should be proportionate to the population and based on reasonable assessments (1.64)
Partially achieved

Male officers should not be present at rub-down searches of women, and should not conduct searches of female detainees' rooms (1.65)
Not achieved

De-escalation techniques should always be the preferred response to ensure that force is only used as a last resort (1.76)
Partially achieved

Authority to separate detainees should be given by the centre manager or other designated senior managers (1.77)
Partially achieved

Separation should not be used as a punishment (1.78)
Achieved

In liaison with the Legal Aid Agency, the centre should ensure that detainees do not have to wait more than a week to access the detention advice surgery (1.86)
Achieved

The library should hold up-to-date country of origin information reports and legal textbooks (1.87)
Not achieved

All detainees should receive copies of bail summaries by 2pm on the working day before their bail hearing (1.88)
Not achieved (Recommendation repeated, 1.98)

Induction interviews should be tailored to the individual facts of each case. Re-entry bans, voluntary return and bail should be clearly explained. Detainees should not be routinely asked to give consent for access to their medical records (1.102)
Achieved

Detainees displaying trafficking indicators should be referred to the national referral mechanism (1.103)
Achieved

Immigration staff should be visible and accessible to detainees (1.104)
Not achieved

Respect

Detainees are treated with respect for their human dignity and the circumstances of their detention.

At the last inspection in 2013, residential areas and rooms were clean and in a reasonable state of repair. The short-term holding facility provided a good environment. Staff–detainee relationships were very good. Professional interpreting was well used and there was generally good dialogue with different nationality groups. There was insufficient provision for groups with other protected characteristics. Faith provision was very good and facilities were attractive. Most complaints were appropriately dealt with informally, and formal complaints were well managed. Health services were generally good. The food provided was reasonable and shop provision was good. Outcomes for detainees were good against this healthy establishment test.

Main recommendation

More female staff should be recruited as a matter of urgency. Male staff should not enter women's rooms unless explicitly invited to do so except in cases of emergency and all staff should be trained in recognising and responding appropriately to the particular vulnerabilities of a female population that may have experienced victimisation before detention (S38)
Not achieved

Recommendations

Detainees should have access to communal areas within their units at any time (2.8)
Not achieved (Recommendation repeated, 2.6)

Professional telephone interpreters should be used in the short-term holding facility when needed (2.16)
Achieved

There should be a considerably higher proportion of female staff (2.21)
Not achieved

People detained for more than a few weeks should have a named officer to provide consistent support (2.22)
Partially achieved

Strategic planning for diversity should consider the specific needs of the population at Yarl's Wood, set objectives and clearly set out how these will be achieved (2.27)
Not achieved (Recommendation repeated, 2.24)

Diversity monitoring should facilitate the identification and investigation of trends in detainee outcomes across all the protected characteristics (2.28)
Not achieved (Recommendation repeated, 2.25)

Specific forums should be established for detainees across all protected characteristics, numbers permitting (2.33)
Not achieved (Recommendation repeated, 2.33)

The under-reporting of disabilities should be investigated and addressed by the centre, and paid carer roles should be introduced (2.34)
Not achieved (Recommendation repeated, 2.34)

Care plan reviews should consider broader welfare issues, managed by officers, in addition to medical issues managed by health services staff (2.35)
Not achieved

The specific needs of young adults should be investigated and acted on as necessary (2.36)
Not achieved (Recommendation repeated, 2.35)

Pregnant detainees should be proactively supported by staff to cope with the emotional as well as physical aspects of their pregnancy (2.41)
Not achieved

Complaints should be investigated by staff of appropriate seniority and responses should be in the language in which they were submitted (2.54)
Partially achieved

The needs of the centre population should be analysed by an up-to-date health needs assessment (2.64)
Achieved

Health services staff should receive training in the recognition of signs of alleged acts of trauma or torture (2.71)
Not achieved

Hospital appointments for detainees should not be cancelled because of poor transport arrangements (2.72)
Achieved

The electronic menu ordering system should be in a variety of languages (2.91)
Not achieved (Recommendation repeated, 2.120)

Activities

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

At the last inspection in 2013, there was a wide range of recreational activities, meeting the needs of the mainly short-stay population. Most detainees said that they could fill their time while at the centre. Education provision was mainly low level. There were too few work roles and these were only part time. The libraries were reasonably well stocked and popular. PE facilities were generally adequate and staff were well trained. Outcomes for detainees were reasonably good against this healthy establishment test.

Recommendations

The centre should extend the time during which female detainees can use central facilities and associate freely within their residential units (3.9)
Achieved

There should be more paid work and more higher-level education to meet the needs of longer-stay and more able detainees (3.14)
Partially achieved

The centre should provide up-to-date computer-based learning resources which detainees can use independently. (3.15)
Not achieved (Recommendation repeated, 3.18)

There should be effective monitoring of the quality of education. Monitoring and analysis of attendance at education classes and fitness activity should be thorough (3.16)
Not achieved (Recommendation repeated, 3.19)

The number of paid work roles, and the hours detainees can work should increase. More interesting and challenging work roles should be added (3.20)
Partially achieved

Detainees should not be prevented from taking up work because of non-compliance with the Home Office (3.21)
Not achieved (Recommendation repeated, 3.24)

Internet facilities should be available in the library (3.25)
Achieved

Trends and patterns in book borrowing should be monitored to inform the planning of library stock (3.26)
Partially achieved

Suitable facilities for outdoor sports and games should be provided (3.33)
Partially achieved (Recommendation repeated, 3.36)

The centre should develop and promote fitness activity for older detainees (3.34)
Partially achieved

Resettlement

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.

At the last inspection in 2013, good support was provided by the welfare officer, but this could not meet the high demand. Visits were well managed and easy to book, and the visits area was welcoming. There was generally good access to various means of communication. There was effective pre-removal assessment and assistance, and Hibiscus provided particularly valued resettlement support. Outcomes for detainees were good against this healthy establishment test.

Recommendations

Links with a broader range of relevant external organisations should be developed (4.15)
Not achieved

Substantial food should be available for purchase by visitors (4.17)
Not achieved (Recommendation repeated, 4.11)

The shop should sell mobile telephones (4.24)
Achieved

Detainees should have access to Skype and social networking sites unless an individualised risk assessment suggests otherwise, and legitimate websites should be available in the short-term holding facility as well as the main centre (4.25)
Partially achieved

Planning for removal or release should start as soon as detainees arrive in the centre and include an early structured needs assessment (4.32)
Not achieved

A sufficiently resourced welfare service should be available seven days a week and offer appointments to all detainees, including those due for release, before discharge. The welfare officer should work closely with Hibiscus to ensure that all needs have been met (4.33)
Partially achieved

Appendix III: Care Quality Commission Requirement Notices

Provider:
G4S Forensic and Medical Services (UK) Limited
Registered Location: Yarl's Wood Immigration Detention Centre, Twinwoods Business Park, Thurleigh Road, Milton Ernest, Bedford MK44 1FD
Location ID: 1-1693533914
Regulated activities: Treatment of disease, disorder, or injury; Diagnostic and screening procedures; Family planning

Requirement Notices

Action we have told the provider to take
The table below shows the regulations that were not being met. The provider must send CQC a report that says what action it is going to take to meet these regulations.

Diagnostic and screening procedures Family planning Treatment of disease, disorder, or injury	We found that the registered person had not protected patients against the risks of receiving care and treatment that was inappropriate, did not meet their needs or failed to reflect their preferences. This was in breach of regulation 9(1)(3)(a)(b)(c)(d)(e)(f)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider must make sure that patients are protected against the risks of receiving inappropriate care and treatment.

How the regulation was not being met
Initial assessments of patients' health needs were not supported by a secondary health screen and routine requests for previous relevant medical information, to ensure that all their needs were fully and promptly met.
The prioritisation, planning, review and delivery of care and treatment were not based on clear clinical pathways to ensure they consistently met patients' needs.
The prioritisation and scheduling of appointments did not ensure that patients received timely assessment, advice and treatment.
Care planning was not used, or reviewed effectively, to ensure patients with complex needs consistently received appropriate care and treatment.
Patients were not adequately involved in the planning, review and delivery of their care, to effectively take account of their choices, preferences, cultural needs and

independence. Verbal or written information about their care and treatment was not always provided to patients in a way, or format that ensured their understanding and supported them to make decisions. Healthcare provision did not ensure that patients received care and treatment comparable to that provided in the wider community. They were not assured of access to support, care and treatment for low level mental health needs, chronic diseases or sexual health; national screening programmes; health promotion.

