

Report on an unannounced inspection of

Brook House Immigration Removal Centre

by HM Chief Inspector of Prisons

31 October–11 November 2016

This inspection was carried out with assistance from colleagues at the General Pharmaceutical Council and in partnership with the following bodies:



Crown copyright 2017

This publication (excluding logos) is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3 or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

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

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

This publication is available for download at: <http://www.justiceinspectorates.gov.uk/hmiprisons/>

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

Contents

Introduction	5
Fact page	7
About this inspection and report	9
Summary	13
Section 1. Safety	19
Section 2. Respect	31
Section 3. Activities	41
Section 4. Preparation for removal and release	45
Section 5. Summary of recommendations and good practice	49
Section 6. Appendices	55
Appendix I: Inspection team	55
Appendix II: Progress on recommendations from the last report	57
Appendix III: Detainee population profile	65
Appendix IV: Summary of detainee survey responses	69

Glossary of terms

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

Introduction

Brook House is an immigration removal centre (IRC) situated near Gatwick Airport. Brook House and a neighbouring IRC, Tinsley House, are both operated by G4S and are collectively known as Gatwick IRC. At the time of this inspection, Tinsley House was closed for refurbishment and some of the detainees, and most of the staff, had been temporarily moved to Brook House. The last inspection was in May 2013. The centre holds adult male detainees, and at the time of this inspection there were just under 400 being held there.

As with all immigration removal centres, the major challenge for the staff was to manage the frustration felt by many of the detainees at the length of their detention and the uncertainty surrounding their future. We found that the average length of detention at Brook House had increased substantially from 28 days to 48 days. Surprisingly, there did not appear to have been any analysis or investigation as to why this had happened. In the absence of such analysis, it was hard to see how detention periods could be systematically reduced and the inevitably negative outcomes for detainees mitigated. As we point out in the section of this report dealing with casework, in addition to the overall concern about the length of detention, there were also some serious delays apparent in some individual cases.

Aside from the delays in casework, our major concern was about the physical environment in which detainees were held. The residential units very closely resembled the conditions found in prisons, and these were exacerbated by poor ventilation and unsatisfactory sanitary facilities.

This report makes a number of detailed recommendations about the treatment of detainees and the conditions in which they are held. I would add a cautionary note on an issue that is not the subject of a specific recommendation but has the potential to adversely affect the conditions in which some detainees are held: the proposal to bring into use the third bed which has been installed in 60 of the two-person cells. Many staff and detainees were of the view that this would lead to a decline in living standards. This is a view shared by inspectors.

Overall, this was an encouraging inspection. The centre had improved upon the standards we found at the last inspection, and on this occasion was assessed as 'reasonably good' in all four of our healthy establishment tests. This also marks excellent progress from the standards we were seeing at Brook House when it first opened. There is no doubt in my mind that the standards now being observed at the centre are the result of a great deal of hard work by the management and staff. They should be congratulated on their efforts and I hope are encouraged by this report to maintain and build upon the clear improvements they have made.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

January 2017

Fact page

Task of the establishment

The detention, care and welfare of adult male detainees subject to immigration control

Location

Gatwick Airport

Name of contractor

G4S

Number held

391

Certified normal accommodation

508

Operational capacity

448

Last inspection

May 2013

Brief history

Brook House opened in March 2009 and is a purpose-built immigration removal centre with a prison design. It holds a mix of detainees, including a number who are regarded as too challenging or difficult to manage in less secure centres and those waiting to be removed from the UK on organised charter flights. Operational capacity increased in April 2013 by 22 bed spaces, certified as normal accommodation but predominantly used as pre-departure accommodation. In 2016 the operational capacity increased by a further 60 beds.

Centre manager

Ben Saunders

Escort provider

Tascor

Short description of residential units

The centre has four wings (A, B, C and D). Three wings have three landings and the fourth, the induction wing, has two landings. The ground floor of the induction wing is a discrete unit (E wing) used to manage a complex population and for removal from association/temporary confinement.

Health service commissioner and providers

NHS England

G4S Medical Services Limited

Learning and skills providers

G4S

Independent Monitoring Board chair

Jackie Colbran

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
- **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for detainees.

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

A9 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection.

A10 All inspections of immigration removal centres are conducted jointly with Ofsted or Education Scotland, the Care Quality Commission and the General Pharmaceutical Council (GPhC). This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

- A11 This explanation of our approach is followed by a summary of our inspection findings against the four healthy establishment tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the conditions for and treatment of immigration detainees*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A12 Details of the inspection team and the detainee population profile can be found in Appendices I and III respectively.
- A13 Findings from the survey of detainees and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

¹ The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Summary

Safety

- S1 Early days arrangements had improved but not all detainees received a consistent level of care during reception and early days in detention. Most detainees said they felt safe and levels of violence were fairly low. Those at risk of self-harm were supported, but constant watch cells² were in poor condition. Safeguarding procedures did not yet reflect new guidance on detainees at risk, but were developing well. Dynamic security was good. Some security procedures remained disproportionate for a detainee population. Use of force had increased but governance of use of force and separation was very good. Fewer detainees were separated than at the last inspection and detainees were generally moved out quickly; the regime in the separation unit was poor. A third of detainees had no legal representation. The average length of cumulative detention was high. Rule 35 reports were helpful for some and a third had led to release, but protections for those with post-traumatic stress disorder (PTSD) were inadequate. Outcomes for detainees were reasonably good against this healthy establishment test.*
- S2 At the last inspection in 2013, we found that outcomes for detainees in Brook House were reasonably good against this healthy establishment test. We made 24 recommendations about safety. At this follow-up inspection we found that eight of the recommendations had been achieved, seven had been partially achieved and nine had not been achieved.*
- S3 Most detainees said they were well treated by escorts. We saw little evidence of multiple transfers around the estate, but a number of detainees were still arriving during the early hours of the morning. In some cases, restraints had been applied for external appointments without adequate justification. Reception screening was reasonably thorough but some detainees were still asked sensitive questions at an open desk. Identified risk information was quickly transferred from reception to the wing on arrival. Risk assessment, first night processes and induction arrangements appeared to work well for detainees located on the induction wing, but not always for the large number located in other parts of the centre. Some new arrivals were placed in dirty and unprepared cells. The induction was helpful for most detainees.
- S4 In our survey, a third of detainees reported feeling unsafe, similar to the last inspection. Levels of violence were fairly low and there had been few serious assaults or other incidents. Consultation with detainees on safety issues was good. Collection and analysis of data on safety were excellent and led to tangible action. Investigations into violent incidents were good and victims received good support. The system for managing perpetrators did not adequately address violent behaviour and a revised system was appropriately being considered for future use.
- S5 In our survey, 43% of detainees said they had problems with feeling depressed or suicidal on arrival. Levels of self-harm were lower than at the previous inspection and similar centres, and detainees on open ACDTs³ were generally positive about the care they received. A large number of detainees had been on constant watch, but they were not confined to cells and were well supported. Constant supervision cells were in a poor state and provided an

² The living spaces occupied by one or two detainees were always known in the centre as 'rooms'. However, they were typical of a modern, vandal-proof cell in a category B prison, with no handle inside the door and no courtesy keys for the occupants, and are therefore referred to here as cells.

³ Assessment, care in detention and teamwork case management of detainees at risk of suicide and self-harm.

- unsuitable environment for detainees in crisis. ACDT reviews were informative and multidisciplinary and considered detainees' needs carefully; written records sometimes lacked evidence of interactions with detainees. The centre was required to use ACDTs for detainees who were eating food they had bought themselves rather than centre food and were not at an assessed risk of self-harm. This was inappropriate.
- S6 There were some good structures in place to manage detainees at risk, but they were not yet adapted to the new guidance on this group. There was no central log of adults at risk and routine oversight and support for this group was lacking. Effective arrangements were not yet in place to monitor the vulnerability of detainees over time.
- S7 There was an appropriate local policy on safeguarding children, and staff were trained in safeguarding. There had been 15 age disputes in the previous year. Social services had been called and attended promptly. Two detainees were found to be children following a social services' assessment, and both had previously been assessed as adult by a chief immigration officer. No inter-agency review had been held to learn safeguarding lessons.
- S8 Some security arrangements remained disproportionate to the risks posed by the population. Detainees were locked in their cells overnight, which was inappropriate. The quality and processing of security information were good. Dynamic security was good, with many security information reports based on information volunteered by detainees. The number of strip-searches was high and paperwork did not always justify this. The reward scheme was little understood but included a punitive restriction on access to work, which was inappropriate for a detainee population.
- S9 The number of incidents involving force had increased since our previous inspection, but it had been used appropriately in most of the cases that we reviewed. Records justifying force were completed to a high standard, and all incidents were reviewed by a manager. Video footage showed mixed practice. Briefings before planned use of force were very good and there was evidence of attempts to de-escalate situations. However, some incidents had taken too long to resolve once force had been initiated and we were not confident that Tascor overseas escort staff used waist restraint belts as a last resort.
- S10 Fewer detainees were separated than at our last inspection. Good efforts were made to move challenging detainees from separation quickly. The regime for separated detainees remained poor: they did not have televisions, radios, books or other means of distraction. The unit was austere with dirty toilets and cells which required painting. Management reviews of separation documentation were thorough. A complex population was managed reasonably well on E wing, where the staff-detainee ratio was appropriately high.
- S11 A third of detainees had no solicitor and only a third of those who did had received a legal visit. Although access to legal surgeries had improved since the last inspection, most detainees still had to wait nine days to attend, which was too long. Detainees had some good support from Bail for Immigration Detainees (BID), but access to the BID and other important websites had been blocked.
- S12 The average length of cumulative detention was three months, which was too long. The length of detention had increased substantially and no work had been undertaken to understand this. Some detainees had been held for excessive periods. Our casework analysis revealed cases of detention being prolonged by unreasonable delays in immigration decision making. Only 19% of detainees in our survey said it was easy to see centre immigration staff; a new pilot to improve contact was to be introduced. Not all bail summaries were served in time. Although very brief, Rule 35 reports in our sample gave clear, helpful findings on scarring, but did not provide an adequate safeguard for detainees with post-traumatic stress

disorder. Some Rule 35 responses were poor, but a third of reports had led to release of the detainee, more than we usually see.

Respect

S13 Poor ventilation and the general prison-like environment remained significant shortcomings. Cleanliness varied and some deep cleaning was needed. Staff-detainee relationships were a particular strength. Equality and diversity structures were robust and outcomes were reasonably good for most detainees. Faith provision was excellent. Complaints were well managed. The standard of food was reasonable and the cultural kitchen was used more often. Health care provision was adequate. There were shortcomings in some areas, including pharmacy. Outcomes for detainees were reasonably good against this healthy establishment test.

S14 At the last inspection in 2013, we found that outcomes for detainees in Brook House were reasonably good against this healthy establishment test. We made 23 recommendations about respect. At this follow-up inspection we found that 11 of the recommendations had been achieved, five had been partially achieved, six had not been achieved and one was no longer relevant.

S15 The residential units remained stark and impersonal in design. Apart from paintings by detainees, the environment had not been softened. Many cells lacked curtains and many in-cell toilets were not curtained off. Many cells had ingrained dirt, especially in toilets, and those on C wing were in the worst condition. The lack of ventilation was the most common complaint, and many cells were too stuffy overnight. A third bed had been fitted in 60 two-person cells. Arrangements for clothing, bedding, laundry and personal property were satisfactory. Regular consultation meetings were held, with Home Office and health care representation, but they were not consistently well attended by detainees.

S16 In our survey, about three-quarters of detainees had a positive view of the attitudes and behaviour of staff, and the proportion was higher for those who did not speak English. We saw staff dealing with a range of issues with resilience and even-handedness. Many staff integrated well with detainees, although there was limited evidence of regular contact with individual care officers.

S17 There was an effective strategic framework for equality and diversity, and the full-time diversity manager worked productively with management, staff liaison officers and detainee diversity orderlies. Comprehensive equality and diversity data were collected, analysed and presented, with attention to trends over time. Appropriate action was taken as necessary. Detainees who did not speak English were relatively positive about their experience, and reasonable use was made of interpretation. Not enough written material was available in other languages. Support for those with identified disabilities was well organised, chiefly by detainee orderlies working as carers. Supported living plans provided a good basis for health care and unit staff to share care, although they sometimes focused too much on health care rather than practical living needs. Our survey showed that more men identified as having a disability than were known to managers. Gay men did not feel safe enough to disclose their sexuality. They were given confidential support by the equality officer but more should have been done to engage community support organisations and promote tolerance and understanding of alternative lifestyles. Considerable attention had been given to detainees in the youngest and oldest age groups, and consultation meetings resulted in some actions.

S18 In our survey, 80% of detainees felt that their religious beliefs were respected. A large chaplaincy team delivered an excellent service, catering for a wider range of faiths than usual. The worship spaces were open at all times, and there was a full programme of classes and

groups. There was now ample space for Muslim prayers in the visits hall. Chaplains gave significant support to detainees who were not fluent in English.

- S19 The number of complaints had reduced since our last inspection. Nine complaints (about 12%) had been substantiated or partially substantiated in the previous six months. Investigations and replies were very good and efforts were made to contact detainees who had left the centre.
- S20 Fewer detainees were satisfied with the quality of health care than in 2013. There had been no recent health needs assessment to guide service development. The health care complaints system did not preserve medical confidentiality and led to unnecessary delays, although responses were good. Primary care services were limited but accessible and care planning was good. Waiting lists were short but non-attendance rates were too high. There was no professional pharmacy oversight and the effectiveness of outcomes for detainees could not be assured. Supervision of medicine queues was inadequate. Mental health services were now integrated and responsive to detainees with emotional needs and serious mental disorders. Substance misuse services had recently been introduced and were developing at a reasonable pace. Preparation for transfer or release was good, and the transfer of health care information between G4S and Tascor medics was good practice.
- S21 In our survey, about 30% of detainees said that the food was good or very good, an improvement since the last inspection. Portion sizes were good and the quality of food was reasonable. The cultural kitchen was open more often while Tinsley house residents remained at Brook House, and this needed to be sustained. The shop sold a reasonably wide range of goods and access was good.

Activities

S22 Detainees could attend activities with reasonable ease and reported particularly good access to the gym and library. However, facilities were limited and the infrastructure was likely to be further challenged by plans for a larger population. There was a limited range of education but teaching and learning were good and detainees found education helpful. There was enough work for most detainees. The library provided a good service. The gym was small, but adequate and well used. Outcomes for detainees were reasonably good against this healthy establishment test.

S23 At the last inspection in 2013, we found that outcomes for detainees in Brook House were reasonably good against this healthy establishment test. We made 11 recommendations about activities. At this follow-up inspection we found that four of the recommendations had been achieved, three had been partially achieved and four had not been achieved.

- S24 There was a reasonably good range of purposeful activities, which met the needs of most detainees. About half said that there was enough to fill their time. Recreational amenities were good and the number of learning, skills and work places had increased. Education classes were offered during the day and sometimes in the evening, and appropriate arrangements were made for detainees on E wing and in the care and separation unit.
- S25 The range of education remained narrow, offering internally accredited courses in English and English for speakers of other languages (ESOL). Information and communications technology and additional English and ESOL courses were planned. Attendance and punctuality were generally good but learning sessions were often interrupted by detainees

walking in and out of the classroom. The arts and crafts programme continued to provide a variety of activities and some detainees had gained Koestler awards⁴. A few short courses were offered. Teaching staff were well qualified and experienced, and learning support assistants provided good support and interpretation for detainees on ESOL courses. In our survey, 100% of detainees attending education said that it was helpful. Quality assurance processes were reasonable but the observation of teaching, learning and assessment was underdeveloped and did not provide quality assurance of short courses.