Diagnostic and screening procedures Family planning Treatment of disease, disorder, or injury	We found that the registered person had not protected patients against the risks of receiving unsafe care and treatment. This was in breach of regulation 12(1)(2)(a)(b)(f)(g)(h)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider must make sure that patients are protected against the risks of receiving inappropriate care and treatment.
How the regulation was not being met Care and treatment was not always provided to patients in a way that protected their safety and welfare. Staff did not routinely follow plans and pathways to ensure that the care and treatment they provided was safe and effective. The antenatal care pathway was not being consistently followed by staff to ensure care and treatment was informed by specialist advice. This posed a risk that women displaying symptoms of the complications of early pregnancy would not receive safe care and treatment. Patients accommodated in the enhanced care unit did not receive timely and appropriate care and support to ensure their health, safety and welfare. Medicines were not managed safely in relation to their supply, storage, administration, recording, and monitoring. Pharmacist oversight was inadequate and medicines were not consistently supplied promptly or kept securely. Risks associated with medicines management were not routinely identified and managed, including the supply of medicines to people 'in possession'. Prescribing was not monitored and non-compliance with medicines was not routinely followed up. Information about, and shared with patients, was not managed confidentially Incident reporting was inconsistent and incidents were not investigated promptly to ensure that risks were identified and managed and learning from incidents shared. There were inadequate arrangements in place to control the risk of the spread of infection. Infection control measures were not being applied consistently by staff, which presented a risk to the safety of patients, staff and visitors to the centre. On release patients with ongoing medical needs were not, where possible, routinely referred to community services to ensure their health, safety and welfare.	

Diagnostic and screening procedures Family planning Treatment of disease, disorder, or injury	We found that the registered person had not established and operated effective systems and processes to monitor and provide assurance about the safety and quality of services. This was in breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider must make sure that their governance systems are operated effectively at Yarl's Wood Immigration Detention Centre to provide assurance about the quality and safety of the service and to drive improvement.
How the regulation was not being met Corporate governance systems were not used effectively to monitor the quality and safety of the service at location level, identify risks and inform improvements to the service. Clinical audit, complaints and patient feedback arrangements were not used systematically to identify risk and inform service improvement. Complaints were not investigated and responded to in a timely way to ensure concerns were addressed. Policies and procedures were not accessible to all staff to ensure consistent and safe practice. Patients' records were not managed securely in line with legislation, or routinely monitored to ensure their quality and completeness. Staff records were incomplete and not fit for purpose.	

Appendix IV: Detainee population profile

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

Population breakdown by:

(i) Age	No. of men	No. of women	No. of children	%
Under 1 year	0	0	0	0
1 to 6 years	0	0	0	0
7 to 11 years	0	0	0	0
12 to 16 years	0	0	0	0
16 to 17 years	0	0	0	0
18 years to 21 years	1	14	0	4
22 years to 29 years	8	61	0	19
30 years to 39 years	8	105	0	32
40 years to 49 years	6	73	0	22
50 years to 59 years	8	53	0	17
60 years to 69 years	3	14	0	5
70 or over	0	0	0	0
Total	**34**	**320**	**0**	

(ii) Nationality Please add further categories if necessary	No. of men	No. of women	No. of children	%
Afghanistan	1	1	0	1
Albania	1	6	0	2
Algeria	0	4	0	2
Angola	0	0	0	0
Bangladesh	2	4	0	2
Barbados	0	1	0	1
Belarus	0	1	0	1
Bolivia	0	2	0	1
Brazil	0	3	0	1
Cameroon	0	5	0	2
China	2	15	0	5
Colombia	0	1	0	1
Congo (Brazzaville)	0	0	0	0
Congo Democratic Republic (Zaire)	0	3	0	1
Cote D'Ivoire	0	2	0	1
Ecuador	0	0	0	0
Eritrea	0	4	0	2
Estonia	0	0	0	0
Ethiopia	0	1	0	1
France	0	2	0	1
Gambia	0	2	0	1
Germany	0	1	0	1
Georgia	0	2	0	1
Ghana	0	11	0	4
Grenada	0	1	0	1
Guinea	0	1	0	1

Guyana	0	3	0	1
Hungary	0	1	0	1
India	15	40	0	16
Indonesia	0	1	0	1
Iran	0	7	0	2
Iraq	0	1	0	1
Ivory Coast	0	0	0	0
Jamaica	1	33	0	10
Kenya	0	4	0	2
Kosovo	1	1	0	1
Kyrgyzstan	0	1	0	1
Latvia	0	0	0	0
Liberia	0	0	0	0
Lithuania	0	2	0	1
Malaysia	0	2	0	1
Malawi	0	1	0	1
Mauritius	3	1	0	2
Moldova	0	0	0	0
Morocco	0	1	0	1
Namibia	0	3	0	1
Netherlands	0	1	0	1
Nepal	0	3	0	1
Nigeria	1	54	0	16
Pakistan	3	23	0	8
Poland	0	3	0	1
Romania	0	3	0	1
Russia	0	0	0	0
Rwanda	0	2	0	1
Saint Vincent	0	1	0	1
Sierra Leone	0	0	0	0
Singapore	0	1	0	1
Slovakia	0	1	0	1
South Africa	0	5	0	2
Sri Lanka	0	8	0	3
Sudan	1	2	0	2
Swaziland	0	1	0	1
Syrian Arab Republic	2	0	0	1
Trinidad and Tobago	0	0	0	0
Tanzania	0	1	0	1
Thailand	0	2	0	1
Turkey	0	1	0	1
Turkmenistan	0	1	0	1
Uganda	0	5	0	2
Ukraine	1	7	0	3
United States	0	1	0	1
Venezuela	0	1	0	1
Vietnam	0	7	0	3
Yugoslavia (FRY)	0	0	0	0
Zambia	0	2	0	0
Zimbabwe	0	6	0	2
Other (please state)				
Total				**100**

(iii) Religion/ belief Please add further categories if necessary	**No. of men**	**No. of women**	**No. of children**	**%**
Buddhist	0	10	0	3
Roman Catholic	1	18	0	5
Orthodox	1	3	0	1
Other Christian religion			0	0
Christian	6	170	0	50
Pentecostal	0	3	0	1
Methodist	1	0	0	
Hindu	7	26	0	9
Muslim	12	57	0	19
Sikh	6	17	0	6
Agnostic/atheist	1	13	0	4
Unknown	0	0	0	0
Other (please state what)			0	0
Traditional Beliefs	0	2	0	1
Total				**100**

(iv) Length of time in detention in this centre	**No. of men**	**No. of women**	**No. of children**	**%**
Less than 1 week	11	62	0	21
1 to 2 weeks	5	56	0	17
2 to 4 weeks	8	69	0	22
1 to 2 months	8	90	0	28
2 to 4 months	1	19	0	6
4 to 6 months	1	5	0	2
6 to 8 months	0	9	0	3
8 to 10 months	0	3	0	1
More than 10 months (please note the longest length of time)	0	7 (longest stay is 528 days)	0	2
Total				**100**

(v) Detainees' last location before detention in this centre	**No. of men**	**No. of women**	**No. of children**	**Total**
Community				
Another IRC				157
A short-term holding facility (e.g. at a port or reporting centre)				112
Police station				27
Prison				28
Other				25
Total				

Appendix V: Summary of detainee interviews

Every woman in Yarl's Wood was offered a confidential individual interview with a female inspector and 95 women asked for an interview. Three of these interviews were not completed, one because of a legal visit and two because the women decided they did not wish to continue. A further eight women who had been detained in Yarl's Wood during the previous six months were interviewed in the community after being referred to us by community groups. The interviews were semi-structured and held from 13 to 22 April. What follows is a brief summary of the 100 that were completed and reflects key messages only. Women were also asked to rate safety and respect and relationships on a rising 1-4 scale, and the result is reported below. The opinions of interviewers are not included, and this represents only the views of women interviewees. These interviews were used as one source of evidence to inform the rounded judgements made by inspectors in the body of this report.

1. Key themes from 92 currently detained women

Safety

Six key themes related to safety were identified by the women:

1. Weaknesses in early days arrangements
2. Poor health care
3. A lack of safety as a result of immigration cases
4. Concern at low staffing levels
5. No awareness of staff involved in illegal activity or sexual abuse of detainees
6. Little bullying but some unsafe spots in the centre.