- S26 There was a reasonable choice of paid work, most of which was full time. Detainees were usually able to get a job fairly quickly and waiting lists were short. The qualifications offered were still restricted to basic food hygiene and a level 2 award in food safety. The Home Office prevented some detainees from working for non-compliance with Home Office procedures, which interfered with managing the population.
- S27 Library facilities were good, providing a range of foreign newspapers, periodicals and other reading material. Most detainees had good access to the library during weekdays, evenings and weekends.
- S28 Fitness facilities were reasonably good. The small, well-equipped cardiovascular fitness room was used well by detainees and the equipment was in good order. External courtyards adjacent to residential units were used by detainees for exercise and a range of sports. However, there was no separate sports hall or indoor area for team sports, and access to some courtyards was restricted at the time of the inspection.

Preparation for removal and release

- S29 *Welfare services had improved and detainees spoke positively of the support they received from welfare staff. Visits arrangements were reasonable but the experience for some in the visitors' centre was poor. There was reasonable access to communication networks, but important websites had been blocked and there was still no access to Skype or social networking. There were some shortcomings in discharge arrangements, but an overseas charter removal that we observed was well managed. Outcomes for detainees were reasonably good against this healthy establishment test.*
- S30 *At the last inspection in 2013, we found that outcomes for detainees in Brook House were not sufficiently good against this healthy establishment test. We made 17 recommendations about preparation for removal and release. At this follow-up inspection we found that five of the recommendations had been achieved, four had been partially achieved and eight had not been achieved.*

- S31 Most detainees were positive about the welfare service, which was very well used and provided helpful assistance on a range of basic issues. The number of welfare officers had increased and the service was now available at weekends. There were well developed plans to implement an appointment system and work more closely with immigration staff. At the time of the inspection, there were consistently long queues, queue-jumping was common and detainees regularly interrupted appointments in the office.
- S32 We observed new visitors being treated in an offhand manner in the visitors' centre. Once in the visits hall, visitors were made welcome. The visits area was reasonable but there was an inconsistent approach to physical contact between detainees and visitors, and restrictions

⁴ Koestler Trust art awards scheme for offenders, secure patients and detainees.

were not based on individual risk assessment. The Gatwick Detainees Welfare Group provided excellent support to detainees and their visitors.

- S33 Telephone and mail facilities were reasonably good. Detainees could access emails but there was still no access to social networking or Skype to help maintain contact with family and friends. A number of important websites had been inappropriately blocked. Access to fax communication was adequate.
- S34 The charter removal that we observed was generally well managed; waiting times were minimal, escorts were polite and there was no use of restraints or light-touch compulsion. The system of reserves was still in place, although detainees were now told they were on the reserve list. Waiting rooms in the discharge area now had helpful country information reports, but remained poorly ventilated. There was still no consistent system of support to ensure detainees reached their final destinations safely after removal. Arrangements were not sufficiently robust for explaining licence conditions to detainees and contacting the police and probation in public protection cases.

Main concerns and recommendations

- S35 Concern: The length of detention in the centre had increased substantially and the average cumulative length of detention was three months. No work had been undertaken to understand why this was the case. Our casework analysis revealed cases of detention being prolonged by delays in immigration decision making; 23 detainees had been held for over a year, four of these for over two years. The longest detention was for over two and a half years.

Recommendation: The reasons for the increasing length of detention should be analysed and appropriate remedial action taken. All casework should be progressed promptly and, if that is impossible, the detainee should be released.

- S36 Concern: The residential units remained stark and impersonal in design and detainees felt they were held in prison conditions. The lack of ventilation was a very common complaint and many cells were stuffy, especially overnight when detainees were locked into cells. Many cells and toilets had ingrained dirt.

Recommendation: Concerted action should be taken to soften the prison-like living conditions. Showers and toilets should be adequately screened, and toilets deep cleaned. Units should be well ventilated and detainees should have more control over access to fresh air.

Section 1. Safety

Escort vehicles and transfers

Expected outcomes:

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

- 1.1 Most detainees reported positively on their escort journeys to the centre. The person escort records (PERs) that we looked at were completed well and demonstrated hourly welfare checks and routine comfort breaks. A few detainees were still experiencing multiple journeys around the detention estate, but this was not common.
- 1.2 A number of detainees still arrived during the early hours, usually from police stations or the neighbouring airport but sometimes from other centres. During the previous seven days, 29 detainees had arrived between midnight and 6am.
- 1.3 There was no routine handcuffing from vans into the centre. However, in some cases restraints had been applied for external appointments without adequate justification in the risk assessment (see paragraph 1.43 and recommendation 1.48).

Recommendation

- 1.4 **Detainees should not be subjected to exhausting overnight transfers when this could be avoided through more timely escorts.**

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 open for 24 hours, seven days a week. It was a busy area with an average of 109 arrivals a week over the previous six months.
- 1.6 On arrival detainees were given a rub-down search in a private room and provided with a clothing pack, a mobile phone and a SIM card if needed, and a free five-minute phone card.
- 1.7 Reception screening was reasonably thorough; reception staff undertook a vulnerability screening and discussed the detainee's individual needs, such as welfare, diversity and faith. Discussions were held in private with some detainees, but others still took place at an open desk in the hearing of other detainees and staff, which was not appropriate. Information from the discussions was included in a helpful first night and induction pack initiated by reception staff. This went with detainees to the wing and ensured that all identified risk information was shared quickly with wing staff.
- 1.8 After booking in, detainees waited in a spacious, pleasant waiting area with soft furnishings, television and books. Hot drinks and meals were provided. All new arrivals were screened by health care staff before being escorted to the wings.
- 1.9 On B wing, the induction unit, staff carried out a first night interview and an appropriate system of first night checks was in place. However, many detainees went directly to other

locations as a result of space constraints, where these procedures were not consistently implemented. Some cells⁵ on B wing and elsewhere were dirty and unprepared.

- I.10** We observed an induction which was delivered to five detainees, although 21 new arrivals were listed. About half the new arrivals were not located on B wing and it was not clear what induction they received. A short DVD presentation was given in Urdu and English as officers had ascertained that the detainees being inducted spoke those languages. The presentation took place upstairs on B wing, where at times it was very noisy. The men were then given a tour of the centre which was helpful for most detainees, although the quantity of information was overwhelming for some. Not enough reference was made to an information booklet which was available in a range of languages.

Recommendation

- I.11 All detainees should have a private reception interview and experience robust first night and induction procedures, irrespective of their initial location, to help reduce anxiety and prepare for their time in the centre.**

Bullying and violence reduction

Expected outcomes:

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

- I.12** The number of reported violent incidents was low. There had been very few serious incidents or assaults and violence was low level. There had been eight detainee on detainee assaults, 21 fights and 48 assaults on staff in the previous six months. The number of assaults on staff had increased significantly from 15 at our previous inspection. An investigation by managers attributed the increase to improved reporting systems which ensured that every assault was recorded accurately.
- I.13** In our survey, 37% of detainees reported feeling unsafe, 21% reported victimisation by other detainees and 18% by staff. The safer community team had provided information in different languages to detainees about reporting concerns. Focus groups had been held to discuss victimisation and violence.
- I.14** Investigations had been carried out into 21 reports of bullying; 12 detainees had been formally monitored using bullying challenge documents and eight victim support plans had been opened. Only one victim support document and no bullying challenge documents were open at the time of our inspection.
- I.15** Support for victims was good and investigations into acts of violence and antisocial behaviour were thorough. Systems for managing perpetrators did not address an individual's poor behaviour adequately and monitoring and challenge of these detainees were weak. Detainees recruited as safer community representatives provided support in a range of safety matters which was valued by other detainees.

⁵ The living spaces occupied by one or two detainees were always known in the centre as 'rooms'. However, they were typical of a modern, vandal-proof cell in a category B prison, with no handle inside the door and no courtesy keys for the occupants, and are therefore referred to here as cells.

- I.16** Systems and practices for identifying violence were good and all records of incidents were examined to ensure they were logged and investigated. Excellent monitoring and analysis of a wide range of data took place at the monthly safer community meeting and action was taken to address identified trends, hotspots or issues. Younger detainees had been found to be more disruptive than others and a spike in violence and use of force earlier in the year had been thoroughly investigated and action taken to manage and resolve the issues.
- I.17** A violence reduction strategy and action plan were in place. There was good consultation with detainees about safety at safer community meetings and through an annual survey and exit surveys.

Recommendation

- I.18 The management of perpetrators of violence and bullying should include monitoring and challenge of poor behaviour.**

Good practice

- I.19** *Excellent monitoring and analysis of a wide range of data at the monthly safer community meetings incorporated bullying and violence reduction, suicide and self-harm and diversity data. It was clear that action was taken to address any identified trends, hotspots or issues.*

Self-harm and suicide prevention

Expected outcomes:

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

- I.20** There was a well developed strategy to manage detainees at risk of self-harm and detailed discussions took place on suicide and self-harm at the safer community meetings.
- I.21** In our survey, 43% of detainees said they had arrived at Brook House feeling suicidal or depressed. There had been fewer incidents of self-harm than at the previous inspection, with 46 incidents recorded. All incidents of self-harm were well investigated and any required actions communicated quickly to staff. There was a continuous improvement plan in place and collection and analysis of data were excellent.
- I.22** During the previous six months, 193 ACDT⁶ documents had been opened and 12 were open at the start of the inspection. While the quality of some ACDT documents was good, staff often failed to identify trigger points for self-harm and too many written entries by staff focused on observation rather than interactions with detainees. Management checks were comprehensive and had identified these issues. Post-closure interviews were carried out within seven days.
- I.23** During the previous six months, 96 detainees had been under constant supervision. We examined a sample of 20 which appeared justified in the circumstances. Detainees under constant supervision were now able to move around the centre and participate in activities,

⁶ Assessment, care in detention and teamwork case management of detainees at risk of suicide and self-harm.

an improvement since our last inspection. The constant supervision cells were in a poor state and were an unsuitable environment for detainees in crisis. There was no care suite and no Listener⁷ or Befriender scheme at the time of our inspection. The local Samaritans group attended the centre every two weeks to provide support to detainees.

- I.24** ACDT reviews were very informative. They were carried out by multidisciplinary teams at a frequency determined by individual need. Consideration was given to appropriate interventions for each detainee and the timing and level of observation required. The centre was required by the Home Office to use the ACDT process to monitor detainees not assessed as at risk of self-harm who were eating food not provided by the centre. This was inappropriate. Detainees refusing food were managed well by staff and written records showed that they were sensitive to individuals' feelings while making every effort to ensure that they ate some food from the canteen, cultural kitchen or shop.

Recommendations

- I.25** **The ACDT process should be reserved for detainees assessed as at risk of self-harm, and should not be used to monitor those who do not eat food provided by the centre. ACDT documents should identify specific triggers and daily entries should reflect interactions with detainees in crisis.**
- I.26** **The constant supervision cells should be refurbished and cleaned to provide a more suitable environment for detainees in crisis.**
- I.27** **A care suite for detainees at risk of self-harm should be established.** (Repeated recommendation I.42)

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

- I.28** Home Office guidance on adults at risk in detention had been introduced two months previously. There was no central log to facilitate oversight of the treatment of detainees whom the Home Office had identified as at risk and the centre did not know the number or identity of these detainees. At our request, the Home Office produced a report from electronic records which showed that 58, or 14% of the population, had been identified to be at risk; the report did not show the level of assessed risk and the Home Office could not readily identify the names of detainees considered to be at most risk.⁹
- I.29** Good structures were in place to manage detainees at risk in detention, such as supported living plans and, to some extent, the weekly multidisciplinary 'detainee of interest' meetings (see paragraph I.47). However, few detainees assessed by the Home Office to be at risk

⁷ Prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners

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). However, we have considered practice in light of the Home Office's own and broader definition of an adult at risk, as set out in its new policy.

⁹ Under the Adults at Risk in Detention guidance, risk is assessed at three levels. The Home Office will assess the detainee at level 3 if evidence suggests that detention is likely to lead to a risk of significant harm or detriment to the individual as corroborated by relevant professional evidence.

were discussed at these meetings and only nine detainees, mostly with mobility restrictions, had supported living plans. We looked at five recent cases, none of which had been discussed at the 'detainees of interest' meeting or had a supported living plan. There was evidence of an inadequate response to changing risks. One detainee was assessed at the lowest level of risk and the level was not raised when he was placed on constant watch as a result of imminent risk of self-harm, nor when a doctor subsequently reported that detention was having an adverse effect on his mental health.

- I.30** Despite the long average cumulative length of detention (see paragraph I.68), no regular health care checks were carried out to determine the impact of detention on the mental health of detainees. Combined with the lack of general oversight, this meant that there were no effective arrangements to monitor vulnerability over time.
- I.31** Health care staff had been trained in the Home Office guidance on adults at risk in detention. We were told that the Home Office contact team had also been trained, but not all those we spoke to recalled receiving such training. No custodial staff had been trained in the guidance.
- I.32** A local safeguarding strategy had been approved by the local safeguarding adults board and appropriate referral arrangements were in place. New staff received basic awareness training on adult safeguarding during induction. At the time of the inspection, detainee custody managers received training in trafficking and modern slavery.

Recommendation

- I.33 All staff should have effective training in the adults at risk guidance. There should be effective multidisciplinary oversight of detainees in this group. Their vulnerability should be monitored carefully and developments communicated promptly to Home Office case workers.**

Safeguarding children

Expected outcomes:

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

- I.34** There was an appropriate policy on safeguarding children and links with the local safeguarding children board. All new staff received safeguarding children training during induction. In addition, some ad hoc training had been provided. Detainee custody managers had recently been trained in child abuse and neglect.
- I.35** There had been 15 age dispute cases during the previous year, compared with four at the previous inspection. Individual care plans had been put in place promptly. Two detainees found to be adults by a chief immigration officer (CIO) assessment were later assessed by social services to be children. One had been detained for about a month and the other for about two months. There had been no multi-agency review of the failure to safeguard these children and there were no arrangements in place to quality assure CIO assessments.

- I.36** Social services referrals and response times were prompt. Two detainees were determined to be adult on the basis of their appearance alone by West Sussex social services, which had not conducted a full Merton-compliant age assessment.¹⁰
- I.37** Visits staff used G4S electronic records to identify detainees who were a risk to women and children before each visit began. They monitored these detainees carefully and ensured that they sat away from children. We were, however, not confident that electronic records were always accurate because some detainees arrived at the centre without their prison files.

Recommendations

- I.38 All detainees claiming to be children should have a Merton-compliant age assessment by social services.**
- I.39 There should be a multi-agency case review of detainees found by social services to be children, which should include the chief immigration officer who made the original assessment, to learn safeguarding lessons.**

Security

Expected outcomes:

Detainees feel secure in an unoppressive environment.

- I.40** The centre had many physical security features of a category B prison. Detainees were held in cells on traditional prison landings and wings.
- I.41** Some elements of procedural security remained disproportionate to the risks of the population. Detainees were locked in their cells from 9pm to 8am and again for two half-hour roll calls during the day. More detainees than at the last inspection were former prisoners (45% compared to 5%) and a number felt that their new status as detainees was not sufficiently acknowledged. In our survey, one detainee commented, 'Closing and opening time should be changed because we are not prisoners, we are just detained ... I am feeling like a prisoner without crime.'
- I.42** Two detainees were on closed visits and seven visitors were banned at the time of our inspection. These restrictions were appropriately applied and justified.
- I.43** Staff assessments of the risk of absconding during external appointments had improved since our last inspection. However, we still found cases where there was not enough justification for using handcuffs. During the previous six months, only about a third of detainees had been escorted without handcuffs.
- I.44** Strip-searching and cell searches were intelligence led. The number of strip-searches was high, with 52 in the previous six months. Records indicated that there was not enough justification in all cases.
- I.45** Dynamic security was good. There had been 974 security information reports in the previous six months, twice the number at the last inspection. Many reports were of good quality and based on information volunteered by detainees. Reports were processed

¹⁰ The Merton judgement was handed down by Burnton J in the High Court on 14 July 2003 and gives guidance on 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.

efficiently but the information was recorded on a simple spreadsheet, which was an unsophisticated way of analysing and identifying threats.

- I.46** The supply and misuse of drugs was the most significant threat to security, and there was evidence of the organised criminal supply of drugs. However, the centre did not have a drug supply strategy (see recommendation 2.65).
- I.47** Monthly security meetings were well attended and productive, as were the weekly 'detainee of interest' meetings. These multidisciplinary meetings shared information about people who were considered to pose a threat to the centre's order and safety, including those who were a risk to other detainees or staff, and those who were likely to disrupt their removal or try to escape. Links with the safeguarding manager and the newly appointed substance misuse service provider were good. Relationships with the police were developing, although assaults and drug trafficking rarely led to prosecution.

Recommendations

- I.48 All security procedures should be proportionate to a detainee population and based on individual risk assessments.**
- I.49 Detainees should not be locked in cells and should be allowed free movement around the centre until later in the evening.**

Rewards scheme

Expected outcomes:

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

- I.50** The centre operated a two-level rewards scheme. Staff could downgrade a detainee following three warnings or a serious incident but we did not find evidence of this happening. All new detainees started on the standard level. At the time of the inspection, 30% were on the enhanced level and 70% on the standard level. The only material difference was that enhanced detainees could work while those on standard could not. This was an inappropriate and punitive restriction. Detainees we spoke to were unaware of the scheme and it did not appear to be useful in motivating good behaviour.

Recommendation

- I.51 The rewards scheme should not be punitive or based on sanctions.**

The use of force and single separation

Expected outcomes:

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

- I.52** During the previous six months, staff had used force on 80 occasions compared with 61 at our 2013 inspection. In most cases force was used proportionately and as a last resort.

Records were completed to a good standard. A manager reviewed all incidents to learn and disseminate lessons.

- I.53** Video footage revealed mixed practice. Managers briefed officers in detail before planned use of force. We observed officers using verbal de-escalation effectively, but some incidents took too long to resolve once force had been initiated. In one incident a detainee refused to comply with his removal and lay passively in his bed. Concerted efforts were made by staff to encourage compliance. These were unsuccessful but he remained passive throughout. Despite this, staff unnecessarily used a shield to restrain him. He was then escorted under restraint to the separation unit. He was wearing underpants and a T-shirt until he reached the unit and it was unclear why staff did not try to put trousers on him or encourage him to dress before going to the unit.
- I.54** All the video footage of scheduled removals that we reviewed showed Tascor escorts using waist restraint belts, suggesting that the belts were not used as a last resort. During our inspection, a detainee refused to transfer to prison. Four Tascor escorts took 12 minutes to apply the waist restraint belt in a chaotic use of force.
- I.55** The six-cell care and separation unit had been used 180 times in the previous six months, compared with 247 at the previous inspection. Managers worked hard to move complex and challenging detainees from the unit quickly.
- I.56** The regime for separated detainees remained poor. They were held without televisions, radios, books or other means of distraction. The unit was austere with dirty toilets, cells that required painting and not enough furniture. All detainees could shower and were offered outside exercise. A chaplain visited every day.
- I.57** Managers reviewed separation records thoroughly and disseminated learning. E wing was no longer run as a pre-departure unit but instead held a complex population whose needs were met reasonably well. The ratio of staff to detainees was appropriately high. Detainees were not unnecessarily restricted to the unit and could access relevant services.

Recommendations

- I.58 All use of force should be necessary, proportionate and competently applied.**
- I.59 Detainees in the separation unit should be held in clean and fully furnished cells, and they should be able to access a full regime.**

Legal rights

Expected outcomes:

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

- I.60** In our survey, two-thirds of detainees told us they had a solicitor but only a third of those had received a legal visit. Access to weekly legal aid advice surgeries had improved since the last inspection. However, at the time of the inspection, the next available routine appointment was in nine days, which was too long, particularly for detainees who did not have a legal representative and whose Home Office induction was also delayed (see paragraph I.69). Appointments were appropriately held back for emergencies, such as last minute removals.

- I.61** Migrant Help¹¹ attended the centre every week to provide basic advice and signposting to services, but not representation. Bail for Immigration Detainees (BID) attended the centre every fortnight and held self-help workshops in bail applications. They took on bail cases for longer-term detainees. The up-to-date BID handbook and bail application forms were available in the library and the welfare office, although only a quarter of detainees in our survey said it was easy to obtain bail information. Detainee access to the BID website was blocked as were a number of other important sites, such as the Refugee Council and Freedom from Torture (see paragraph 4.16).
- I.62** Arrangements for legal visits were reasonably good. Visits could be made at any time of the day and took place in one of 10 large interview rooms. Laptops could be brought into the centre. Chairs were chained to the floor, which was disproportionate.
- I.63** Detainees could keep in contact with their legal representatives by telephone and email. Stand-alone computers were available for detainees to write letters. Faxes could be sent from wing units free of charge and emails could be printed. However, legal correspondence could not be printed in confidence (see paragraph 4.17).
- I.64** A wide range of country of origin information reports were available in the library, although some were out of date. Current reports were accessible on the internet. Key up-to-date legal text books were held in the library, along with older and out-of-date editions. We were told these were for use when another detainee was consulting the current version. This was poor practice.
- I.65** Detainees could complain about poor legal advice. Details of the Legal Ombudsman and the Office of the Immigration Services Commissioner were available in the welfare office.

Recommendations

- I.66** **In consultation with the Legal Aid Agency, the centre should ensure adequate prompt access to legal advice.** (Repeated recommendation I.84)
- I.67** **Detainees should have access to up-to-date legal resources, including text books and country of origin information, and be permitted to print legal correspondence in confidence.**

Casework

Expected outcomes:

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

- I.68** The average length of cumulative detention in IRCs was about three months. The length of detention in the centre had increased substantially from 28 days to 48 days and the reasons for this had not been investigated. Twenty-three detainees had been held for over a year, four of these for over two years. The longest detention was for two and a half years.
- I.69** Our casework analysis revealed some cases where unreasonable delays in immigration decision making had prolonged detention considerably. In two cases, the Home Office had

¹¹ A charity which offers support, guidance and accommodation to vulnerable migrants across the UK.

taken five months to make an initial decision on a detainee's claim and in one of these cases a further nine months for a substantive appeal to be listed, to take place 14 months after the asylum claim. The other case was listed for a preliminary hearing to take place 16 months after the detainee claimed asylum.

- I.70** During the previous six months, health care records indicated 78 Rule 35¹² reports had been submitted. Responses were late in about 20% of these cases, generally by a day. A third of reports had led directly to the release of the detainee, more than we usually see.
- I.71** We reviewed reports in 10 cases, four of which had led directly to the release of the detainee. All were written by a doctor, typed and contained body maps. Although very brief, most contained clear, helpful findings on scarring, but did not provide an adequate safeguard for detainees with post-traumatic stress disorder (PTSD). No formal assessment of PTSD had been carried out in any case. In two cases, symptoms were described as suggestive of PTSD. In five others, symptoms such as poor sleep, anxiety and flashbacks were noted without reference to a possible diagnosis of PTSD.
- I.72** Other concerns arose from our review of Rule 35 cases. In one case, the Home Office concluded there was no evidence that further detention would have a harmful effect on the detainee's health, despite the doctor's view to the contrary. In another case, the doctor found scarring consistent with the torture described, but the caseworker, without explanation, did not accept this as independent evidence of torture.
- I.73** In three cases the Home Office accepted the doctor's assessment that there was evidence the individual had been tortured, but nonetheless maintained detention under its adults at risk in detention guidance. In one case, detention was maintained because of the detainee's poor immigration history and in another without explanation of the exceptional reasons. In the third case, detention was maintained because of imminent removal to a third country. The Rule 35 report was rejected in a further case at least partly as a result of the narrower definition of torture used by the Home Office, despite the detainee's history of mental illness and symptoms of PTSD. This history was not addressed adequately in the response to the Rule 35 report.
- I.74** In our survey, only 19% of detainees said it was easy to see the centre immigration staff, compared with 27% in other IRCs. Home Office records showed that about 825 interviews were conducted each month. Despite this, there was a backlog of 20 induction interviews, with detainees held in the centre for up to six days for an interview. There was also a backlog of 40 monthly detention progress reports to detainees. Most reports were served in person, but otherwise communication was largely through responses to the request system, rather than face to face.
- I.75** The Home Office contact team was about to pilot a new case working model to improve the accessibility of immigration staff. Staffing levels were being increased significantly to facilitate this.
- I.76** In induction interviews that we observed, officers used jargon which might not be understood by detainees and not all detainees were fully advised of their bail rights. Most interviews were brief, but an officer spent much more time with a detainee who appeared to have learning difficulties. Interpreting was used when required. Bail summaries were often received late from Home Office case working teams and were not served on the detainee in sufficient time before the hearing.

¹² Requires notification to the Home Office if a detainee's health is likely to be injuriously affected by detention, including if they may have been the victim of torture.

- I.77** Monthly progress reports were short and some repeated facts from previous reports. Some reports were missing.

Recommendations

- I.78** The contact management team should conduct comprehensive induction interviews with all detainees within 24 hours of arrival at the centre.
- I.79** Monthly progress reports should be served on time and should contain meaningful and relevant information on progress since the last report. (Repeated recommendation I.98)
- I.80** Where a detainee claims they have been tortured, the Rule 35 report should include an assessment of PTSD. Where there is independent evidence of torture, the Home Office should only detain in very exceptional circumstances. Reasons for maintaining detention in such cases should be comprehensive.

Section 2. Respect

Residential units

Expected outcomes:

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

- 2.1** The residential units remained stark and impersonal in design and, as one detainee wrote to us, ‘This is no centre. Is a jail. Is a prison’. No measures had been taken to make the residential wings less bleak, apart from large paintings by detainees fixed to the balustrades. There were no curtains in many of the cells. The toilets were divided from the living area by a partial concrete partition but were screened by a small curtain at best, and nothing in many cases. Many toilets were in an insanitary condition and could not be kept clean by detainees using the materials available to them (see main recommendation S36).
- 2.2** Many cells, especially on C wing, were in too bad a condition to be kept properly clean, and the flooring was cracked in some toilet areas. The roof vents on the wings had been opened occasionally in the summer but the chief complaint among detainees was the lack of ventilation in the cells: the windows did not open, creating a stuffy atmosphere in many cells in spite of the air conditioning system. Detainees also experienced an exacerbated sense of confinement through lack of fresh air and any personal control over the environment. One detainee wrote to us: ‘I feel suffocated in here and everyone else is as well.’ Two of the four exercise areas were closed for security reasons, increasing the sense of confinement, although all detainees had access to the yards.
- 2.3** A third bed had been fitted in 60 two-person cells. Many staff and detainees were concerned that living conditions would be markedly worse if these were brought into use. Arrangements for clothing, bedding, laundry and personal property were satisfactory, although many beds did not have duvet covers or pillowcases. In our survey, most detainees said it was relatively easy to clean their clothes and to have a daily shower. They were also more positive than at the last inspection about it usually being quiet enough for them to sleep.

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.

- 2.4** In our survey, 77% of detainees said that most staff treated them with respect and 84% of those who did not speak English reported respectful treatment by staff. Two-thirds said there was a member of staff they could turn to if they had a problem. One detainee wrote to us that: ‘The positive thing here is that you can ask any member of staff if you don’t know English. The staff is cooperative and friendly’.
- 2.5** Staff were under pressure, but we observed the great majority showing resilience and even-handedness in dealing with issues which arose. Particularly during the evening periods when there was a more relaxed atmosphere, many staff engaged positively with detainees even though they were busy with other tasks, talking to them and sharing the occasional game of pool. Staff frequently sat and ate with detainees for the evening meal.

- 2.6** There were monthly detainee consultation meetings. Four or five staff attended and the Home Office and health care were consistently represented. Attendance by detainees varied between none and more than 30; the meetings were not consistently attended by enough detainees, but there was evidence of action to address issues which had been raised.
- 2.7** A care officer scheme allocated a named officer to each cell, but the regime of fortnightly followed by monthly welfare conversations was not being adhered to.

Recommendation

- 2.8** **Each detainee should be asked about their welfare by their allocated care officer at least once a month and more frequently in the early stages, and the conversation should be recorded, together with any actions arising from it.**

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 characteristic¹³ 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.

Strategic management

- 2.9** A comprehensive equality strategy and action plan were reviewed by a well-attended monthly equality meeting. A first-line manager worked full time on equality issues, and produced very good monitoring reports on every significant area where direct or indirect discrimination was a risk. These included monthly analysis and an annual report with comments on patterns and trends and suggested actions.
- 2.10** At the time of the inspection, there were four race relations and diversity liaison officers and three diversity orderlies, who helped the safer community orderlies to support detainees with disabilities. The staff worked hard to maintain a good team of orderlies despite the movement through the centre and the fact that those judged not to be complying with the casework process were ruled out of these paid roles (see recommendation 3.16). Managers monitored the distribution of age and nationality on residential units to ensure a reasonably even spread. Equality analysis had been carried out in recent months on eight areas of policy and practice.

Good practice

- 2.11** *Very good monitoring reports were issued on every significant area of the centre where direct or indirect discrimination was a risk. These included monthly analysis and an annual report with comments on patterns and trends and suggested actions.*

¹³ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Protected characteristics

- 2.12** In our survey, non-English speakers were more positive than English speakers about access to education, having enough to fill their time and access to the library. The telephone interpretation contract had been changed to provide for more languages, and all staff had the number on their key fobs. Over the previous five months, telephone interpreting had been used an average of 239 times a month, 43% by health care staff, 22% by reception and 13% by welfare staff. An average of 24 languages were interpreted each month and the average duration of calls was 11.5 minutes. Every instance was recorded in detail.
- 2.13** Mediation had been used effectively to resolve occasions of potential friction between different nationalities or cultures. The Guide to Brook House booklet was available in 16 languages, but most other material displayed or available to detainees was in English.
- 2.14** Use of the cultural kitchen had been increasing steadily, but was still restricted through lack of space to very small numbers (see paragraphs 2.67 and 3.7). The needs of detainees of different religions were met well, and a mature and facilitative approach had been taken to occasions when a detainee had changed his religious affiliation.
- 2.15** The equality officer, who had been appropriately trained, saw all detainees on induction and asked them about disabilities. Other measures had been implemented to encourage disclosure, including special boxes on each wing. The centre was aware of 11 detainees with disabilities at the time of our inspection, although more detainees said they had a disability in our survey. Portable cell call equipment had been issued to those who might be unable to reach the fixed bell fittings.
- 2.16** Supported living plans introduced in 2014 were an excellent innovation providing a planned care structure and personal evacuation plans for detainees needing support, including those with disabilities. These plans provided a sound basis for sharing care between health care and unit staff but needed a clearer and more practical focus. There was too much specialist clinical content and occasional duplication of effort when a detainee was on another form of monitoring such as ACDT. A buddy system facilitated practical peer support.
- 2.17** We met gay men who told us they were too anxious about the consequences to disclose their sexuality to other detainees; some were given confidential support by the equality officer. Leaflets and posters sought to convey a message of understanding and acceptance of gay and transgender detainees, but there were no active links with relevant support organisations. A transgender detainee had been in the centre at the beginning of 2016, and there was evidence that he had been treated fairly in accordance with his wishes. All managers had completed an e-learning module on LGBTI¹⁴ awareness, which was to be extended to all staff. The equality and diversity policy made no provision for same-sex marriage.
- 2.18** Regular meetings were held with detainees aged 18 to 21, and those over 55, to identify any particular needs. Some actions had been taken, including the installation of recreational equipment requested by the younger group.