Details of recurring points that women made under each of these areas are listed below under each heading.

1. **Weaknesses in early days arrangements**: A number of women said they arrived in the early hours and waited for a long time in reception before going to units. They reported that searches on arrival were conducted by women officers and were respectful, but male staff were sometimes present. A number of women reported a lack of warmth from staff on arrival. One said it was difficult having to speak to a male nurse about personal matters such as periods. Some women said they were frightened and not given information until the next day, and many reported a poor induction.

2. **Poor health care**: Health services were heavily criticised. Some said that the small and busy health care department felt like a frantic and frightening environment. Medication was a major concern – not being able to keep prescribed medication on arrival, inconsistent issue times and being given incorrect medication were all recurring themes. Many women described medical staff who were rude, unfriendly and unhelpful. They also felt they were often not believed and accused of making up stories when they had genuine health problems, putting them at risk. In addition, they said that waiting times for appointments were long, test results took a long time, there was no answer to applications and it was difficult to see a doctor. On Hummingbird the recent death had affected perceptions of safety.

A number of women reported suffering mental health problems and many said they did not get help with mental health needs, despite having asked for support. A number had disclosed experiences of sexual violence, depression and/or sexual and domestic abuse in the UK. All were upset that there was no counsellor or other support for them. One said the Rule 35 process was 'humiliating and pointless' – she was given no support in disclosing rape and torture to the Home Office. One was positive about a manager's support to contact police to report domestic abuse.

3. **A lack of safety as a result of immigration cases:** Some women said they felt like prisoners or criminals, and the uncertainty of their immigration cases made them feel very insecure. Not having a definite release date was described as being very stressful. Some said they dreaded legal visits because of the bad news that they could bring. One woman said the purpose of immigration detention seemed to be to frustrate people into doing whatever the Home Office wanted.

4. **Low staffing levels:** Most criticised the lack of staff and being able to find someone to carry out daily tasks such as sending faxes. They felt that the lack of staffing had worsened recently, and some said the staff office was regularly empty when they needed help. Most thought that staff did the best they could in the circumstances but that they were too busy to support them. Some were worried about only one member of staff being on units at night and said that responses to incidents were slow as a result.

5. **No awareness of staff involved in illegal activity or sexual abuse of detainees:** Three women said they knew of a woman becoming pregnant by an officer – they thought this had happened years ago but had no current knowledge about this sort of behaviour.

6. **Little bullying but some unsafe spots in the centre:** A small number of women thought there was some bullying, often related to cultural differences and language barriers, and some homophobia. Specific areas identified as unsafe were laundry rooms, meal queues, microwave rooms and the market hall, where there could be some jostling. No problems were identified with drugs. There were some reports of staff discrimination against women who spoke little English. A few women who had not attended for meals said that officers' attitudes to them were very unsupportive, bordering on bullying, as they were told that if they did not eat it could go against them in their case.

Safety ratings on a rising 1-4 scale: 20 detainees rated safety as poor (1), 17 as not good enough (2), 24 as reasonably good (3), and 17 as good (4). The median was 3.

Respect and relationships

Four key themes related to respect and relationships were identified by the women:

1. Mostly respectful staff
2. Some staff still entered rooms without knocking or waiting for an answer
3. A lack of staff training
4. Complaints were not answered.

Details of recurring points that women made under each of these areas are listed below under each heading.

1. **Mostly respectful staff**: Women said staff were respectful and helpful. Most said there was at least one officer or other member of staff (for example chaplaincy) they could go to for help. Some cited managers as the most approachable. Most avoided some staff and some mentioned sometimes being treated rudely or patronisingly. Helpful staff were very popular and considered to be

overworked. Some women reported a loss of trust between staff and detainees since the Channel 4 programme had been shown[21].

2. **Staff entering rooms:** Some women said that staff did not knock or wait for an answer before entering their rooms and this made them feel insecure. Male staff used on constant watch made other women feel uncomfortable. Some women said they were pleased at the reduction of the roll call to twice a day (from four times a day), which gave them more freedom and entailed less intrusion on their privacy.

3. **Lack of staff training:** Despite being generally respectful, many women felt that staff did not empathise with their situation - 'They should have the mindset that they want to do the job, and put themselves in our shoes.' Several mentioned that staff were inexperienced and lacked training, and others said staff were insensitive to different cultures and to women's emotional needs.

4. **Complaints not answered:** There were mixed reports on knowing how to complain, but many women had little faith in the system or in getting a response. A number expressed fear about the consequences for their immigration cases in complaining.

Respect ratings on a rising 1-4 scale: 8 detainees rated relationships as poor (1), 14 as not good enough (2), 40 as reasonably good (3), and 16 as good (4). The median was 3.

2. Key themes from eight detainees who had left Yarl's Wood

Overall, recently released women were more negative about staff than those in the centre, but similar in other areas. There were no reports of sexually abusive staff. They additionally described the lasting negative impact of detention on their mental health after release. Four key themes were identified by them:

1. Weaknesses in early days arrangements
2. Poor health care
3. Poor staff
4. Mental health problems and a lasting negative impact of detention after release.

Details of recurring points that women made under each of these areas are listed below under each heading.

1. **Weaknesses in early days arrangements:** Most women described late arrivals and long waits to get to rooms.

2. **Poor health care:** They said it was difficult to see a doctor and that medication was not continued on arrival. A few spoke of long-lasting medical issues that were not resolved at Yarl's Wood.

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[21] Channel 4 news ran a series of news reports in March 2015 based on secret recordings made by an undercover journalist posing as a member of Serco staff for a number of months. The recordings showed staff using derogatory language about detainees (e.g. 'animals', 'beasties') and an officer saying he would like to 'headbutt the bitch', while another said 'They are all slashing their wrists apparently. Let them slash their wrists.' The footage did not show officers saying these things directly to detainees.

3. **Poor staff:** All the women said that one or two staff were helpful but most described the rest as rude, and some said they swore at them and were unhelpful. One woman said bullying from staff was the biggest issue for her in Yarl's Wood – she said that staff called her racist names. Some said staff treated them 'like animals' and that Yarl's Wood was not a caring place. Some reported that staff read all faxes and stopped detainees from contacting MPs, embassies, etc.

The only member of staff one woman trusted was the chaplain and she said she did not go to detention staff for any support. She said her room mate had been on an assessment, care in detention and teamwork (ACDT) and a constant watch, and that staff were not at all caring. When her roommate self-harmed she said she rang the call bell but no-one came. She said she had to find a member of staff to attend to the woman.

4. **Mental health problems and the lasting impact of detention after release:** Several women said the centre was not safe because so many women were suffering from mental health problems and they could not predict what someone might do or say. They included in their reports of the ongoing impact of detention anxiety, depression, sleep disruption, other mental health problems and self-imposed isolation from friends. They talked of no longer trusting people and losing confidence in themselves and others. One woman stated 'our whole lives have been changed by Yarl's Wood'. Another stated, 'You feel the whole time as if you are in a queue to get anything done.'

Appendix VI: Summary of staff interviews

This is a brief summary of 38 interviews held with staff at Yarl's Wood from 13 to 22 April. Staff were selected randomly by inspectors with a bias towards staff in detainee contact roles. The sample included Serco staff at most grades and some on-site Home Office staff. The main themes are listed below, with some representative quotes.

Attitudes to working at Yarl's Wood

Many staff were quite positive about their job, about working with people and the varied nature of the work. However, a substantial number were anxious and said that morale was low. Most thought they were paid adequately but some were worried about the kind of person that would be attracted to the role if pay was reduced further or conditions for staff deteriorated.

Two key themes related to safety were identified by staff:

1. A generally safe centre
2. Many staff did not feel safe or confident in their role

Details of recurring points that staff made under each of these areas are listed below under each heading.

Safety

1**. A generally safe centre:** Most staff thought that the centre was safe, that any difficulties generally came down to quite a small group of detainees and that there was little bullying. Where there was bullying or violence, they thought it was almost always low level and picked up through violence reduction processes. However, they spoke of one or two women who had been bullied for medication, or were told to go to the back of the queue for medication or at meals by other detainees. Some voiced a concern that quiet women with less obvious needs would be overlooked. They found their lack of knowledge about what was happening in women's immigration cases frustrating.

Few staff identified particular areas that were particularly unsafe. They mentioned dining rooms (especially if only one officer was on duty), the laundry rooms on wings, and the Thursday market (although they also thought this was a positive place with a good atmosphere). One member of staff said that Crane could be left unstaffed in an emergency.

Several staff were concerned at the rise in the level of mental health problems among detainees and a couple linked this to an increase in the numbers of ex-prisoners. Some thought that more mental health training was needed while others thought they were adequately trained. The loss of counsellors was also referred to and the fact that there was now only the pastor for emotional support.

Staff reported a big emphasis by managers on privacy for detainees, and most staff felt that everything possible was being done to mitigate risk, for example, before entering bedrooms staff did so by knocking, waiting, knocking again, looking away, etc; and all said that if a woman officer was available, she would always open the doors while the man held the checklist during roll calls. Staff reported that men often did checks alone, especially at night, and did not feel comfortable about it. One member of staff said that in a perfect world she would like all contact staff to be women.

Several remarked on the lack of female staff in relation to control and restraint teams and lack of rationale to the detailing of staff (particularly male staff at night) and reportedly an absence of female senior managers[22].

In terms of constant supervision of women at risk of self harm, all were emphatic that if a detainee wanted to use the toilet, etc, a female officer would be called even if a male member of staff was supervising. One or two staff felt that it was wrong for men to do this duty.

2**. Many staff did not feel safe or confident in their role:** Low staffing levels were a concern for many. They said it was not unusual for an officer to be on their own on a large unit, during the day as well as at night. This meant they could not supervise the area properly or respond to requests. Most wanted to spend more time talking to detainees but felt unable to spare the time. High staff turnover was also considered a problem. Whereas previously staff would usually be working on their home unit on most days, and would get to know the residents quite well, they felt there was now no continuity.

Staff were worried about the possibility of allegations being made and being recorded by detainees. They were not sure that managers would back them up. Many said they did not see managers on the floor of the centre routinely, which contributed to the sense of isolation and not being supported. Many did not know who their line manager was, or said they did not see them. The current contract transition was creating a lot of uncertainty about the regime and staff futures. Several did not feel there was very good coordination of communication of the change process.

Safety ratings on a rising 1-4 scale: No staff rated safety as poor (1), two as not good enough (2), 17 as reasonably good (3) and 19 as good (4). The median was 3.5.

Respect and relationships

Four key themes related to respect and relationships were identified by staff:

1. Most felt relationships with detainees were good
2. Insufficient training
3. Most, but not all, confident in whistle blowing procedures
4. On-site Home Office staff frustrated by lack of case progress

Details of recurring points that staff made under each of these areas are listed below under each heading.

1. **Most staff felt relationships with detainees were good:** Most staff were very positive about relationships and generally proud of the care that was provided to detainees. However, some, especially a few who had been at Yarl's Wood for a shorter time, felt that many staff did not take the initiative in engaging with detainees. Others felt that not all officers had the same caring approach and described some as not having the appropriate tone. One officer thought that a few colleagues could be 'rude and blunt'. Some were anxious that so many good experienced staff had left, that they were not sure the positive staff culture could be passed on naturally to new people coming in.

All who mentioned the Channel 4 news reports said that they had been shocked and surprised. Some viewed the suspended individuals as good staff, and thought it impossible that the recorded remarks related directly to Yarl's Wood detainees. A couple referred to 'banter' and 'letting off steam'. Only a few spoke with confidence about having used telephone interpretation.

[22] Serco had recently brought in three female managers seconded from their prisons, all of whom were working in the centre during the inspection.

Problems between SERCO and G4S health care were a common theme, for example over the management of assessment, care in detention and teamwork (ACDT). Similarly, many staff were frustrated about being unable to help detainees whose main issues were health care and their immigration cases. One pointed out that health care never attended the detainee/staff forum.

2. **Training insufficient:** No detention staff interviewed knew about the national referral mechanism or had received training in recognising the signs of trafficking. However, nearly all were clear that they should refer any disclosures about trafficking, abuse, etc., to a senior manager (if there was immediate risk) and/or to Home Office staff. Most said that they had received safeguarding training through an annual half day refresher, but they showed limited awareness of safeguarding issues.

Longer serving staff tended to feel the training was less thorough than before. While most staff felt training was adequate overall, many felt it did not prepare them practically for the actual work. Some said that shadowing colleagues, which had formerly been a part of the training process, should be reinstated as it was very helpful.

3. **Most, but not all, confident in whistle-blowing arrangements.** All staff were emphatic that they had not in the last couple of years seen rogue behaviour by colleagues, and that if they did, they would have no hesitation in reporting it to senior managers. Most said the overall culture was one where they felt able and motivated to raise concerns about suspected abuse. A small number said they would prefer to raise the matter with the colleague directly rather than use reporting procedures, but most said they would report immediately. While most people were positive about whistle blowing and said it had been stressed by senior managers, a few did not feel that they would be supported if they used the procedures. There were varied impressions about the support given to officers by their line managers. Very few were enthusiastic about the level of support.

4. **On-site Home Office staff frustrated at lack of case progress:** Home Office staff felt their jobs could be rewarding and gave the release of a disabled woman after a lot of work as an example of this. The main frustrations for them concerned the lack of information they received from casework teams about the progress of cases. They did not understand how progress on some cases could be so slow. They wanted training on the latest legislation, which was relevant to their current work with detainees. They were pleased that problems of under-staffing in the team last year had been resolved.

Respect ratings on a rising 1-4 scale: No staff rated respect as poor (1), no staff rated it as not good enough (2), 18 rated it as reasonably good (3) and 20 as good (4). The median was 4.

Appendix VII: Summary of detainee survey responses

A voluntary, confidential and anonymous survey of the detainee population was carried out for this inspection.

In addition to the main survey which is used as part of all IRC inspections, a sheet of additional questions was included which were specific to this inspection. The sampling, distribution and collection methods described below apply to both parts of the survey.

The results of both the main and the additional surveys formed part of the evidence base for the inspection.

Sampling

The questionnaires were offered to all detainees.

Distributing and collecting questionnaires

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

Our questionnaires were 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 questionnaires. In order to ensure confidentiality, respondents were asked to seal their completed questionnaires 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.

At the time of being offered the questionnaires, detainees were also offered an additional confidential interview with a female member of the inspection team, and given a separate information sheet about these interviews.

At the time of the survey on 13 April 2015, the detainee population at Yarl's Wood IRC was 362. Using the method described above, questionnaires were distributed to all detainees.

Survey response

Main survey

We received a total of 235 completed questionnaires, a response rate of 65%. This included two questionnaires completed via interview. Fourteen respondents refused to complete a questionnaire, 102 questionnaires were not returned and 11 were returned blank.

Returned language	Number of completed survey returns
English	149 (63%)
Punjabi	12 (5%)
Russian	12 (5%)
Farsi	10 (4%)
Albanian	8 (3%)
Vietnamese	8 (3%)
Chinese	7 (3%)
Hindi	5 (2%)
Spanish	4 (2%)
French	3 (1%)
Tamil	3 (1%)
Arabic	2 (1%)
Bengali	2 (1%)
Pashtu	2 (1%)
Portuguese	2 (1%)
Urdu	2 (1%)
Kurdish Sorani	1 (<1%)
Polish	1 (<1%)
Turkish	1 (<1%)
Tigrinya	1 (<1%)
Total	**235**

Additional survey

We received a total of 217 completed questionnaires, a response rate of 60%. This included two questionnaires completed via interview. Fourteen respondents refused to complete a questionnaire, 102 questionnaires were not returned and 29 were returned blank.

Returned language	Number of completed survey returns
English	138 (64%)
Punjabi	12 (6%)
Russian	11 (5%)
Albanian	8 (4%)
Vietnamese	8 (4%)
Chinese	7 (3%)
Farsi	7 (3%)
Hindi	5 (2%)
Spanish	4 (2%)
Tamil	3 (1%)
Arabic	2 (1%)
Bengali	2 (1%)
French	2 (1%)
Portuguese	2 (1%)
Urdu	2 (1%)
Kurdish Sorani	1 (<1%)
Polish	1 (<1%)
Turkish	1 (<1%)
Tigrinya	1 (<1%)
Total	**217**

Presentation of survey results and analyses

Over the following pages we present the survey results for Yarl's Wood 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 for the main survey. In all the comparative analyses that follow, statistically significant[23] 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 (only asked in the main survey) 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.