Recommendation

- 2.19** **The specific needs of gay and bisexual detainees should be identified and addressed through the fostering of a climate of acceptance of different lifestyles, drawing on the resources of community organisations.**

¹⁴ Lesbian, gay, bisexual, transgender, intersex.

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.

- 2.20** In our survey, 80% of detainees felt that their religious beliefs were respected. A large chaplaincy team from Tinsley House and Brook House was delivering an excellent service. All major faiths were catered for, and there were also Chinese Buddhist, Russian Orthodox, Polish Catholic and Rastafarian ministers.
- 2.21** There was a very united spirit in this diverse team. The worship spaces were accessible to all detainees and well used. There was a full daily programme of religious activities and classes. There was now ample space for Muslim prayers since the visits hall had been brought into use, and excellent ablutions facilities in the mosque.
- 2.22** Festivals were celebrated well, with contributions from the catering department. Chaplains gave significant support to detainees who did not speak English: the managing chaplain spoke six languages and the team could speak 15 languages between them. Some faith channels were available on in-cell television.
- 2.23** Members of the chaplaincy were visible around the centre and attended ACDT reviews when they knew the detainee.

Complaints

Expected outcomes:

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

- 2.24** During the previous six months, detainees had submitted about 13 complaints a month, slightly fewer than at our 2013 inspection. G4S and the Home Office investigated complaints about their respective functions thoroughly and replies were polite and well written. G4S upheld about 12% of complaints. The issues generating the most complaints were unfair treatment and property.
- 2.25** Managers reviewed a sample of the G4S replies. Detainees whose complaints were not upheld were given a leaflet on how to complain to the Prisons and Probation Ombudsman. Managers made good efforts to contact detainees who had left the centre, including those removed from the UK without a forwarding address. A detailed complaints report was circulated to senior managers each month. There was no longer evidence of detainees being encouraged to withdraw complaints and investigation outcomes were accurately recorded. Complaint forms and boxes were prominent on the residential units, but not all detainees were aware that forms were freely available in different languages.

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.

2.26 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)¹⁵ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found there were no breaches of the relevant regulations.

Governance arrangements

2.27 G4S Medical Services Limited (G4SM) provided health services at the centre. Joint working between centre staff and health care professionals was good. Regular, well-attended management meetings addressed essential operational and governance issues. There was no up-to-date health needs assessment to inform the health improvement plan, the previous update having been carried out in 2012.

2.28 Adverse incident reporting was good, albeit events were rare. We saw evidence of corporate learning from incidents in other G4SM health services.

2.29 There was no health service user forum but health care could be discussed at the detainees' monthly meeting with the centre manager.

2.30 An experienced team of senior nurses provided clinical leadership but opportunities for service development were limited by chronic staff recruitment problems. Despite about a third of posts being vacant, the use of bank staff and regular agency nurses compensated sufficiently to facilitate regular contributions to centre activities such as safer custody meetings and ACDT reviews. Registered nurses and health care assistants provided a responsive 24-hour service, seven days a week, and the local Saxonbrook GP practice provided daily clinics and on-call services. Regular clinical supervision for nurses had been introduced in 2016 and access to training was good, including mandatory components such as life support. All GPs and some nurses had completed relevant training in rule 35, including signs of trauma and torture.

2.31 Rooms in the health centre were of high standard but there were too few of them and space was at a premium with little room for growth. Waiting patients now had access to a toilet. Two health care rooms in reception were furnished to a high standard. Regular infection control audits were completed and areas of concern were addressed effectively.

2.32 Detainee custody officers and health staff had access to appropriate emergency equipment including automated external defibrillators (AEDs) which were subject to regular, documented checks. All but 1% of operational staff had been trained in first aid and use of an AED, which ensured a high state of preparedness and was a substantial improvement since our last inspection. Ambulance responses to medical emergencies were said to be prompt.

¹⁵ 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>.

- 2.33** In our survey, 29% of detainees said the overall quality of health care was good against the comparator of 42% and 40% at the last inspection. Many detainees we spoke to were negative about their experiences of health care, but we could find no evidence to support these perceptions apart from health notices displayed in English. The health interactions that we observed were polite and professional.
- 2.34** There was no local information-sharing protocol to provide a working framework for G4SM and the new substance misuse services.
- 2.35** SystmOne (electronic clinical records) was used appropriately and the clinical records we examined were satisfactory. We observed professional interpreting in use but it was not always recorded. Care planning for long-term conditions was particularly good, but we did not see evidence of regular clinical audit.
- 2.36** A written introduction to health services was available in 16 languages, which was good. Access to age-sensitive screening for younger patients, such as chlamydia, and general screening, such as tuberculosis, was beneficial. Thirty-three (8%) detainees were over the age of 50 and a nominated registered nurse managed their care, including health checks and vaccinations. Health personnel contributed to supported living plans for detainees with social care requirements, and access to mobility and health aids was satisfactory.
- 2.37** There had only been seven complaints since January 2016. Complaints about health services were submitted through the general centre system and forwarded to NHS England, which then returned them to health care for investigation. This compromised medical confidentiality and led to unnecessary delays in responses so that some detainees had left before the responses arrived. Responses that we sampled were polite, focused and empathetic.
- 2.38** There was no centre well-being strategy, but health promotion information was displayed in the health centre, largely in English. We were told that some information could be provided in other languages. There was no self-care and well-being guidance in the library in any language.
- 2.39** Smoking cessation support and barrier protection were readily available. Access to relevant immunisations and support for blood-borne viruses were satisfactory, although there was negligible take-up of hepatitis B vaccination despite being offered to all new detainees.

Recommendations

- 2.40** **A health needs assessment should be carried out and a centre health and well-being strategy should be developed.**
- 2.41** **There should be regular clinical audit.**
- 2.42** **The health care complaints system should maintain medical confidentiality.**
- 2.43** **Detainees who do not speak or read English well should have reasonable access to translated information about health services and health and well-being.**

Delivery of care (physical health)

- 2.44** Health and substance misuse needs were promptly assessed when detainees arrived. Appropriate onward referrals were made and all new arrivals were listed to see a GP on the same day or within 24 hours. Thereafter detainees had access to primary care services by application or, more commonly, by attending an easily accessible nurse triage clinic, available every morning.
- 2.45** Waiting times for primary care activities and rule 35 assessments were commendably short, although patient did-not-attend rates were high, for example 27% failed to attend GP appointments during the six months to September 2016. The practice manager was aware of this and seeking solutions.
- 2.46** Long-term conditions were managed by the GPs and routine monitoring was undertaken by nurses. A learning disability nurse offered support to detainees with learning difficulties and disabilities.
- 2.47** The provision of new in-house clinics such as genitourinary medicine was being considered, to meet an anticipated increase in demand as the capacity of the centre expanded. External health appointments were well managed and rarely cancelled.

Pharmacy

- 2.48** G4SM contracted pharmacy supplies from Boots UK at Gatwick airport. A pharmacy assistant was available on weekdays but there was no pharmacist on site for detainees to seek advice. There was no professional oversight, including auditing and medicine use reviews. The health care manager was discussing with Boots UK the introduction of a visiting pharmacist.
- 2.49** Detainees were risk assessed before having their medicines in possession. Only 7% received in-possession medicines. Detainees who had personal insulin and blood testing equipment in the community before entering the centre were not permitted to have the kit in possession, which was inappropriate. This practice was changed during the inspection and made subject to in-possession risk assessment.
- 2.50** Medicines were administered three times a day, with separate administration of methadone and buprenorphine (opiate substitutes). We observed a detainee custody officer supervising the methadone queue, but not general medicine administration. The waiting room was congested and noisy. Confidentiality was impossible at the hatch, and the aperture in the hatch was too big, with the potential for the diversion of medicines. Medicines were stored in the pharmacy room in the health centre.
- 2.51** An interpretation service was available and health leaflets were on display in various languages. Most medicines were supplied for named patients in individual labelled containers. There were few stock items. Stock management was generally good, although stock was not subject to professional audit and insulin pens were not marked with the date of opening. Controlled drugs were stored in a cabinet which was not fixed with the correct bolts. Controlled drugs cupboard keys were stored in a key safe in the pharmacy room to which all staff using the room had access. This was not sufficiently secure.
- 2.52** Nurses did not use patient group directions¹⁶ (PGDs), which reduced detainees' access to medicines. There were plans to introduce PGDs in the near future. A few over-the-counter

¹⁶ Authorise appropriate health care professionals to supply and administer prescription-only medicine.

remedies were available from the canteen, including creams and lozenges. Detainee custody officers could administer paracetamol to detainees, following consultation with a health professional, who logged the administration on SystmOne. This worked well.

- 2.53** A quarterly medicines and therapeutics committee meeting reviewed standard operating procedures and the prescribing formulary. There was no pharmacist at the meetings which lacked technical advice. Out-of-date reference books were available in several rooms, which was inappropriate.

Recommendations

- 2.54** **A professional pharmacist should be present on site to audit and quality assure services, provide advice to detainees, and advise the medicines and therapeutics committee.**
- 2.55** **Medicines administration and collection queues should be supervised. The medicines room hatch and controlled drugs cabinet should be made secure.**

Dentistry

- 2.56** G4SM contracted East Surrey Hospital to provide dentistry services. These included a visiting dentist to assess detainees in need and dedicated treatment clinics at the hospital at weekends. The arrangements worked well.

Delivery of care (mental health)

- 2.57** More than half the detainee custody officers had received mental health awareness training as part of staff induction, which was commendable. However, the training of some established staff was out of date.
- 2.58** G4SM mental health nurses provided primary and secondary mental health support and contracted Sussex Partnership NHS Foundation Trust to provide weekly psychiatric and occupational therapy sessions. The occupational therapist offered a good range of group emotional well-being activities and the Samaritans ran a valuable fortnightly visiting service, as well as crisis telephone line support. A nurse from the primary care team was about to start sleep clinics. The services offered a broad approach to detainees' emotional and mental health needs.
- 2.59** Detainees received an initial mental health screening during reception and were then referred for assessment through triage or by detainee custody officers. Urgent referrals were generally seen within 24 hours and routine referrals within three days, which was reasonable. There were about 45 referrals a month and, at the time of the inspection, the team was supporting 35 detainees with varying levels of need. Few detainees had severe mental illnesses and they were receiving appropriate treatment. There was a symptomatic approach to post-traumatic stress disorder which was appropriate given the unpredictable and short stay of detainees (over three-quarters left within two months).
- 2.60** During 2016 to date, two patients had been transferred to hospital under the Mental Health Act, after waiting seven days and 28 days. The latter was too long, although we were informed that transfers were usually expeditious.

Substance misuse

Expected outcomes:

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

- 2.61** There was no drug and alcohol strategy, although treatment was available for detainees undertaking detoxification from alcohol and drugs. Adverse events to which new psychoactive substances¹⁷ (NPS) were suspected to have contributed were monitored. There had been seven such events in 2016 to date. There had been some training and awareness raising on the effects of NPS for both detention staff and detainees; a more systematic staff training programme was about to be rolled out.
- 2.62** In May 2016, NHS England contracted RAPt (Rehabilitation for Addicted Prisoners Trust) to provide psychosocial support services for detainees who had abused substances. Eight detainees were in receipt of psychosocial support at the time of the inspection.
- 2.63** Clinical management was provided by Saxonbrook GPs and a local prescribing protocol had been introduced in September 2016. At the time of the inspection, six patients were receiving opiate substitution therapy and a few were undergoing alcohol detoxification.
- 2.64** The service was embryonic but developing. Work was in progress to recruit and train staff, develop protocols for multidisciplinary approaches and consider the prescribing of naloxone before release to minimise risk.

Recommendation

- 2.65 A drug and alcohol strategy for the centre should be established.**

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.

- 2.66** In our survey, 31% of detainees said that the food was good or very good compared to 18% at our last inspection. Portion sizes were good and the quality of the food that we saw was reasonable. Meals were served at appropriate times and catered for a diverse range of cultures and dietary needs. Hot options were offered at lunchtime and the evening meal. Breakfast packs included eggs and were distributed on the day they were eaten.
- 2.67** The cultural kitchen, where detainees could order food and cook for themselves, was now open in the mornings and afternoons while Tinsley House detainees stayed at Brook House. The kitchen was still too small for the number of detainees in the centre.

¹⁷ New drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life threatening effects.

- 2.68** Catering staff held frequent food forums, although these were often poorly attended. A food and shop survey had been carried out. There were no food comments books on the units but catering staff regularly visited the units at meal times to speak to detainees. Detainees were also invited to help in the kitchen when cultural and religious events were celebrated.
- 2.69** The kitchen was clean and staff and detainees working there and on the serveries had received basic hygiene training and were appropriately dressed.
- 2.70** More than half the detainees said in our survey that the shop sold a wide enough range of goods. Access to the shop was good and detainees were not restricted in how much they could spend. Advances of funds were given to detainees who arrived with no money. Additional items had been made available in the shop following requests by detainees and a catalogue service was provided.

Recommendation

- 2.71** **The extended opening hours of the cultural kitchen should be continued after Tinsley House detainees return to that centre. The kitchen should be increased in size.**

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 continued to provide a reasonably good range of purposeful activities which met the needs of most detainees. Half the detainees said that there was enough to fill their time. Recreational amenities were good and included additional space and facilities for small board games, an improvement on the last inspection. Residential units were suitably equipped with table tennis, pool tables and table football and provided good access to computers. Detainees used accessible fax facilities frequently and uniformed staff willingly photocopied information for detainees. Detainees used gardens and courtyards well to exercise, associate with each other and participate in team sports. There was still no dedicated outdoor sports area.
- 3.2** The number of work places had increased slightly and there was enough learning, skills and work for about 57% of detainees, compared with 50% at the previous inspection. Most of the places were filled and there were short waiting lists, often caused by security and Home Office regulations and delays. There were more orderlies and learning support assistants than at the previous inspection, but externally accredited training was still only offered in the kitchens. More education courses were assessed and certificated internally.
- 3.3** Education classes were offered during the day and sometimes in the evenings. Arrangements were made to provide education for detainees on E wing and in the care and separation unit. Education and work activities were promoted more effectively at induction and on the wings. Detainees benefited from watching a video of the centre and looking at all the facilities during induction. There were good opportunities for detainees to engage in purposeful activities. They were locked in their cells early in the evening, which was inappropriate (see paragraph 1.41).

Learning and skills

- 3.4** The education provision had been restructured successfully to meet the increased average length of stay of 48 days, double that at the previous inspection. Staff cover arrangements for education sessions had improved. In our survey, 23% of detainees said they were taking part in education and it was impressive that 100% of detainees said the education was helpful. Attendance in most learning sessions was high, but punctuality was poor, especially in the evenings, and many sessions were disrupted by detainees arriving late, leaving during the sessions and using their mobile phones. This inhibited the progress that detainees made in achieving their learning goals.
- 3.5** The education provision included English assessments and single session classroom study for beginners in English vocabulary, grammar and English conversation and other languages. There was a need to deliver more learning sessions and plans for English and English for speakers of other languages (ESOL) to better meet the needs of the population. This had been recognised by managers and plans to increase provision were well advanced, including the recruitment of extra tutors.
- 3.6** Teaching staff were well qualified and experienced and worked hard to meet all detainees' needs. Teaching, learning and assessment were good and the vast majority of detainees made good progress towards their learning goals. Detainee learning support assistants provided

good support and interpretation for those on ESOL courses. Most learning sessions involved detainees with varied abilities and tutors provided appropriate activities and exercises to stretch and challenge them successfully. Individual learning plans (ILPs) were not used effectively to plan and monitor progress. ILPs were completed by staff but not shared with detainees. There were still no opportunities for longer-stay detainees to progress to higher level programmes or gain higher level qualifications.

- 3.7** The arts and crafts programme continued to deliver a good range of activities and some detainees had achieved Koestler awards¹⁸ for their creative work. Detainees valued highly the opportunity to cook for friends in the cultural kitchen (see paragraph 2.67 and recommendation 2.71). Music sessions, including a choir, were led by the chaplaincy. The sessions were well supported and provided detainees with the opportunity to express and share their cultural experiences in music.
- 3.8** Access to information and communications technology and email facilities remained good. The computers in the dedicated rooms, library and on the residential units were well used, but some sites were unnecessarily blocked (see paragraph 4.16).
- 3.9** The quality assurance of learning and skills was underdeveloped. Self-assessment and quality improvement planning were weak and the observation of teaching, learning and assessment to improve delivery was not effective, especially for the recently introduced short courses. Some quality assurance had been carried out by an external member of G4S but the potential improvements identified in March 2016 had not been implemented.

Recommendations

- 3.10 The quantity and range of provision in English and English for speakers of other languages should increase significantly to ensure that all detainees' needs are fully met.**
- 3.11 Thorough and systematic quality assurance, including regular self-assessment, should be applied to education and other activities.** (Repeated recommendation 3.19)
- 3.12 A strategy should be developed and implemented to improve punctuality and attendance at learning and skills sessions.**

Paid work

- 3.13** The centre continued to offer a reasonable choice of paid work, most of which was full time. Detainees could earn £1-£1.25 an hour. The number of work places had increased to over 100 and most places were filled quickly. However, paid work was only available to detainees with enhanced status (see paragraph 1.50 and recommendation 1.51) and security and Home Office clearance. The Home Office continued to veto individual applications for work for non-compliance.
- 3.14** Paid work opportunities included kitchen and servery workers, orderlies, laundry workers, painters and cleaners. The opportunity to acquire employability skills and training remained limited. The qualifications offered were restricted to basic food hygiene and a level 2 award in food safety. Industrial cleaning training, previously identified by the centre as a good employment related programme, had not yet been introduced.

¹⁸ Koestler Trust art awards scheme for offenders, secure patients and detainees.

Recommendations

- 3.15 Detainees should not be prevented from taking up jobs because of non-compliance with the Home Office.** (Repeated recommendation 3.23)
- 3.16 A wider range of accredited employment related work should be provided to enhance detainees' skills and employment opportunities.**

Library

- 3.17** Library facilities were good and, in our survey, 88% of detainees said that it was easy to go to the library against the comparator of 76% and 75% at the previous inspection. The range of foreign newspapers and periodicals was good and the library remained well stocked with reading material. Centre regulations were available close to the entrance in a wide range of languages. The library was now included on the centre tour at induction.
- 3.18** Detainees had good access to the library during weekdays, evenings and weekends. Well trained orderlies supported staff. Arrangements were made for detainees on E wing to use the library at appropriate times and a few books were provided in the care and separation unit. A bar code system had been introduced to monitor the book stock. Stock loss was extremely low. There were few resources to promote healthy living and self-employment and there were still no books to help detainees improve their English language skills. Detainees were instead referred to the education department.

Recommendation

- 3.19 Language support materials should be available in the library to enable detainees to improve their language skills.** (Repeated recommendation 3.27)

Sport and physical activity

- 3.20** Fitness facilities remained reasonably good. In our survey, 81% of detainees said that it was very easy to go to the gym against the comparator of 67% and 68% at the previous inspection. The small well-equipped cardiovascular fitness room was used well by detainees and the equipment was in good order. The small fitness area on the induction wing was no longer available and was used as an induction room.
- 3.21** The external courtyards adjacent to residential units continued to be used well by detainees for general exercise and a range of sports, including football, cricket, basketball and volleyball. There was still no separate sports hall or indoor area for team sports.
- 3.22** Activities staff who supervised sports and gym activities were suitably trained and qualified to at least community sports leader award level. Orderlies provided good support to ensure that detainees used equipment safely. Gym programmes and activities were organised for older detainees. Data on participation and the range of programmes offered were regularly reviewed and used to inform changes to the programme. However, attendance was not monitored well enough to ensure equality of access. Accidents or injuries were systematically recorded and investigated. Links with health care were effective.

Recommendation

- 3.23 Detainees' attendance in the gym should be monitored systematically to ensure fairness and equality of access.**

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 number of designated welfare officers had increased to four, usually with two on duty at a time. The service was available in morning, afternoon and evening sessions, seven days a week.
- 4.2 Welfare was provided on a drop-in basis. Detainees had to take a numbered ticket and queue up outside. However, the tickets and a range of forms, such as bail applications, were inside the office and detainees routinely walked in while the welfare officer was talking to a detainee. Detainees became agitated at the long waits and ignored the ticket system. Some we spoke to said they had tried to see welfare on several consecutive days and had failed.
- 4.3 Despite this, most detainees were positive about the service and it was very well used; over the previous three months, welfare staff had dealt with an average of 1,400 issues a month. Officers provided assistance with basic issues, including applications to see immigration, access to legal surgeries and property retrieval.
- 4.4 The centre was aware of the problems in using the service, and there were well developed plans to implement an appointment system and for welfare staff to work more closely with immigration staff.

Recommendation

- 4.5 **All detainees should be able to access the welfare service when required. Interviews should be confidential and not interrupted by other detainees.**

Visits

Expected outcomes:

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

- 4.6 In our survey, only 39% of detainees said that they had received a visit at Brook House. We did not get a response when we called the visits booking line and visitors spoke to us of frustration at being unable to get through. The facility to book visits by email had been introduced and was welcomed by visitors.
- 4.7 The visitors' centre was clean and provided basic facilities for visitors. A free minibus service transported visitors to the centre. We observed a new visitor being treated in an offhand manner on entering the centre and while there. The visitor was made welcome once in the visits hall. In our survey, 73% of those who had received a visit said they had been treated well or very well by visits staff.

- 4.8** There was now a water cooler in the visits hall and the range of refreshments had improved. A bowl of fruit was provided for detainees and visitors. Visitors were only able to take £5 in cash to make purchases, which was inadequate for the length of visits and the price of the goods.
- 4.9** Some toys were provided for younger children but nothing for teenagers. Detainees said that the rules for contact between detainees and visitors were not applied consistently and staff confirmed this when we asked what was permitted. Rules for contact were unnecessarily restrictive and detainees were not allowed to sit next to family members irrespective of individual risk assessment. Visits staff were appropriately informed of detainees who posed a risk to children or to females.
- 4.10** The Gatwick Detainees Welfare Group provided a valuable range of services and support to detainees.

Recommendations

- 4.11 Managers should ensure that detainees can easily book visits.**
- 4.12 Detainees' contact with visitors should only be restricted on the basis of individual assessments of risk.**

Communications

Expected outcomes:

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

- 4.13** There were no payphones, and telephones in wing offices could not be used for outside calls. However, access to mobile phones was good. Detainees were allowed to use their own phones unless they had a camera and sound recording facility. Otherwise, detainees were lent a phone. Mobile phone reception was adequate. In our survey, 62% of detainees said it was easy to use the telephone.
- 4.14** Phone cards were available from the shop, but detainees with no money had to wait a week to accumulate the allowance to buy the minimum top-up of £5. Detainees with no money could make emergency calls from the welfare office. Detainees could apply for a monthly £5 phone card from Gatwick Detainees Welfare Group.
- 4.15** Detainees had unlimited access to fax machines in the units, and post was delivered promptly. Detainees with no funds could send a free letter each week.
- 4.16** Access to computers was good. However, as we have reported in previous inspections, some sites were blocked unnecessarily. Detainees could ask for sites to be unblocked but security software repeatedly prevented access to sites that had previously been unblocked. There was no access to social networking sites or Skype to promote family contact.
- 4.17** Detainees could open an email account and read emails in the internet room, but documents, such as legal correspondence, could not be printed off in confidence.

Recommendation

- 4.18 Legitimate websites should be accessible, including those facilitating legal assistance, Skype and social networking. There should be effective procedures for permanently unblocking such sites.** (Repeated recommendation 4.26)

Removal and release

Expected outcomes:

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

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

- 4.19** During the previous six months, 1,059 detainees had been removed from the country, 669 had been released into the community and 616 transferred to other places of detention.
- 4.20** Home Office staff did not routinely see detainees on the day of removal to address last-minute questions and concerns or be presented with new documentation. Two detainees we spoke to, who had had their removal directions served elsewhere, said they had not seen immigration staff since arriving in the centre a few days previously. Welfare staff did not routinely see detainees before removal.
- 4.21** The charter removal to Nigeria and Ghana that we observed during the inspection was generally well managed. Detainees were brought to the discharge area in small groups a short time before they were due to board the coach, which avoided excessive waiting times in the two holding rooms. These rooms remained poorly ventilated, although they now contained magazines and helpful country information packs. Detainees were accompanied on removal transfer coaches by Tascor medics who were invited to attend complex case conferences before the release or removal of the detainee. G4SM staff and Tascor medics jointly assessed detainees on transfer coaches who had had emerging health problems at the centre.
- 4.22** Overseas escorts were polite to detainees, although some were discussing personal matters while searching detainees. None of the detainees was placed in waist restraint belts during this removal and there was no other use of force or compulsion (but see paragraph 1.53 showing evidence suggesting excessive use of waist restraint belts during scheduled removals). The system of reserves was still in place and remained unacceptable, although the centre told detainees if they were a reserve. There was no publicised and consistent system of funding to ensure that detainees could reach their final destination safely.
- 4.23** Health care needs on transfer or release were usually well planned for, with discharge summaries and take home medicines available as necessary. Discharge and release arrangements were considered as part of detainees' mental health management plans. RAPt (Rehabilitation of Addicted Prisoners Trust) used existing networks in the UK and were developing their support for detainees being removed to other countries. Most prescribing decisions were appropriately informed by the medicines available in destination countries.
- 4.24** There was a lack of clarity among Home Office staff about their responsibility to inform police and offender managers when a detainee who was a risk to children was released from detention. Similarly, we could not be confident that all ex-prisoners released before the end of their sentence had the terms of their licence explained to them and that offender managers were informed.

Recommendations

- 4.25** Home Office staff should speak to all detainees on their day of removal to allow them to ask questions, address concerns and present new paperwork. (Repeated recommendation 4.38)
- 4.26** Only detainees who volunteer to do so should be placed on a reserve list.
- 4.27** Removed detainees should receive assistance with travel from the airport of arrival to their final destination. (Repeated recommendation 4.43)
- 4.28** Extant licence conditions should be explained to all ex-prisoners being released into the community. Systems should be robust enough to ensure that police and offender managers are also informed when a detainee who is a risk to children or others is released from detention. (Repeated recommendation 4.45)

Good practice

- 4.29** *Joint working between G4SM and Tascor medics before release and on departure ensured continuity of care for detainees with complex or emerging health needs.*

Section 5. Summary of recommendations and good practice

The following is a listing of repeated and new recommendations and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report, and in the previous report where recommendations have been repeated.

Main recommendation

To the Home Office

- 5.1** The reasons for the increasing length of detention should be analysed and appropriate remedial action taken. All casework should be progressed promptly and, if that is impossible, the detainee should be released. (S35)

Main recommendation

To the Home Office and centre manager

- 5.2** Concerted action should be taken to soften the prison-like living conditions. Showers and toilets should be adequately screened, and toilets deep cleaned. Units should be well ventilated and detainees should have more control over access to fresh air. (S36)

Recommendations

To the Home Office

Safeguarding children

- 5.3** All detainees claiming to be children should have a Merton-compliant age assessment by social services. (1.38)

Casework

- 5.4** The contact management team should conduct comprehensive induction interviews with all detainees within 24 hours of arrival at the centre. (1.78)
- 5.5** Monthly progress reports should be served on time and should contain meaningful and relevant information on progress since the last report. (1.79, repeated recommendation 1.98)
- 5.6** Where a detainee claims they have been tortured, the Rule 35 report should include an assessment of PTSD. Where there is independent evidence of torture, the Home Office should only detain in very exceptional circumstances. Reasons for maintaining detention in such cases should be comprehensive. (1.80)

Removal and release

- 5.7** Home Office staff should speak to all detainees on their day of removal to allow them to ask questions, address concerns and present new paperwork. (4.25, repeated recommendation 4.38)
- 5.8** Only detainees who volunteer to do so should be placed on a reserve list. (4.26)

- 5.9** Removed detainees should receive assistance with travel from the airport of arrival to their final destination. (4.27)

Recommendation

To the Home Office and escort contractors

Escort vehicles and transfers

- 5.10** Detainees should not be subjected to exhausting overnight transfers when this could be avoided through more timely escorts. (1.4)

Recommendations

To the Home Office and centre manager

Self-harm and suicide prevention

- 5.11** The ACDT process should be reserved for detainees assessed as at risk of self-harm, and should not be used to monitor those who do not eat food provided by the centre. ACDT documents should identify specific triggers and daily entries should reflect interactions with detainees in crisis. (1.25)
- 5.12** A care suite for detainees at risk of self-harm should be established. (1.27, repeated recommendation 1.42)

Safeguarding (protection of adults at risk)

- 5.13** All staff should have effective training in the adults at risk guidance. There should be effective multidisciplinary oversight of detainees in this group. Their vulnerability should be monitored carefully and developments communicated promptly to Home Office case workers. (1.33)

Safeguarding children

- 5.14** There should be a multi-agency case review of detainees found by social services to be children, which should include the chief immigration officer who made the original assessment, to learn safeguarding lessons. (1.39)

Legal rights

- 5.15** In consultation with the Legal Aid Agency, the centre should ensure adequate prompt access to legal advice. (1.66, recommendation repeated 1.84)

Communications

- 5.16** Legitimate websites should be accessible, including those facilitating legal assistance, Skype and social networking. There should be effective procedures for permanently unblocking such sites. (4.18, repeated recommendation 4.26)

Removal and release

- 5.17** Extant licence conditions should be explained to all ex-prisoners being released into the community. Systems should be robust enough to ensure that police and offender managers are also informed when a detainee who is a risk to children or others is released from detention. (4.28, repeated recommendation 4.45)