The following comparative analyses for the main survey are presented:

- The current survey responses from Yarl's Wood IRC in 2015 compared with responses from detainees surveyed in all other removal centres. This comparator is based on all responses from detainee surveys carried out in 10 removal centres since April 2013.
- The current survey responses from Yarl's Wood IRC in 2015 compared with the responses of detainees surveyed at Yarl's Wood IRC in 2013.
- A comparison within the 2015 survey between the responses of non-English-speaking detainees with English-speaking detainees.
- A comparison within the 2015 survey between the responses of detainees who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2015 survey between the responses of male and female detainees.

[23] 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 1: About you

Q1 Are you male or female?

Male	36 (16%)
Female	194 (84%)

Q2 What is your age?

Under 18	1 (0%)
18-21	12 (5%)
22-29	51 (22%)
30-39	66 (29%)
40-49	46 (20%)
50-59	39 (17%)
60-69	15 (6%)
70 or over	1 (0%)

Q3 What region are you from? (Please tick only one)

Africa	72 (32%)
North America	1 (0%)
South America	8 (4%)
Indian subcontinent (India, Pakistan, Bangladesh, Sri Lanka)	54 (24%)
China	7 (3%)
Other Asia	26 (12%)
Caribbean	28 (13%)
Europe	22 (10%)
Middle East	6 (3%)

Q4 Do you understand spoken English?

Yes	166 (72%)
No	66 (28%)

Q5 Do you understand written English?

Yes	160 (70%)
No	68 (30%)

Q6 What would you classify, if any, as your religious group?

None	6 (3%)
Church of England	10 (5%)
Catholic	26 (12%)
Protestant	11 (5%)
Other Christian denomination	71 (33%)
Buddhist	10 (5%)
Hindu	23 (11%)
Jewish	0 (0%)
Muslim	49 (23%)
Sikh	8 (4%)

Q7 Do you have a disability?

Yes	27 (12%)
No	197 (88%)

Section 2: Immigration detention

Q8 When being detained, were you told the reasons why in a language you could understand?

Yes	162 (77%)
No	49 (23%)

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	166 (80%)
Three to five	38 (18%)
Six or more	3 (1%)

Q10 How long have you been detained in this centre?

Less than 1 week	35 (16%)
More than 1 week less than 1 month	64 (29%)
More than 1 month less than 3 months	76 (34%)
More than 3 months less than 6 months	27 (12%)
More than 6 months less than 9 months	7 (3%)
More than 9 months less than 12 months	4 (2%)
More than 12 months	9 (4%)

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	80 (36%)
No	109 (50%)
Do not remember	31 (14%)

Q12 How long did you spend in the escort vehicle to get to this centre on your most recent journey?

Less than one hour	3 (1%)
One to two hours	51 (22%)
Two to four hours	97 (43%)
More than four hours	68 (30%)
Do not remember	9 (4%)

Q13 How did you feel you were treated by the escort staff?

Very well	36 (16%)
Well	105 (47%)
Neither	56 (25%)
Badly	12 (5%)
Very badly	7 (3%)
Do not remember	8 (4%)

Section 4: Reception and first night

Q15 Were you seen by a member of healthcare staff in reception?

Yes	207 (92%)
No	15 (7%)
Do not remember	4 (2%)

Q16 When you were searched in reception, was this carried out in a sensitive way?

Yes	144 (66%)
No	50 (23%)
Do not remember/ Not applicable	23 (11%)

Q17 Overall, how well did you feel you were treated by staff in reception?

Very well	34 (15%)
Well	105 (47%)
Neither	52 (23%)
Badly	16 (7%)
Very badly	11 (5%)
Do not remember	5 (2%)

Q18 On your day of arrival did you receive information about what was going to happen to you?

Yes	58 (26%)
No	143 (64%)
Do not remember	22 (10%)

Q19 On your day of arrival did you receive information about what support was available to you in this centre?

Yes	67 (30%)
No	135 (61%)
Do not remember	18 (8%)

Q20 Was any of this information given to you in a translated form?

Do not need translated material	68 (33%)
Yes	36 (17%)
No	103 (50%)

Q21 On your day of arrival did you get the opportunity to change into clean clothing?

Yes	159 (73%)
No	50 (23%)
Do not remember	10 (5%)

Q22 Did you feel safe on your first night here?

Yes	85 (39%)
No	118 (54%)
Do not remember	16 (7%)

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	38 (18%)
Loss of property	12 (6%)
Contacting family	50 (23%)
Access to legal advice	34 (16%)
Feeling depressed or suicidal	104 (49%)
Health problems	104 (49%)

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	38 (19%)
Yes	51 (25%)
No	113 (56%)

Section 5: Legal rights and immigration

Q26 Do you have a lawyer?

Do not need one	11 (5%)
Yes	180 (80%)
No	35 (15%)

Q27 Do you get free legal advice?

Do not need legal advice	32 (15%)
Yes	57 (28%)
No	118 (57%)

Q28 Can you contact your lawyer easily?

Yes	135 (63%)
No	33 (15%)
Do not know/ Not applicable	46 (21%)

Q29 Have you had a visit from your lawyer?

Do not have one	46 (21%)
Yes	45 (21%)
No	128 (58%)

Q30 Can you get legal books in the library?

Yes	94 (45%)
No	30 (14%)
Do not know/ Not applicable	85 (41%)

Q31 How easy or difficult is it for you to obtain bail information?

Very easy	9 (4%)
Easy	37 (18%)
Neither	38 (18%)
Difficult	51 (24%)
Very difficult	56 (27%)
Not applicable	18 (9%)

Q32 Can you get access to official information reports on your country?

Yes	31 (15%)
No	102 (49%)
Do not know/ Not applicable	74 (36%)

Q33 How easy or difficult is it to see the centre's immigration staff when you want?

Do not know/ have not tried	66 (31%)
Very easy	13 (6%)
Easy	22 (10%)
Neither	32 (15%)
Difficult	33 (16%)
Very difficult	44 (21%)

Section 6: Respectful detention

Q35 Can you clean your clothes easily?

Yes	177 (81%)
No	42 (19%)

Q36 Are you normally able to have a shower every day?

Yes	219 (97%)
No	6 (3%)

Q37 Is it normally quiet enough for you to be able to relax or sleep in your room at night time?

Yes	123 (57%)
No	92 (43%)

Q38 Can you normally get access to your property held by staff at the centre if you need to?

Yes	75 (35%)
No	104 (48%)
Do not know	36 (17%)

Q39 What is the food like here?

Very good	16 (7%)
Good	39 (18%)
Neither	70 (32%)
Bad	45 (21%)
Very bad	49 (22%)

Q40 Does the shop sell a wide enough range of goods to meet your needs?

Have not bought anything yet	27 (12%)
Yes	90 (40%)
No	106 (48%)

Q41 Do you feel that your religious beliefs are respected?

Yes	184 (83%)
No	22 (10%)
Not applicable	16 (7%)

Q42 Are you able to speak to a religious leader of your faith in private if you want to?

Yes	128 (59%)
No	31 (14%)
Do not know/ Not applicable	59 (27%)

Q43 How easy or difficult is it to get a complaint form?

Very easy	46 (21%)
Easy	86 (40%)
Neither	15 (7%)
Difficult	4 (2%)
Very difficult	10 (5%)
Do not know	56 (26%)

Q44 Have you made a complaint since you have been at this centre?

Yes	65 (30%)
No	138 (63%)
Do not know how to	17 (8%)

Q45 If yes, do you feel complaints are sorted out fairly?

Yes	12 (6%)
No	47 (22%)
Not made a complaint	155 (72%)

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	127 (61%)
No	80 (39%)

Q48 Do most staff at the centre treat you with respect?

Yes	166 (80%)
No	42 (20%)

Q49 Have any members of staff physically restrained you (C and R) in the last six months?

Yes	7 (4%)
No	177 (96%)

Q50 Have you spent a night in the separation/isolation unit in the last six months?

Yes	16 (8%)
No	186 (92%)

Section 8: Safety

Q52 Do you feel unsafe in this centre?

Yes	88 (42%)
No	121 (58%)

Q53 Has another detainee or group of detainees victimised (insulted or assaulted) you here?

Yes	32 (16%)
No	163 (84%)

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.)

Physical abuse (being hit, kicked or assaulted)	4 (2%)
Because of your nationality	7 (4%)
Having your property taken	4 (2%)
Drugs	0 (0%)
Because you have a disability	1 (1%)
Because of your religion/religious beliefs	5 (3%)

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

Yes	26 (13%)
No	173 (87%)

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.)

Physical abuse (being hit, kicked or assaulted)	3 (2%)
Because of your nationality	7 (4%)
Drugs	1 (1%)
Because you have a disability	1 (1%)
Because of your religion/religious beliefs	1 (1%)

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

Yes	17 (9%)
No	25 (13%)
Not been victimised	152 (78%)

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

Yes	30 (15%)
No	170 (85%)

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

Yes	31 (15%)
No	172 (85%)

Section 9: Healthcare

Q61 Is health information available in your own language?

Yes	85 (39%)
No	80 (37%)
Do not know	54 (25%)

Q62 Is a qualified interpreter available if you need one during healthcare assessments?

Do not need an interpreter/ Do not know	94 (46%)
Yes	38 (19%)
No	71 (35%)

Q63 Are you currently taking medication?

Yes	120 (54%)
No	101 (46%)

Q64 What do you think of the overall quality of the healthcare here?

Have not been to healthcare	24 (11%)
Very good	13 (6%)
Good	27 (12%)
Neither	42 (19%)
Bad	35 (16%)
Very bad	76 (35%)

Section 10: Activities

Q66 Are you doing any education here?

Yes	36 (16%)
No	183 (84%)

Q67 Is the education helpful?

Not doing any education	183 (86%)
Yes	29 (14%)
No	0 (0%)

Q68 Can you work here if you want to?

Do not want to work	62 (30%)
Yes	113 (55%)
No	32 (15%)

Q69 Is there enough to do here to fill your time?

Yes	95 (48%)
No	103 (52%)

Q70 How easy or difficult is it to go to the library?

Do not know/ Do not want to go	19 (9%)
Very easy	85 (39%)
Easy	87 (40%)
Neither	18 (8%)
Difficult	5 (2%)
Very difficult	3 (1%)

Q71 How easy or difficult is it to go to the gym?

Do not know/ Do not want to go	33 (16%)
Very easy	62 (30%)
Easy	69 (33%)
Neither	29 (14%)
Difficult	13 (6%)
Very difficult	3 (1%)

Section 11: Keeping in touch with family and friends

Q73 How easy or difficult is it to use the phone?

Do not know/ Have not tried	38 (18%)
Very easy	32 (15%)
Easy	62 (30%)
Neither	24 (11%)
Difficult	34 (16%)
Very difficult	19 (9%)

Q74 Have you had any problems with sending or receiving mail?

Yes	47 (22%)
No	112 (52%)
Do not know	55 (26%)

Q75 Have you had a visit since you have been here from your family or friends?

Yes	136 (63%)
No	81 (37%)

Q76 How did staff in the visits area treat you?

Not had any visits	64 (31%)
Very well	37 (18%)
Well	72 (35%)
Neither	22 (11%)
Badly	7 (3%)
Very Badly	4 (2%)

Section 12: Resettlement

Q78 Do you feel that any member of staff has helped you to prepare for your release?

Yes	13 (7%)
No	182 (93%)

Additional questions asked as part of the 2015 Yarl's Wood Inspection

Q1 Are you responsible for children under the age of 18 in the UK?

Yes	29 (16%)
No	157 (84%)

Q2 Do staff understand your problems as a detainee?

Yes	53 (28%)
No	133 (72%)

Q3 Do staff knock and wait for an answer before coming into your bedroom?

Always	77 (36%)
Often	38 (18%)
Sometimes	62 (29%)
Rarely	19 (9%)
Never	16 (8%)

Q4 Do you feel unsafe in any of the following places in this centre? *(Please tick all that* apply to you.)

Never felt unsafe	96 (57%)	*In association or shared places (i.e. TV room)*	12 (7%)
Your bedroom	33 (20%)	*Outside areas*	14 (8%)
Centre corridors	22 (13%)	*In activity areas (i.e. library)*	10 (6%)
The dining hall	25 (15%)	*Other*	13 (8%)
At health services	39 (23%)		

Q6 Have you experienced any of the following sexual attention from staff at this centre? (*Please tick all that* apply to you.)*

Sexual comments	5
Sexual contact	2
Sexual abuse	1

Q8 Have you experienced any of the following sexual attention from other detainees at this centre? (*Please tick all that* apply to you.)*

Sexual comments	5
Sexual contact	2
Sexual abuse	0

Q10 Did you have problems with either illegal drugs or alcohol when you came into the centre?

Did not have problems with illegal drugs or alcohol when came into the centre	92 (99%)
Illegal drugs	1 (1%)
Alcohol	1 (1%)

Q11 Have you used illegal drugs or alcohol since you have been in this centre?

Have not used illegal drugs or alcohol in this centre	103 (99%)
Illegal drugs	0 (0%)
Alcohol	1 (1%)

***** Because there is no option of *'Not experienced any of this attention'* there is no way of knowing how many people answered this question in order to provide a base from which to calculate percentages. For this reason percentages have not been quoted.

Detainee survey responses: Yarl's Wood 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
	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

		Yarl's Wood IRC 2015	IRC comparator	Yarl's Wood IRC 2015	Yarl's Wood IRC 2013
Number of completed questionnaires returned		235	1,468	235	203
SECTION 1: General information					
1	Are you male?	16%	99%	16%	13%
2	Are you aged under 21 years?	6%	10%	6%	7%
4	Do you understand spoken English?	72%	77%	72%	74%
5	Do you understand written English?	70%	73%	70%	68%
6	Are you Muslim?	23%	53%	23%	32%
7	Do you have a disability?	12%	12%	12%	10%
SECTION 2: Immigration detention					
8	When being detained, were you told the reasons why in a language you could understand?	77%	75%	77%	82%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	2%	7%	2%	1%
10	Have you been detained in this centre for more than one month?	55%	54%	55%	42%
SECTION 3: Transfers and escorts					
11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	36%	45%	36%	46%
12	Did you spend more than four hours in the escort van to get to this centre?	30%	28%	30%	19%
13	Were you treated well/very well by the escort staff?	63%	65%	63%	65%
SECTION 4: Reception and first night					
15	Were you seen by a member of health care staff in reception?	92%	88%	92%	92%
16	When you were searched in reception was this carried out in a sensitive way?	67%	64%	67%	77%
17	Were you treated well/very well by staff in reception?	62%	65%	62%	69%
18	Did you receive information about what was going to happen to you on your day of arrival?	26%	38%	26%	43%
19	Did you receive information about what support was available to you in this centre on your day of arrival?	30%	49%	30%	54%

Main comparator and comparator to last time

Key to tables

		Yarl's Wood IRC 2015	IRC comparator	Yarl's Wood IRC 2015	Yarl's Wood IRC 2013
	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				
For those who required information in a translated form:					
20	Was any of this information provided in a translated form?	**26%**	**30%**	**26%**	**46%**
21	Did you get the opportunity to change into clean clothing on your day of arrival?	**73%**	**62%**	**73%**	**77%**
22	Did you feel safe on your first night here?	**39%**	**57%**	**39%**	**60%**
23a	Did you have any problems when you first arrived?	**82%**	**66%**	**82%**	**61%**
23b	Did you have any problems with loss of transferred property when you first arrived?	**6%**	**10%**	**6%**	**4%**
23c	Did you have any problems contacting family when you first arrived?	**23%**	**17%**	**23%**	**11%**
SECTION 4: Reception and first night continued					
23d	Did you have any problems accessing legal advice when you first arrived?	**16%**	**17%**	**16%**	**15%**
23e	Did you have any problems with feeling depressed or suicidal when you first arrived?	**49%**	**33%**	**49%**	**39%**
23f	Did you have any health problems when you first arrived?	**49%**	**27%**	**49%**	**22%**
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?	**31%**	**37%**	**31%**	**44%**
SECTION 5: Legal rights and immigration					
26	Do you have a lawyer?	**80%**	**64%**	**80%**	**74%**
For those who have a lawyer:					
28	Can you contact your lawyer easily?	**80%**	**76%**	**80%**	**73%**
29	Have you had a visit from your lawyer?	**26%**	**42%**	**26%**	**41%**
27	Do you get free legal advice?	**28%**	**42%**	**28%**	**50%**
30	Can you get legal books in the library?	**45%**	**48%**	**45%**	**62%**
31	Is it easy/very easy for you to obtain bail information?	**22%**	**32%**	**22%**	**32%**
32	Can you get access to official information reports on your country?	**15%**	**23%**	**15%**	**19%**
33	Is it easy/very easy to see this centre's immigration staff when you want?	**17%**	**26%**	**17%**	**22%**
SECTION 6: Respectful detention					
35	Can you clean your clothes easily?	**81%**	**81%**	**81%**	**88%**
36	Are you normally able to have a shower every day?	**97%**	**92%**	**97%**	**95%**
37	Is it normally quiet enough for you to be able to sleep in your room at night?	**57%**	**67%**	**57%**	**74%**