Recommendation

To the escort contractor and centre manager

The use of force and single separation

- 5.18** All use of force should be necessary, proportionate and competently applied. (1.58)

Recommendations

To the centre manager

Early days in detention

- 5.19** All detainees should have a private reception interview and experience robust first night and induction procedures, irrespective of their initial location, to help reduce anxiety and prepare for their time in the centre. (1.11)

Bullying and violence reduction

- 5.20** The management of perpetrators of violence and bullying should include monitoring and challenge of poor behaviour. (1.18)

Self-harm and suicide prevention

- 5.21** The constant supervision cells should be refurbished and cleaned to provide a more suitable environment for detainees in crisis. (1.26)

Security

- 5.22** All security procedures should be proportionate to a detainee population and based on individual risk assessments. (1.48)
- 5.23** Detainees should not be locked in cells and should be allowed free movement around the centre until later in the evening. (1.49)

Rewards scheme

- 5.24** The rewards scheme should not be punitive or based on sanctions. (1.51)

The use of force and single separation

- 5.25** Detainees in the separation unit should be held in clean and fully furnished cells, and they should be able to access a full regime. (1.59)

Legal rights

- 5.26** Detainees should have access to up-to-date legal resources, including text books and country of origin information, and be permitted to print legal correspondence in confidence. (1.67)

Staff–detainee relationships

- 5.27** Each detainee should be asked about their welfare by their allocated care officer at least once a month and more frequently in the early stages, and the conversation should be recorded together with any actions arising from it. (2.8)

Equality and diversity

- 5.28** The specific needs of gay and bisexual detainees should be identified and addressed through the fostering of a climate of acceptance of different lifestyles, drawing on the resources of community organisations. (2.19)

Health services

- 5.29** A health needs assessment should be carried out and a centre health and well-being strategy should be developed. (2.40)
- 5.30** There should be regular clinical audit. (2.41)
- 5.31** The health care complaints system should maintain medical confidentiality. (2.42)
- 5.32** Detainees who do not speak or read English well should have reasonable access to translated information about health services and health and well-being. (2.43)
- 5.33** A professional pharmacist should be present on site to audit and quality assure services, provide advice to detainees, and advise the medicines and therapeutics committee. (2.54)
- 5.34** Medicines administration and collection queues should be supervised. The medicines room hatch and controlled drugs cabinet should be made secure. (2.55)

Substance misuse

- 5.35** A drug and alcohol strategy for the centre should be established. (2.65)

Services

- 5.36** The extended opening hours of the cultural kitchen should be continued after Tinsley House detainees return to that centre. The kitchen should be increased in size. (2.71)

Learning and skills

- 5.37** The quantity and range of provision in English and English for speakers of other languages should increase significantly to ensure that all detainees' needs are fully met. (3.10)
- 5.38** Thorough and systematic quality assurance, including regular self-assessment, should be applied to education and other activities. (3.11, repeated recommendation 3.19)

- 5.39** A strategy should be developed and implemented to improve punctuality and attendance at learning and skills sessions. (3.12)

Paid work

- 5.40** Detainees should not be prevented from taking up jobs because of non-compliance with the Home Office. (3.15, repeated recommendation 3.23)
- 5.41** A wider range of accredited employment related work should be provided to enhance detainees' skills and employment opportunities. (3.16)

Library

- 5.42** Language support materials should be available in the library to enable detainees to improve their language skills. (3.19, repeated recommendation 3.27)

Sport and physical activity

- 5.43** Detainees' attendance in the gym should be monitored systematically to ensure fairness and equality of access. (3.23)

Welfare

- 5.44** All detainees should be able to access the welfare service when required. Interviews should be confidential and not interrupted by other detainees. (4.5)

Visits

- 5.45** Managers should ensure that detainees can easily book visits. (4.11)
- 5.46** Detainees' contact with visitors should only be restricted on the basis of individual assessments of risk. (4.12)

Good practice

- 5.47** Excellent monitoring and analysis of a wide range of data at the monthly safer community meetings incorporated bullying and violence reduction, suicide and self-harm and diversity data. It was clear that action was taken to address any identified trends, hotspots or issues. (1.19)
- 5.48** Very good monitoring reports were issued on every significant area of the centre where direct or indirect discrimination was a risk. These included monthly analysis and an annual report with comments on patterns and trends and suggested actions. (2.11)
- 5.49** Joint working between G4SM and Tascor medics before release and on departure ensured continuity of care for detainees with complex or emerging health needs. (4.29)

Section 6. Appendices

Appendix I: Inspection team

Peter Clarke	Chief inspector
Hindpal Singh Bhui	Team leader
Bev Alden	Inspector
Colin Carroll	Inspector
Martin Kettle	Inspector
Deri Hughes-Roberts	Inspector
Karen Dillon	Inspector
Paul Tarbuck	Health services inspector
Nicola Carlisle	Pharmacist
Malcolm Irons	Care Quality Commission inspector
Bob Cowdrey	Ofsted inspector
Joe Simmonds	Researcher
Helen Ranns	Researcher
Anna Fenton	Researcher
Ellis Cowling	Researcher

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, many detainees were subject to unnecessary night-time transfers, and there were weaknesses in the centre's early days arrangements. Some security arrangements were disproportionate. Force was used appropriately and there was evidence of good de-escalation. Use of separation had reduced substantially. E wing provided a much improved environment. Few detainees said they felt unsafe and levels of violence were not high. There was considerable frustration and despair among detainees, triggering a high level of self-harm. Those in crisis were generally well cared for by centre staff. Many detainees had no solicitor, and the legal advice surgeries were unable to meet demand. On-site Home Office staff were overstretched and induction interviews were poor. Rule 35 processes had improved and had provided an effective safeguard in some cases. Outcomes for detainees were reasonably good against this healthy establishment test.

Main recommendation

All casework should be progressed promptly. The Home Office should more actively engage with detainees held for long periods and take proactive action where detainees cannot be removed because of their failure to comply with re-documentation, either prosecuting them or releasing them if there is no realistic prospect of removal. (S35)

Not achieved

Recommendations

Detainees should be given advance notice of transfer, the reasons for the transfer and information about their destination. (1.6)

Partially achieved

Detainees should not be subject to overnight or successive transfers around the detention estate. (1.7)

Partially achieved

Reception procedures and staffing levels should be adequate to manage the throughput of detainees quickly and effectively. (1.14)

Partially achieved

All detainees should be interviewed in private in reception. Key risk information should be identified and shared with the receiving wing. (1.15)

Partially achieved

All relevant staff should be given guidance on their responsibility to deliver first-night procedures, and detainees should undergo a robust first-night interview irrespective of their time of arrival or wing allocation. (I.16)

Not achieved

All detainees should receive a comprehensive induction. (I.17)

Achieved

The reasons for detainees under-reporting victimisation should be investigated and acted upon. (I.29)

Achieved

The safer community group should analyse data, identify trends and oversee the implementation of a comprehensive action plan. (I.30)

Achieved

A care suite for detainees at risk of self-harm should be established. (I.42)

Not achieved (Recommendation repeated, I.27)

Detainees subject to constant supervision should be able to move around the centre and participate in constructive activities. (I.41)

Achieved

ACDTs should identify specific triggers, and care maps and daily entries should reflect interactions with detainees in crisis. Post-closure reviews should be consistently completed and recorded. (I.43)

Partially achieved

Formal arrangements for safeguarding adults should be developed in partnership with the local authority. (I.46)

Achieved

Staff should be aware of detainees who are a risk to women or children and monitor them during visits. Risks to women and children should be documented on the detainee's person escort record and authority to detain (IS91). (I.52)

Partially achieved

All security procedures should be proportionate to a detainee population. (I.59)

Not achieved

The rewards scheme should not involve an enhanced wing or a prison-style three-tier incentives and earned privileges system. (I.62)

Achieved

Separation should only be authorised following a full examination of the facts of the case by the authorising manager. (I.74)

Achieved

Accommodation in the separation unit should be fully furnished, toilets should be cleaned regularly and the shower should afford privacy. (I.72)

Partially achieved

The regime in the separation unit should be developed and should include purposeful activity. (I.73)

Not achieved

Detainees in the pre-departure unit should be allowed off the unit subject to risk assessment. (1.75)

Achieved

The contact management team should induct all detainees within 24 hours of arrival at the centre. Induction interviews should be comprehensive. Detainees should be informed of their bail rights, voluntary return and re-entry bans and should be given this information in writing with a bail application form. (1.97)

Not achieved

Monthly progress reports should be served on time and should contain meaningful and relevant information on progress since the last report. (1.98)

Not achieved (Recommendation repeated, 1.79)

If a doctor writing a Rule 35 report finds that detention is adversely affecting a detainee's health, case owners should not dismiss the report on a technicality, but request further information before deciding to maintain detention.

Not achieved

In consultation with the Legal Aid Agency, the centre should ensure adequate access to legal advice. (1.84)

Not achieved (Recommendation repeated, 1.66)

Respect

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

At the last inspection in 2013, despite efforts to soften the environment, the centre continued to look and feel like a prison. Staff-detainee relationships were good. Only 18% of detainees thought that the standard of food was good or very good and the cultural kitchen was underused. Diversity outcomes were reasonable for most detainees but a strategic approach to long-term outcomes was lacking. Faith provision was good. Complaints were generally well managed but detainees were asked to withdraw complaints that had been resolved, which was inappropriate. Health care services had improved and were good. Outcomes for detainees were reasonably good against this healthy establishment test.

Recommendations

Plans to soften the environment should be implemented across the centre. (2.8)

Partially achieved

Rooms should be decorated and adequately ventilated. (2.9)

Not achieved

Showers and toilets should be adequately screened for privacy and toilets should be deep cleaned. (2.10)

Not achieved

Detainees should be able to retrieve clothes and stored property easily. (2.11)

Achieved

Weekly group meetings should be held, with the help of interpreters where necessary, to enhance communication with detainees, especially those who speak little English. The meetings should identify unmet needs, inform detainees of relevant issues and keep staff abreast of detainee concerns. (2.16)

Not achieved

Strategic planning for diversity should target the specific needs of the population at Brook House, set objectives and state measures to achieve them. It should be supported by monitoring that identifies trends in detainee outcomes across all protected characteristics. (2.22)

Achieved

Specific forums for detainees with protected characteristics should be established. (2.23)

Partially achieved

A professional interpretation service should always be used when confidential or sensitive information is being discussed. (2.24)

Achieved

The under-reporting of disabilities should be investigated and addressed. (2.30)

Partially achieved

Call bells in adapted rooms should be easily accessible. (2.31)

Achieved

Paid carer roles should be introduced for detainees with additional needs. (2.32)

Achieved

The specific needs of young adults and gay and bisexual detainees should be identified and addressed. (2.33)

Not achieved

The Friday prayer facility should be able to accommodate all detainees wishing to attend. (2.38)

Achieved

Detainees should not be encouraged to withdraw complaints, and outcomes should be accurately recorded. (2.46)

Achieved

Complaints should be answered within seven days of the detainee making the complaint. (2.47)

Not achieved

The health care centre should be provided with a toilet for the use of detainees being examined or treated. (2.55)

Achieved

First aid training for custody staff should include the use of automated external defibrillators. (2.56)

Achieved

Clinical audit of prescribed medicines should be undertaken to ensure evidence-based prescribing. (2.65)

Not achieved

Detainees should have access to counselling services. (2.70)

No longer relevant

Effective strategies should be developed for the management of patients with drug and alcohol problems. (2.74)

Partially achieved

Detainees' negative perception of the quality of the food should be investigated and addressed. (2.80)

Achieved

Detainees should be encouraged to assist in the preparation of menus and cooking of dishes, particularly on the themed days. (2.81)

Achieved

The cultural kitchen should be larger and used more often to provide positive opportunities for more detainees. (2.82)

Partially achieved

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 an appropriate range of recreational activity and more detainees than at the last inspection said they could fill their time while at the centre. Education provision was limited and required improvement. There was an adequate range of work for the population. PE provision was good. The library was small but well stocked and accessible. Outcomes for detainees were reasonably good against this healthy establishment test.

Recommendations

Detainees should not be prevented from taking up jobs because of non-compliance with the Home Office. (3.23)

Not achieved (Recommendation repeated, 3.15)

The volume and range of education provision should significantly increase, and its structure and planning should meet the needs of all detainees. (3.6)

Partially achieved

A comprehensive needs analysis should be carried out to determine the needs of all detainees and plan to meet those needs. (3.7)

Not achieved

Detainees on E wing and in the care and separation unit should be able to access a programme of activities. (3.8)

Achieved

Detainees should not be locked into cells and should be allowed free movement around the centre until later in the evening. (3.9)

Not achieved

Detainees should have the opportunity to follow short units of study leading to internal or external accreditation. (3.18)

Achieved

Thorough and systematic quality assurance, including regular self-assessment, should be applied to education and other activities. (3.19)

Partially achieved (Recommendation repeated, 3.11)

A strategy should be developed to improve participation, attendance and punctuality at learning and skills sessions. (3.20)

Partially achieved

The centre should increase the volume of paid work available to detainees, accompanied by appropriate training for all work roles leading to internal or external accreditation. (3.24)

Achieved

Language support materials should be available in the library to enable detainees to improve their language skills. (3.27)

Not achieved (Recommendation repeated, 3.19)

Procedures should be established for book returns and monitoring stock levels to maintain an appropriate resource for detainees. (3.28)

Achieved

Preparation for removal and release

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, some good welfare work was done but it did not meet the very high need. Detainees were not systematically identified for support on arrival or before release or removal. The visitors' centre and visits areas were welcoming. There was generally good access to telephones and computers, but important websites were inappropriately blocked. We had significant concerns about the behaviour of some overseas escorts and the management of charter removals. Outcomes for detainees were not sufficiently good against this healthy establishment test.