Main comparator and comparator to last time

Key to tables

		Yarl's Wood IRC 2015	IRC comparator	Yarl's Wood IRC 2015	Yarl's Wood IRC 2013
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
38	Can you normally get access to your property held by staff at the centre, if you need to?	**35%**	**48%**	**35%**	**49%**
39	Is the food good/very good?	**25%**	**29%**	**25%**	**34%**
40	Does the shop sell a wide enough range of goods to meet your needs?	**40%**	**46%**	**40%**	**53%**
41	Do you feel that your religious beliefs are respected?	**83%**	**79%**	**83%**	**80%**
42	Are you able to speak to a religious leader of your own faith if you want to?	**59%**	**56%**	**59%**	**50%**
43	Is it easy/very easy to get a complaint form?	**61%**	**56%**	**61%**	**51%**
44	Have you made a complaint since you have been at this centre?	**30%**	**23%**	**30%**	**13%**
For those who have made a complaint:					
45	Do you feel complaints are sorted out fairly?	**20%**	**28%**	**20%**	**15%**
SECTION 7: Staff					
47	Do you have a member of staff you can turn to for help if you have a problem?	**61%**	**66%**	**61%**	**67%**
48	Do most staff treat you with respect?	**80%**	**77%**	**80%**	**84%**
49	Have any members of staff physically restrained you in the last six months?	**4%**	**10%**	**4%**	**6%**
50	Have you spent a night in the segregation unit in the last six months?	**8%**	**14%**	**8%**	**6%**
SECTION 8: Safety					
52	Do you feel unsafe in this centre?	**42%**	**31%**	**42%**	**29%**
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	**16%**	**19%**	**16%**	**13%**
54a	Have you been hit, kicked or assaulted since you have been here? (By detainees)	**2%**	**5%**	**2%**	**2%**
54b	Have you been victimised because of your nationality since you have been here? (By detainees)	**4%**	**6%**	**4%**	**3%**
54c	Have you ever had your property taken since you have been here? (By detainees)	**2%**	**2%**	**2%**	**1%**
54d	Have you been victimised because of drugs since you have been here? (By detainees)	**0%**	**1%**	**0%**	**1%**
54e	Have you ever been victimised here because you have a disability? (By detainees)	**1%**	**1%**	**1%**	**0%**
54f	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	**3%**	**3%**	**3%**	**1%**
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	**13%**	**16%**	**13%**	**8%**
56a	Have you been hit, kicked or assaulted since you have been here? (By staff)	**2%**	**2%**	**2%**	**2%**
56b	Have you been victimised because of your nationality since you have been here? (By staff)	**4%**	**5%**	**4%**	**4%**

Main comparator and comparator to last time

Key to tables

		Yarl's Wood IRC 2015	IRC comparator	Yarl's Wood IRC 2015	Yarl's Wood IRC 2013
	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				
56c	Have you been victimised because of drugs since you have been here? (By staff)	**1%**	**1%**	**1%**	**1%**
56d	Have you ever been victimised here because you have a disability? (By staff)	**1%**	**1%**	**1%**	**1%**
56e	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	**1%**	**3%**	**1%**	**1%**
For those who have been victimised by detainees or staff:					
57	Did you report it?	**40%**	**42%**	**40%**	**24%**
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	**15%**	**11%**	**15%**	**9%**
59	Have you ever felt threatened or intimidated by a member of staff in here?	**15%**	**11%**	**15%**	**10%**
SECTION 9: Health services					
61	Is health information available in your own language?	**39%**	**37%**	**39%**	**39%**
62	Is a qualified interpreter available if you need one during health care assessments?	**19%**	**20%**	**19%**	**28%**
63	Are you currently taking medication?	**54%**	**41%**	**54%**	**52%**
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?	**21%**	**46%**	**21%**	**50%**
SECTION 10: Activities					
66	Are you doing any education here?	**16%**	**24%**	**16%**	**15%**
For those doing education here:					
67	Is the education helpful?	**100%**	**94%**	**100%**	**95%**
68	Can you work here if you want to?	**55%**	**61%**	**55%**	**53%**
69	Is there enough to do here to fill your time?	**48%**	**56%**	**48%**	**60%**
70	Is it easy/very easy to go to the library?	**79%**	**73%**	**79%**	**86%**
71	Is it easy/very easy to go to the gym?	**63%**	**66%**	**63%**	**64%**
SECTION 11: Keeping in touch with family and friends					
73	Is it easy/very easy to use the phone?	**45%**	**65%**	**45%**	**71%**
74	Have you had any problems with sending or receiving mail?	**22%**	**21%**	**22%**	**13%**
75	Have you had a visit since you have been in here from your family or friends?	**63%**	**38%**	**63%**	**51%**
For those who have had visits:					
76	Do you feel you are treated well/very well by staff in the visits area?	**77%**	**74%**	**77%**	**76%**
SECTION 12: Resettlement					
78	Has any member of staff helped you to prepare for your release?	**7%**	**17%**	**7%**	**12%**

Diversity analysis - Disability

Key questions (Disability analysis) Yarl's Wood IRC 2015

Detainee survey responses(missing data have been excluded for each question). Please note: where there ar 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		**27**	**197**
4	Do you understand spoken English?	**71%**	**73%**
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	**0%**	**2%**
10	Have you been in this centre for more than one month?	**55%**	**55%**
13	Were you treated well/very well by the escort staff?	**67%**	**62%**
15	Were you seen by a member of health care staff in reception?	**88%**	**92%**
16	When you were searched in reception was this carried out in a sensitive way?	**71%**	**66%**
17	Were you treated well/very well by staff in reception?	**67%**	**61%**
22	Did you feel safe on your first night here?	**44%**	**39%**
23	Did you have any problems when you first arrived?	**81%**	**82%**
23f	Did you have any health problems when you first arrived?	**56%**	**47%**
26	Do you have a lawyer?	**67%**	**82%**
33	Is it easy/very easy to see this centre's immigration staff when you want?	**8%**	**18%**
35	Can you clean your clothes easily?	**93%**	**80%**
36	Are you normally able to have a shower every day?	**100%**	**97%**
43	Is it easy/very easy to get a complaint form?	**65%**	**62%**

Diversity analysis - Disability

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability
	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?	**35%**	**28%**
47	Do you have a member of staff you can turn to for help if you have a problem?	**72%**	**60%**
48	Do most staff treat you with respect?	**78%**	**80%**
49	Have any members of staff physically restrained you in the last six months?	**0%**	**5%**
50	Have you spent a night in the segregation unit in the last six months?	**17%**	**7%**
52	Do you feel unsafe in this centre?	**50%**	**41%**
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	**27%**	**15%**
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	**16%**	**12%**
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	**16%**	**13%**
59	Have you ever felt threatened or intimidated by a member of staff in here?	**22%**	**14%**
62	Is a qualified interpreter available if you need one during health care assessments?	**26%**	**16%**
63	Are you currently taking medication?	**78%**	**51%**
66	Are you doing any education here?	**13%**	**16%**
69	Is there enough to do here to fill your time?	**51%**	**48%**
70	Is it easy/very easy to go to the library?	**85%**	**79%**
71	Is it easy/very easy to go to the gym?	**44%**	**66%**
73	Is it easy/very easy to use the phone?	**63%**	**43%**
74	Have you had any problems with sending or receiving mail?	**23%**	**22%**
75	Have you had a visit since you have been in here from your family or friends?	**63%**	**63%**
78	Has any member of staff helped you to prepare for your release?	**17%**	**6%**