Main recommendations

A sufficient and widely advertised welfare and resettlement service should be delivered seven days a week, providing systematic assessment and support for detainees. (S36)

Partially achieved

Overseas escorts in the discharge area should remain polite, professional and respectful to detainees at all times. They should not crowd or otherwise intimidate detainees, and physical compulsion should not be used in secure areas unless justified by an individual assessment of risk. (S37)

Achieved

Recommendations

Visitors should have access to water coolers and should be able to buy a range of healthy food, including fresh fruit and sandwiches and items suitable for children. (4.14)

Achieved

Well maintained children’s toys and books should be provided for a range of age groups. (4.15)

Partially achieved

Legitimate websites should be accessible, including those facilitating legal assistance, Skype and social networking. There should be effective procedures for permanently unblocking such sites. (4.26)

Not achieved (Recommendation repeated, 4.18)

Detainees should be able to make and receive calls on their mobile phones throughout the centre. (4.24)

Achieved

Detainees without money should be given a weekly telephone allowance. (4.25)

Not achieved

Home Office staff should speak to all detainees on their day of removal to allow them to ask questions, address concerns and present new paperwork. (4.38)

Not achieved (Recommendation repeated, 4.25)

The system of taking ‘reserve’ detainees to the airport for removals should cease. (4.39)

Not achieved

If allegations of assault are made during removal, supported by medical evidence, the removal should be delayed pending police investigation. (4.42)

Not achieved

Removed detainees should receive assistance with travel from the airport of arrival to their final destination. (4.43)

Not achieved (Recommendation repeated, 4.27)

Extant licence conditions should be explained to all ex-prisoners being released into the community. Systems should be robust enough to ensure that police and offender managers are also informed when a detainee who is a risk to children or others is released from detention. (4.45)

Not achieved (Recommendation repeated, 4.28)

Detainees being transferred into further detention should be given detailed written reasons for this decision and information about the centre to which they are being transferred in a language they can understand. (4.36)

Partially achieved

Detainees should not spend lengthy periods in holding rooms before removal, and reading materials should be provided. (4.37)

Achieved

The use of handcuffs should be subject to ongoing assessment, and they should be removed at the earliest opportunity. (4.40)

Not achieved

Health care staff should be informed at the earliest opportunity of a detainee’s pending release, transfer or removal. (4.41)

Achieved

The management of the removal of detainees with complex needs should be governed by a broader multidisciplinary approach to detainee welfare. (4.44)

Partially achieved

Appendix III: Detainee population profile

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

(i) Age	No. of men	No. of women	No. of children	%
Under 1 year				
1 to 6 years				
7 to 11 years				
12 to 16 years				
16 to 17 years				
18 years to 21 years	24			6
22 years to 29 years	144			37
30 years to 39 years	124			32
40 years to 49 years	66			17
50 years to 59 years	29			7
60 years to 69 years	4			1
70 or over				
Total				100

(ii) Nationality Please add further categories if necessary	No. of men	No. of women	No. of children	%
Afghanistan	24			6.1
Albania	33			8.4
Algeria	10			3.9
Angola	3			0.8
Bangladesh	17			4.3
Belgium	1			0.2
Belarus				
Brazil	2			0.5
Bulgaria	2			0.5
Burkina Faso	2			0.5
Cameroon				
China	7			1.8
Colombia				
Congo (Brazzaville)	2			0.5
Congo Democratic Republic (Zaire)	6			1.5
Czech Republic	1			0.2
Ecuador				
Egypt	5			1.3
Eritrea	7			1.8
Estonia				
Ethiopia	1			0.2
France	2			0.5
Gambia	1			0.2
Georgia				
Ghana	12			3
India	24			6
Iran	11			2.8
Iraq	12			3

Italy	2		0.5
Ivory Coast	2		0.5
Hungary	2		0.5
Jamaica	20		5.1
Jordan	1		0.2
Kenya	2		0.5
Kosovo	1		0.2
Kuwait	1		0.2
Latvia	4		1
Liberia			
Lithuania	9		2.3
Macedonia	1		0.2
Malaysia	2		
Mali	1		0.2
Mauritius	3		0.8
Moldova			
Morocco	7		1.8
Namibia	1		0.2
Nepal	1		0.2
Nigeria	31		7.9
Pakistan	35		8.9
Poland	20		5.1
Portugal	4		1
Russia			
Romania	9		2.3
Sierra Leone	3		0.8
Slovakia	4		1
Somalia	8		2
South Africa	1		0.2
Sri Lanka	7		1.8
St Lucia	1		0.2
St Vincent & Grenadines	1		0.2
Sudan	5		1.3
Sweden	1		0.2
Syria	1		0.2
Tanzania	1		0.2
Trinidad and Tobago			
Tunisia	1		0.2
Turkey			
Ukraine	4		1
United States of America	1		0.2
Vietnam	7		1.8
Yugoslavia (FRY)			
Zambia			
Zimbabwe			
Other (please state)			
Total			100

(iii) Religion/belief Please add further categories if necessary	No. of men	No. of women	No. of children	%
Buddhist	8			2
Roman Catholic	26			6.6
Orthodox	5			1.3
Other Christian religion	110			28
Hindu	11			2.8
Muslim	183			47
Sikh	10			2.5
Agnostic/atheist	35			8.9
Unknown	2			0.5
Other (please state what)	1 (Rastafarian)			0.2
Total				100

(iv) Length of time in detention in this centre		No. of women	No. of children	%
Less than 1 week	75			19.2
1 to 2 weeks	60			15.3
2 to 4 weeks	70			17.9
1 to 2 months	99			25.3
2 to 4 months	36			9.3
4 to 6 months	28			7.1
6 to 8 months	10			2.6
8 to 10 months	6			1.5
More than 10 months (please note the longest length of time)	7 545 nights at Brook House			1.8
Total				100

(v) Detainees' last location before detention in this centre	No. of men	No. of women	No. of children	%
Community				
Another IRC				
A short-term holding facility (e.g. at a port or reporting centre)				
Police station				
Prison				
Total				100

Appendix IV: Summary of detainee survey responses

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

Sampling

The detainee survey was conducted on a representative sample of the population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the centre¹⁹. Respondents were then randomly selected from a detainee population print-out using a stratified systematic sampling method.

Distributing and collecting questionnaires

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

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

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

Refusals were noted and no attempts were made to replace them.

Survey response

At the time of the survey on 31 October 2016 the detainee population at Brook House IRC was 392. Using the method described above, questionnaires were distributed to a sample of 209 detainees.

We received a total of 159 completed questionnaires, a response rate of 76%. This included one questionnaire completed via interview. Nine respondents refused to complete a questionnaire and 41 questionnaires were not returned.

¹⁹ 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

Returned language	Number of completed survey returns
English	105 (66%)
Arabic	8 (5%)
Kurdish Sorani	7 (4%)
Polish	5 (3%)
Tigrinya	5 (3%)
Albanian	4 (3%)
Russian	4 (3%)
Urdu	4 (3%)
Vietnamese	4 (3%)
Bengali	3 (2%)
Chinese	3 (2%)
Farsi	3 (2%)
Pashtu	2 (1%)
French	1 (1%)
Punjabi	1 (1%)
Total	159 (100%)

Presentation of survey results and analyses

Over the following pages we present the survey results for Brook House IRC.

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

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant²⁰ differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in detainees' background details.

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

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

The following comparative analyses are presented:

- The current survey responses from Brook House IRC in 2016 compared with responses from detainees surveyed in all other detention centres. This comparator is based on all responses from detainee surveys carried out in 10 detention centres since April 2013.
- The current survey responses from Brook House IRC in 2016 compared with the responses of detainees surveyed at Brook House IRC in 2013.

²⁰ 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. In order to appropriately adjust p-values in light of multiple testing, $p < 0.01$ was considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

- A comparison within the 2016 survey between the responses of non English speaking detainees with English speaking detainees.
- A comparison within the 2016 survey between the responses of detainees who consider themselves to have a disability and those who do not consider themselves to have a disability

Survey summary

Section I: About you

Q1	Are you male or female?	
	Male	155 (99%)
	Female.....	1 (1%)
Q2	What is your age?	
	Under 18	3 (2%)
	18-21	11 (7%)
	22-29	60 (39%)
	30-39	44 (29%)
	40-49	27 (18%)
	50-59	6 (4%)
	60-69	3 (2%)
	70 or over	0 (0%)
Q3	What region are you from? (Please tick only one.)	
	Africa	47 (32%)
	North America.....	1 (1%)
	South America.....	0 (0%)
	Indian subcontinent (India, Pakistan, Bangladesh, Sri Lanka)	32 (21%)
	China	5 (3%)
	Other Asia.....	21 (14%)
	Caribbean	9 (6%)
	Europe.....	27 (18%)
	Middle East	7 (5%)
Q4	Do you understand spoken English?	
	Yes	126 (82%)
	No.....	28 (18%)
Q5	Do you understand written English?	
	Yes	109 (70%)
	No.....	46 (30%)
Q6	What would you classify, if any, as your religious group?	
	None.....	16 (11%)
	Church of England	9 (6%)
	Catholic	11 (7%)
	Protestant.....	2 (1%)
	Other Christian denomination	22 (15%)
	Buddhist	6 (4%)
	Hindu	4 (3%)
	Jewish	2 (1%)
	Muslim	71 (48%)
	Sikh.....	4 (3%)
Q7	Do you have a disability?	
	Yes	20 (14%)
	No.....	122 (86%)

Section 2: Immigration detention

Q8	When being detained, were you told the reasons why in a language you could understand?	
	Yes	112 (75%)
	No.....	38 (25%)
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.....	101 (71%)
	Three to five	29 (20%)
	Six or more	13 (9%)
Q10	How long have you been detained in this centre?	
	Less than 1 week	21 (14%)
	More than 1 week less than 1 month.....	42 (28%)
	More than 1 month less than 3 months.....	49 (32%)
	More than 3 months less than 6 months	18 (12%)
	More than 6 months less than 9 months	10 (7%)
	More than 9 months less than 12 months.....	6 (4%)
	More than 12 months.....	5 (3%)

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	56 (37%)
	No.....	77 (50%)
	Do not remember	20 (13%)
Q12	How long did you spend in the escort vehicle to get to this centre on your most recent journey?	
	Less than one hour	18 (12%)
	One to two hours.....	44 (29%)
	Two to four hours	55 (36%)
	More than four hours.....	26 (17%)
	Do not remember	11 (7%)
Q13	How did you feel you were treated by the escort staff?	
	Very well.....	34 (22%)
	Well.....	72 (47%)
	Neither	31 (20%)
	Badly.....	13 (8%)
	Very badly.....	3 (2%)
	Do not remember	1 (1%)

Section 4: Reception and first night

Q14	Were you seen by a member of healthcare staff in reception?	
	Yes	130 (83%)
	No.....	19 (12%)
	Do not remember	8 (5%)
Q15	When you were searched in reception, was this carried out in a sensitive way?	
	Yes	89 (60%)
	No.....	35 (24%)
	Do not remember/ Not applicable	24 (16%)

Q16	Overall, how well did you feel you were treated by staff in reception?	
	Very well.....	27 (18%)
	Well.....	73 (48%)
	Neither.....	33 (22%)
	Badly.....	7 (5%)
	Very badly.....	9 (6%)
	Do not remember.....	4 (3%)
Q17	On your day of arrival did you receive information about what was going to happen to you?	
	Yes.....	59 (39%)
	No.....	81 (54%)
	Do not remember.....	11 (7%)
Q18	On your day of arrival did you receive information about what support was available to you in this centre?	
	Yes.....	58 (39%)
	No.....	81 (54%)
	Do not remember.....	10 (7%)
Q19	Was any of this information given to you in a translated form?	
	Do not need translated material.....	45 (32%)
	Yes.....	24 (17%)
	No.....	73 (51%)
Q20	On your day of arrival did you get the opportunity to change into clean clothing?	
	Yes.....	99 (66%)
	No.....	39 (26%)
	Do not remember.....	11 (7%)
Q21	Did you feel safe on your first night here?	
	Yes.....	79 (52%)
	No.....	57 (38%)
	Do not remember.....	15 (10%)
Q22	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)	
	Not had any problems.....	41 (31%)
	Loss of property.....	12 (9%)
	Contacting family.....	19 (14%)
	Access to legal advice.....	20 (15%)
	Feeling depressed or suicidal.....	57 (43%)
	Health problems.....	43 (32%)
Q23	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.....	41 (31%)
	Yes.....	26 (20%)
	No.....	65 (49%)

Section 5: Legal rights and immigration

Q24	Do you have a lawyer?	
	Do not need one.....	5 (3%)
	Yes.....	102 (67%)
	No.....	45 (30%)

Q25	Do you get free legal advice?	
	Do not need legal advice	20 (13%)
	Yes	47 (31%)
	No.....	84 (56%)
Q26	Can you contact your lawyer easily?	
	Yes	67 (45%)
	No.....	24 (16%)
	Do not know/ Not applicable.....	57 (39%)
Q27	Have you had a visit from your lawyer?	
	Do not have one	50 (35%)
	Yes	31 (22%)
	No.....	63 (44%)
Q28	Can you get legal books in the library?	
	Yes	68 (47%)
	No.....	34 (24%)
	Do not know/ Not applicable	42 (29%)
Q29	How easy or difficult is it for you to obtain bail information?	
	Very easy.....	12 (8%)
	Easy	24 (17%)
	Neither	23 (16%)
	Difficult.....	36 (25%)
	Very difficult.....	32 (22%)
	Not applicable.....	16 (11%)
Q30	Can you get access to official information reports on your country?	
	Yes	18 (12%)
	No.....	78 (53%)
	Do not know/ Not applicable	50 (34%)
Q31	How easy or difficult is it to see the centre's immigration staff when you want?	
	Do not know/ have not tried.....	40 (27%)
	Very easy.....	12 (8%)
	Easy	16 (11%)
	Neither	19 (13%)
	Difficult.....	30 (20%)
	Very difficult.....	31 (21%)

Section 6: Respectful detention

Q32	Can you clean your clothes easily?	
	Yes.....	129 (86%)
	No.....	21 (14%)
Q33	Are you normally able to have a shower every day?	
	Yes	143 (97%)
	No.....	4 (3%)
Q34	Is it normally quiet enough for you to be able to relax or sleep in your room at night time?	
	Yes	98 (66%)
	No.....	50 (34%)

Q35	Can you normally get access to your property held by staff at the centre if you need to?	
	Yes	72 (49%)
	No.....	30 (21%)
	Do not know.....	44 (30%)
Q36	What is the food like here?	
	Very good.....	12 (8%)
	Good.....	33 (22%)
	Neither	44 (30%)
	Bad	23 (16%)
	Very bad.....	35 (24%)
Q37	Does the shop sell a wide enough range of goods to meet your needs?	
	Have not bought anything yet	13 (9%)
	Yes	80 (54%)
	No.....	54 (37%)
Q38	Do you feel that your religious beliefs are respected?	
	Yes	117 (80%)
	No.....	13 (9%)
	Not applicable	16 (11%)
Q39	Are you able to speak to a religious leader of your faith in private if you want to?	
	Yes	74 (52%)
	No.....	19 (13%)
	Do not know/ Not applicable.....	48 (34%)
Q40	How easy or difficult is it to get a complaint form?	
	Very easy.....	18 (12%)
	Easy.....	50 (34%)
	Neither	15 (10%)
	Difficult.....	12 (8%)
	Very difficult.....	12 (8%)
	Do not know.....	39 (27%)
Q41	Have you made a complaint since you have been at this centre?	
	Yes	36 (24%)
	No.....	97 (66%)
	Do not know how to	15 (10%)
Q42	If yes, do you feel complaints are sorted out fairly?	
	Yes	6 (4%)
	No.....	25 (17%)
	Not made a complaint.....	112 (78%)

Section 7: Staff

Q43	Do you have a member of staff at the centre that you can turn to for help if you have a problem?	
	Yes	97 (66%)
	No.....	49 (34%)
Q44	Do most staff at the centre treat you with respect?	
	Yes	107 (77%)
	No.....	32 (23%)

Q45	Have any members of staff physically restrained you (C and R) in the last six months?	
	Yes	17 (13%)
	No.....	115 (87%)
Q46	Have you spent a night in the separation/isolation unit in the last six months?	
	Yes	24 (17%)
	No.....	115 (83%)

Section 8: Safety

Q47	Do you feel unsafe in this centre?	
	Yes	53 (37%)
	No.....	89 (63%)
Q48	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	
	Yes	28 (21%)
	No.....	106 (79%) If No, go to question 50
Q49	If you have felt victimised by a detainee/group of detainees, what did the incident(s) involve? (Please tick all that apply to you.)	
	<i>Physical abuse (being hit, kicked or assaulted)</i>	13 (10%)
	<i>Because of your nationality</i>	3 (2%)
	<i>Having your property taken</i>	3 (2%)
	<i>Drugs</i>	2 (1%)
	<i>Because you have a disability</i>	1 (1%)
	<i>Because of your religion/religious beliefs</i>	1 (1%)
Q50	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	
	Yes	22 (18%)
	No.....	99 (82%) If No, go to question 52
Q51	If you have felt victimised by a member of staff/group of staff, what did the incident(s) involve? (Please tick all that apply to you.)	
	<i>Physical abuse (being hit, kicked or assaulted)</i>	4 (3%)
	<i>Because of your nationality</i>	7 (6%)
	<i>Drugs</i>	2 (2%)
	<i>Because you have a disability</i>	0 (0%)
	<i>Because of your religion/religious beliefs</i>	1 (1%)
Q52	If you have been victimised by detainees or staff, did you report it?	
	Yes	13 (12%)
	No.....	15 (14%)
	<i>Not been victimised</i>	82 (75%)
Q53	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	
	Yes	19 (16%)
	No.....	98 (84%)
Q54	Have you ever felt threatened or intimidated by a member of staff in here?	
	Yes	14 (12%)
	No.....	103 (88%)

Section 9: Healthcare

Q56	Is health information available in your own language?	
	Yes	39 (28%)
	No.....	55 (39%)
	Do not know.....	46 (33%)
Q57	Is a qualified interpreter available if you need one during healthcare assessments?	
	Do not need an interpreter/ Do not know.....	69 (49%)
	Yes	28 (20%)
	No.....	43 (31%)
Q58	Are you currently taking medication?	
	Yes	52 (39%)
	No.....	82 (61%)
Q59	What do you think of the overall quality of the healthcare here?	
	Have not been to healthcare.....	22 (15%)
	Very good	11 (8%)
	Good	25 (17%)
	Neither	32 (22%)
	Bad	23 (16%)
	Very bad.....	32 (22%)

Section 10: Activities

Q60	Are you doing any education here?	
	Yes	34 (23%)
	No.....	112 (77%)
Q61	Is the education helpful?	
	Not doing any education.....	112 (77%)
	Yes	33 (23%)
	No.....	0 (0%)
Q62	Can you work here if you want to?	
	Do not want to work	32 (23%)
	Yes	77 (55%)
	No.....	32 (23%)
Q63	Is there enough to do here to fill your time?	
	Yes	70 (49%)
	No.....	73 (51%)
Q64	How easy or difficult is it to go to the library?	
	Do not know/ Do not want to go.....	8 (6%)
	Very easy.....	78 (54%)
	Easy	48 (33%)
	Neither	3 (2%)
	Difficult.....	5 (3%)
	Very difficult.....	2 (1%)

Q65	How easy or difficult is it to go to the gym?	
	<i>Do not know/ Do not want to go</i>	11 (8%)
	<i>Very easy</i>	72 (49%)
	<i>Easy</i>	47 (32%)
	<i>Neither</i>	11 (8%)
	<i>Difficult</i>	5 (3%)
	<i>Very difficult</i>	0 (0%)

Section 11: Keeping in touch with family and friends

Q66	How easy or difficult is it to use the phone?	
	<i>Do not know/ Have not tried</i>	10 (7%)
	<i>Very easy</i>	50 (34%)
	<i>Easy</i>	40 (28%)
	<i>Neither</i>	13 (9%)
	<i>Difficult</i>	17 (12%)
	<i>Very difficult</i>	15 (10%)

Q67	Have you had any problems with sending or receiving mail?	
	<i>Yes</i>	30 (21%)
	<i>No</i>	68 (48%)
	<i>Do not know</i>	44 (31%)

Q68	Have you had a visit since you have been here from your family or friends?	
	<i>Yes</i>	55 (39%)
	<i>No</i>	87 (61%)

Q69	How did staff in the visits area treat you?	
	<i>Not had any visits</i>	59 (43%)
	<i>Very well</i>	21 (15%)
	<i>Well</i>	35 (26%)
	<i>Neither</i>	10 (7%)
	<i>Badly</i>	5 (4%)
	<i>Very Badly</i>	6 (4%)

Section 12: Resettlement

Q70	Do you feel that any member of staff has helped you to prepare for your release?	
	<i>Yes</i>	15 (12%)
	<i>No</i>	111 (88%)

Main comparator and comparator to last time



Detainee survey responses: Brook House IRC 2016

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

		Brook House IRC 2016	IRC comparator	Brook House IRC 2016	Brook House 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				
Number of completed questionnaires returned		159	1,390	159	216
SECTION 1: General information					
1	Are you male?	100%	89%	100%	100%
2	Are you aged 21 years or under?	9%	9%	9%	13%
4	Do you understand spoken English?	82%	78%	82%	71%
5	Do you understand written English?	70%	74%	70%	64%
6	Are you Muslim?	48%	45%	48%	61%
7	Do you have a disability?	14%	14%	14%	9%
SECTION 2: Immigration detention					
8	When being detained, were you told the reasons why in a language you could understand?	75%	77%	75%	72%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	9%	6%	9%	4%
10	Have you been detained in this centre for more than one month?	58%	56%	58%	43%
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?	37%	43%	37%	44%
12	Did you spend more than four hours in the escort van to get to this centre?	17%	29%	17%	28%
13	Were you treated well/very well by the escort staff?	69%	65%	69%	56%
SECTION 4: Reception and first night					
14	Were you seen by a member of health care staff in reception?	83%	89%	83%	88%
15	When you were searched in reception was this carried out in a sensitive way?	60%	63%	60%	75%
16	Were you treated well/very well by staff in reception?	65%	66%	65%	59%
17	Did you receive information about what was going to happen to you on your day of arrival?	39%	38%	39%	32%
18	Did you receive information about what support was available to you in this centre on your day of arrival?	39%	48%	39%	41%
For those who required information in a translated form:					
19	Was any of this information provided in a translated form?	25%	29%	25%	29%
20	Did you get the opportunity to change into clean clothing on your day of arrival?	66%	63%	66%	58%
21	Did you feel safe on your first night here?	52%	53%	52%	52%
22a	Did you have any problems when you first arrived?	70%	68%	70%	67%
22b	Did you have any problems with loss of transferred property when you first arrived?	9%	10%	9%	10%
22c	Did you have any problems contacting family when you first arrived?	14%	15%	14%	14%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	Brook House IRC 2016	IRC comparator	Brook House IRC 2016	Brook House IRC 2013
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 4: Reception and first night continued					
22d	Did you have any problems accessing legal advice when you first arrived?	15%	16%	15%	13%
22e	Did you have any problems with feeling depressed or suicidal when you first arrived?	43%	35%	43%	36%
22f	Did you have any health problems when you first arrived?	32%	33%	32%	23%
For those who had problems on arrival:					
23	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	28%	35%	28%	32%
SECTION 5: Legal rights and immigration					
24	Do you have a lawyer?	67%	68%	67%	61%
For those who have a lawyer:					
26	Can you contact your lawyer easily?	74%	77%	74%	77%
27	Have you had a visit from your lawyer?	33%	38%	33%	39%
25	Do you get free legal advice?	31%	41%	31%	31%
28	Can you get legal books in the library?	47%	45%	47%	48%
29	Is it easy/very easy for you to obtain bail information?	25%	32%	25%	30%
30	Can you get access to official information reports on your country?	12%	22%	12%	20%
31	Is it easy/very easy to see this centre's immigration staff when you want?	19%	27%	19%	21%
SECTION 6: Respectful detention					
32	Can you clean your clothes easily?	86%	75%	86%	88%
33	Are you normally able to have a shower every day?	97%	92%	97%	94%
34	Is it normally quiet enough for you to be able to sleep in your room at night?	66%	64%	66%	56%
35	Can you normally get access to your property held by staff at the centre, if you need to?	49%	47%	49%	45%
36	Is the food good/very good?	31%	31%	31%	18%
37	Does the shop sell a wide enough range of goods to meet your needs?	55%	43%	55%	55%
38	Do you feel that your religious beliefs are respected?	80%	79%	80%	75%
39	Are you able to speak to a religious leader of your own faith if you want to?	53%	57%	53%	50%
40	Is it easy/very easy to get a complaint form?	47%	58%	47%	58%
41	Have you made a complaint since you have been at this centre?	24%	24%	24%	27%
For those who have made a complaint:					
42	Do you feel complaints are sorted out fairly?	20%	23%	20%	33%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	Brook House IRC 2016	IRC comparator	Brook House IRC 2016	Brook House IRC 2013
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 7: Staff					
43	Do you have a member of staff you can turn to for help if you have a problem?	67%	66%	67%	61%
44	Do most staff treat you with respect?	77%	76%	77%	74%
45	Have any members of staff physically restrained you in the last six months?	13%	10%	13%	9%
46	Have you spent a night in the segregation unit in the last six months?	17%	12%	17%	15%
SECTION 8: Safety					
47	Do you feel unsafe in this centre?	37%	34%	37%	34%
48	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	21%	21%	21%	17%
49a	Have you been hit, kicked or assaulted since you have been here? (By detainees)	10%	5%	10%	3%
49b	Have you been victimised because of your nationality since you have been here? (By detainees)	2%	5%	2%	5%
49c	Have you ever had your property taken since you have been here? (By detainees)	2%	3%	2%	1%
49d	Have you been victimised because of drugs since you have been here? (By detainees)	2%	2%	2%	2%
49e	Have you ever been victimised here because you have a disability? (By detainees)	1%	1%	1%	1%
49f	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	1%	3%	1%	2%
50	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	18%	17%	18%	13%
51a	Have you been hit, kicked or assaulted since you have been here? (By staff)	3%	3%	3%	2%
51b	Have you been victimised because of your nationality since you have been here? (By staff)	6%	5%	6%	5%
51c	Have you been victimised because of drugs since you have been here? (By staff)	2%	1%	2%	1%
51d	Have you ever been victimised here because you have a disability? (By staff)	0%	2%	0%	1%
51e	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	1%	3%	1%	2%
For those who have been victimised by detainees or staff:					
52	Did you report it?	46%	40%	46%	32%
53	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	16%	13%	16%	11%
54	Have you ever felt threatened or intimidated by a member of staff in here?	12%	12%	12%	13%

Main comparator and comparator to last time

Key to tables

		Brook House IRC 2016	IRC comparator	Brook House IRC 2016	Brook House 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				
SECTION 9: Health services					
56	Is health information available in your own language?	28%	36%	28%	41%
57	Is a qualified interpreter available if you need one during health care assessments?	20%	19%	20%	18%
58	Are you currently taking medication?	39%	45%	39%	31%
For those who have been to health care:					
59	Do you think the overall quality of health care in this centre is good/very good?	29%	42%	29%	40%
SECTION 10: Activities					
60	Are you doing any education here?	23%	22%	23%	16%
For those doing education here:					
61	Is the education helpful?	100%	95%	100%	92%
62	Can you work here if you want to?	55%	58%	55%	47%
63	Is there enough to do here to fill your time?	49%	54%	49%	50%
64	Is it easy/very easy to go to the library?	88%	76%	88%	75%
65	Is it easy/very easy to go to the gym?	81%	67%	81%	68%
SECTION 11: Keeping in touch with family and friends					
66	Is it easy/very easy to use the phone?	62%	65%	62%	68%
67	Have you had any problems with sending or receiving mail?	21%	23%	21%	24%
68	Have you had a visit since you have been in here from your family or friends?	39%	42%	39%	47%
For those who have had visits:					
69	Do you feel you are treated well/very well by staff in the visits area?	73%	75%	73%	72%
SECTION 12: Resettlement					
70	Has any member of staff helped you to prepare for your release?	12%	15%	12%	18%



Key questions (non-English speakers) Brook House IRC 2016

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

Key to tables

		Non-English speakers	English speakers
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		28	126
8	When being detained, were you told the reasons why in a language you could understand?	70%	75%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	3%	10%
10	Have you been in this centre for more than one month?	60%	58%
11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	37%	38%
13	Were you treated well/very well by the escort staff?	74%	67%
16	Were you treated well/very well by staff in reception?	57%	67%
17	Did you receive information about what was going to happen to you on your day of arrival?	45%	38%
18	Did you receive information about what support was available to you on your day of arrival?	32%	41%
21	Did you feel safe on your first night here?	60%	51%
22	Did you have any problems when you first arrived?	62%	72%
24	Do you have a lawyer?	82%	65%
31	Is it easy/very easy to see the centre's immigration staff when you want?	16%	19%
32	Can you clean your clothes easily?	92%	84%
33	Are you normally able to have a shower every day?	96%	98%
40	Is it easy/very easy to get a complaint form?	44%	47%
41	Have you made a complaint since you have been at this centre?	12%	27%
43	Do you have a member of staff you can turn to for help if you have a problem?	63%	66%
44	Do most staff treat you with respect?	84%	75%
47	Do you feel unsafe in this centre?	25%	41%
48	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	9%	21%

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		
50	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	13%	19%
53	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	6%	17%
54	Have you ever felt threatened or intimidated by a member of staff in here?	14%	12%
56	Is health information available in your own language?	26%	28%
57	Is a qualified interpreter available if you need one during health care assessments?	39%	16%
60	Are you doing any education here?	37%	20%
62	Can you work here if you want to?	56%	54%
63	Is there enough to do here to fill your time?	67%	46%
64	Is it easy/very easy to go to the library?	100%	85%
65	Is it easy/very easy to go to the gym?	83%	82%
66	Is it easy/very easy to use the phone?	63%	61%
67	Have you had any problems with sending or receiving mail?	17%	22%
68	Have you had a visit since you have been in here from your family or friends?	18%	44%
70	Has any member of staff helped you to prepare for your release?	9%	13%



Diversity analysis - Disability

Key question responses (disability analysis) Brook House IRC 2016

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

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		20	122
4	Do you understand spoken English?	75%	85%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	20%	7%
10	Have you been in this centre for more than one month?	65%	57%
13	Were you treated well/very well by the escort staff?	70%	70%
14	Were you seen by a member of health care staff in reception?	86%	84%
15	When you were searched in reception was this carried out in a sensitive way?	68%	59%
16	Were you treated well/very well by staff in reception?	65%	67%
21	Did you feel safe on your first night here?	45%	53%
22a	Did you have any problems when you first arrived?	95%	67%
22f	Did you have any health problems when you first arrived?	31%	32%
24	Do you have a lawyer?	70%	68%
31	Is it easy/very easy to see this centre's immigration staff when you want?	24%	17%
32	Can you clean your clothes easily?	89%	85%
33	Are you normally able to have a shower every day?	100%	98%
40	Is it easy/very easy to get a complaint form?	44%	48%
41	Have you made a complaint since you have been at this centre?	36%	24%
43	Do you have a member of staff you can turn to for help if you have a problem?	76%	64%
44	Do most staff treat you with respect?	75%	78%
45	Have any members of staff physically restrained you in the last six months?	38%	10%
46	Have you spent a night in the segregation unit in the last six months?	29%	14%

Diversity analysis - Disability

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
47	Do you feel unsafe in this centre?	50%	36%
48	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	41%	17%
50	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	22%	19%
53	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	31%	14%
54	Have you ever felt threatened or intimidated by a member of staff in here?	17%	12%
57	Is a qualified interpreter available if you need one during health care assessments?	22%	19%
58	Are you currently taking medication?	82%	33%
60	Are you doing any education here?	27%	23%
63	Is there enough to do here to fill your time?	50%	47%
64	Is it easy/very easy to go to the library?	88%	86%
65	Is it easy/very easy to go to the gym?	73%	82%
66	Is it easy/very easy to use the phone?	64%	60%
67	Have you had any problems with sending or receiving mail?	12%	23%
68	Have you had a visit since you have been in here from your family or friends?	39%	39%
70	Has any member of staff helped you to prepare for your release?	29%	8%