Detainee survey responses: Yarls Wood 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	Male detainees	Female detainees
	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		36	194
SECTION 1: General information			
2	Are you aged under 21 years?	**11%**	**5%**
4	Do you understand spoken English?	**52%**	**75%**
5	Do you understand written English?	**44%**	**74%**
6	Are you Muslim?	**47%**	**19%**
7	Do you have a disability?	**17%**	**11%**
SECTION 2: Immigration detention			
8	When being detained, were you told the reasons why in a language you could understand?	**82%**	**76%**
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	**0%**	**2%**
10	Have you been detained in this centre for more than one month?	**29%**	**60%**
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?	**44%**	**34%**
12	Did you spend more than four hours in the escort van to get to this centre?	**16%**	**32%**
13	Were you treated well/very well by the escort staff?	**82%**	**59%**
SECTION 4: Reception and first night			
15	Were you seen by a member of health care staff in reception?	**96%**	**90%**
16	When you were searched in reception was this carried out in a sensitive way?	**70%**	**65%**
17	Were you treated well/very well by staff in reception?	**74%**	**60%**
18	Did you receive information about what was going to happen to you on your day of arrival?	**17%**	**26%**
19	Did you receive information about what support was available to you in this centre on your day of arrival?	**33%**	**30%**
For those who required information in a translated form:			
20	Was any of this information provided in a translated form?	**32%**	**25%**
21	Did you get the opportunity to change into clean clothing on your day of arrival?	**89%**	**71%**

Main comparator and comparator to last time

Key to tables

		Male detainees	Female detainees
	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		
22	Did you feel safe on your first night here?	**65%**	**34%**
23a	Did you have any problems when you first arrived?	**62%**	**85%**
23b	Did you have any problems with loss of transferred property when you first arrived?	**4%**	**6%**
23c	Did you have any problems contacting family when you first arrived?	**17%**	**25%**
SECTION 4: Reception and first night continued			
23d	Did you have any problems accessing legal advice when you first arrived?	**4%**	**18%**
23e	Did you have any problems with feeling depressed or suicidal when you first arrived?	**19%**	**54%**
23f	Did you have any health problems when you first arrived?	**42%**	**50%**
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?	**31%**	**30%**
SECTION 5: Legal rights and immigration			
26	Do you have a lawyer?	**63%**	**83%**
For those who have a lawyer:			
28	Can you contact your lawyer easily?	**82%**	**80%**
29	Have you had a visit from your lawyer?	**17%**	**27%**
27	Do you get free legal advice?	**24%**	**28%**
30	Can you get legal books in the library?	**52%**	**44%**
31	Is it easy/very easy for you to obtain bail information?	**22%**	**23%**
32	Can you get access to official information reports on your country?	**13%**	**16%**
33	Is it easy/very easy to see this centre's immigration staff when you want?	**20%**	**16%**
SECTION 6: Respectful detention			
35	Can you clean your clothes easily?	**96%**	**78%**
36	Are you normally able to have a shower every day?	**100%**	**97%**
37	Is it normally quiet enough for you to be able to sleep in your room at night?	**76%**	**54%**
38	Can you normally get access to your property held by staff at the centre, if you need to?	**38%**	**34%**
39	Is the food good/very good?	**44%**	**22%**

Main comparator and comparator to last time

Key to tables

		Male detainees	Female detainees
	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		
40	Does the shop sell a wide enough range of goods to meet your needs?	**35%**	**41%**
41	Do you feel that your religious beliefs are respected?	**90%**	**82%**
42	Are you able to speak to a religious leader of your own faith if you want to?	**38%**	**62%**
43	Is it easy/very easy to get a complaint form?	**62%**	**61%**
44	Have you made a complaint since you have been at this centre?	**26%**	**31%**
For those who have made a complaint:			
45	Do you feel complaints are sorted out fairly?	**27%**	**19%**
SECTION 7: Staff			
47	Do you have a member of staff you can turn to for help if you have a problem?	**71%**	**59%**
48	Do most staff treat you with respect?	**81%**	**79%**
49	Have any members of staff physically restrained you in the last six months?	**5%**	**4%**
50	Have you spent a night in the segregation unit in the last six months?	**8%**	**8%**
SECTION 8: Safety			
52	Do you feel unsafe in this centre?	**24%**	**45%**
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	**8%**	**18%**
54a	Have you been hit, kicked or assaulted since you have been here? (By detainees)	**0%**	**2%**
54b	Have you been victimised because of your nationality since you have been here? (By detainees)	**5%**	**4%**
54c	Have you ever had your property taken since you have been here? (By detainees)	**0%**	**2%**
54d	Have you been victimised because of drugs since you have been here? (By detainees)	**0%**	**0%**
54e	Have you ever been victimised here because you have a disability? (By detainees)	**0%**	**1%**
54f	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	**0%**	**3%**
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	**7%**	**14%**
56a	Have you been hit, kicked or assaulted since you have been here? (By staff)	**0%**	**2%**
56b	Have you been victimised because of your nationality since you have been here? (By staff)	**7%**	**3%**
56c	Have you been victimised because of drugs since you have been here? (By staff)	**0%**	**1%**

Main comparator and comparator to last time

Key to tables

		Male detainees	Female detainees
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
56d	Have you ever been victimised here because you have a disability? (By staff)	**0%**	**1%**
56e	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	**0%**	**1%**
For those who have been victimised by detainees or staff:			
57	Did you report it?	**60%**	**38%**
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	**0%**	**18%**
59	Have you ever felt threatened or intimidated by a member of staff in here?	**4%**	**18%**
SECTION 9: Health services			
61	Is health information available in your own language?	**35%**	**39%**
62	Is a qualified interpreter available if you need one during health care assessments?	**34%**	**16%**
63	Are you currently taking medication?	**54%**	**53%**
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?	**32%**	**19%**
SECTION 10: Activities			
66	Are you doing any education here?	**22%**	**15%**
For those doing education here:			
67	Is the education helpful?	**100%**	**100%**
68	Can you work here if you want to?	**34%**	**58%**
69	Is there enough to do here to fill your time?	**56%**	**47%**
70	Is it easy/very easy to go to the library?	**65%**	**82%**
71	Is it easy/very easy to go to the gym?	**49%**	**65%**
SECTION 11: Keeping in touch with family and friends			
73	Is it easy/very easy to use the phone?	**63%**	**42%**
74	Have you had any problems with sending or receiving mail?	**19%**	**22%**
75	Have you had a visit since you have been in here from your family or friends?	**44%**	**66%**
For those who have had visits:			
76	Do you feel you are treated well/very well by staff in the visits area?	**78%**	**77%**
SECTION 12: Resettlement			
78	Has any member of staff helped you to prepare for your release?	**8%**	**6%**

Key questions (non-English speakers) Yarl's Wood 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	Non-English speakers	English speakers
	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		66	166
8	When being detained, were you told the reasons why in a language you could understand?	**61%**	**83%**
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	**2%**	**1%**
10	Have you been in this centre for more than one month?	**46%**	**60%**
11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	**28%**	**39%**
13	Were you treated well/very well by the escort staff?	**65%**	**62%**
17	Were you treated well/very well by staff in reception?	**66%**	**60%**
18	Did you receive information about what was going to happen to you on your day of arrival?	**22%**	**27%**
19	Did you receive information about what support was available to you on your day of arrival?	**28%**	**31%**
22	Did you feel safe on your first night here?	**47%**	**35%**
23	Did you have any problems when you first arrived?	**71%**	**86%**
26	Do you have a lawyer?	**68%**	**84%**
33	Is it easy/very easy to see the centre's immigration staff when you want?	**22%**	**15%**
35	Can you clean your clothes easily?	**88%**	**78%**
36	Are you normally able to have a shower every day?	**98%**	**97%**
43	Is it easy/very easy to get a complaint form?	**50%**	**64%**

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?	**12%**	**36%**
47	Do you have a member of staff you can turn to for help if you have a problem?	**54%**	**63%**
48	Do most staff treat you with respect?	**79%**	**80%**
52	Do you feel unsafe in this centre?	**36%**	**45%**
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	**11%**	**19%**
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	**4%**	**16%**
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	**7%**	**18%**
59	Have you ever felt threatened or intimidated by a member of staff in here?	**10%**	**18%**
61	Is health information available in your own language?	**18%**	**47%**
62	Is a qualified interpreter available if you need one during health care assessments?	**44%**	**10%**
66	Are you doing any education here?	**24%**	**13%**
68	Can you work here if you want to?	**44%**	**59%**
69	Is there enough to do here to fill your time?	**58%**	**44%**
70	Is it easy/very easy to go to the library?	**74%**	**81%**
71	Is it easy/very easy to go to the gym?	**57%**	**65%**
73	Is it easy/very easy to use the phone?	**55%**	**41%**
74	Have you had any problems with sending or receiving mail?	**17%**	**24%**
75	Have you had a visit since you have been in here from your family or friends?	**55%**	**65%**
78	Has any member of staff helped you to prepare for your release?	**8%**	**6%**