

Report on an unannounced inspection of

Tinsley House Immigration Removal Centre

by HM Chief Inspector of Prisons

3–5, 9–11 & 16–19 April 2018

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Contents

Introduction	5
Fact page	7
About this inspection and report	9
Summary	13
Section 1. Safety	21
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	63
Appendix IV: Detainee survey methodology and results	67
Appendix V: Summary of detainee interviews	77
Appendix VI: Summary of staff interviews and survey	79

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.justiceinspectors.gov.uk/hmiprisons/about-our-inspections/>

Introduction

Tinsley House is a small immigration removal centre (IRC) close to Gatwick airport. At the time of the inspection the centre held just under 140 detainees. It had been closed for several months before June 2017 pending a refurbishment of family detention accommodation. We have prepared a separate report on this accommodation and do not comment on it further in this report.

As we found at previous inspections, the adult centre was calm and stable and had a largely positive atmosphere, although detainees were often anxious and upset about their cases. There was little violence or tension between detainees. However, over 40% of men responding to our survey said they felt unsafe. While this was often a result of uncertainty over their immigration cases, many detainees told us staff had threatened to have them transferred to the neighbouring Brook House IRC and it was a concern that detainees and staff regarded being moved to another IRC as a punishment.

The emotional strain of detention was evident – a large number of detainees had been subject to constant supervision as a result of an assessed risk of imminent self-harm or suicide. We were pleased to see that the centre had responded to a previous recommendation by creating a good care suite for detainees in crisis, and the support for those at risk of self-harm was generally good.

There were ongoing weaknesses in rule 35 protections. Reports were too variable. In our sample of 10 cases, eight showed that the Home Office had accepted evidence of torture, but that detention nevertheless continued. The average length of detention at Tinsley House was about a month and fewer people were detained for long periods than we often find, although one man had been held for about 10 months. Over a third of those detained for removal were eventually released directly from the centre.

In our interviews with staff, most said they would report any safeguarding concerns but a small minority were still unwilling to do so. More work needed to be done by managers to encourage and reassure and, where necessary, instruct staff about the importance of taking action.

Managers restricted detainees' movement in the mornings and evenings for reasons of operational convenience. This change was not the result of any assessed risks and had a negative impact on the way that detainees experienced life in Tinsley House. Access to activity areas was reduced and men were unduly restricted to their units and communal rooms where ventilation was poor and windows could not be opened. Under half of the detainees in our survey said they had enough to do to fill their time while at the centre.

Staff-detainee relationships were generally good and the centre had a reasonably relaxed feel. It benefited from its open and non-prison-like design, which was a welcome contrast to many other IRCs. Work on equality and diversity was underdeveloped but we generally found staff used interpretation services well. While health care was adequate, the provision for men with lower level emotional needs, such as counselling or drop-in services, was too limited.

A major strength of the centre was the excellent welfare service. Welfare staff were accredited by the Office of the Immigration Services Commissioner, which helped them to understand and respond to detainees' immigration case-related concerns, as well as provide broader welfare assistance. We were impressed by the level of support detainees received and saw some determined and proactive work to resolve complex cases. Community support agencies, such as the Gatwick Detainee Welfare Group, were also more involved than previously, which helped a number of men in the centre.

In some areas outcomes had deteriorated and systems for safeguarding detainees required continuous focus. There was also a danger that the needs of Brook House would undermine the

focus on Tinsley House. However, overall, Tinsley House remained a reasonably decent and safe centre, and one of the better establishments that we have inspected.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

June 2018

Fact page

Task of the establishment

To detain people subject to immigration control.

Certified normal accommodation and operational capacity

Detainees held at the time of inspection: 137

Certified normal accommodation: 162

Operational capacity: 162

Notable features from this inspection

In our survey, 78% of detainees said most staff were respectful.

About a third of detainees arrived during the night, often for administrative convenience.

Forty-two per cent of detainees in our survey said they felt unsafe.

Few detainees were held for very long periods but the average length of detention at Tinsley House during the inspection was still 33 days, and the longest detention overall was for 10 months.

Seventy-seven rule 35 reports had been drawn up in the previous six months, all on the basis of torture.

In our survey, only 45% of detainees said they had enough to do to fill their time at the centre.

Name of contractor

G4S

Key providers

Escort provider: Tascor

Health service commissioner and providers: NHS England, G4S Medical Services Limited

Learning and skills providers: G4S

Location

Gatwick Airport, West Sussex

Brief history

Tinsley House closed in September 2016 for refurbishment and reopened in May 2017. Along with neighbouring Brook House, Tinsley House is close to Gatwick Airport. It has the capacity to hold 162 men and has a suite to accommodate families denied entry to the UK. Expanded and refurbished family detention accommodation opened in June 2017. It was inspected separately from the adult centre and a separate report has been published.

Short description of residential units

Bedrooms for men accommodated between two and six men. Communal shower and toilet facilities were on each residential corridor.

Names of centre managers

Sarah Newland (Tinsley House)

Lee Hanford (Director, Gatwick IRCs)

Independent Monitoring Board chair

Anne Duffy

Last inspection

1–12 December 2014

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 destination country 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 In addition to our normal methodology, we offered every detainee in the centre a confidential interview with an inspector and 35 took up this offer. Where necessary, these interviews were conducted with the help of professional interpreting (see Appendix V). We issued an invitation to recent ex-detainees to speak to us through various support groups but no one took up this offer.

A10 We also interviewed 23 centre staff working in operational roles. They included detainee custody officers, health services staff and staff in the Home Office contact team. In addition, we issued an electronic staff survey over the same period, which elicited 21 responses. All responses were anonymous and some of the survey respondents and interviewees might

have been the same people. The staff survey responses and interview responses are reported together in Appendix VI.

- A11 The interviews with both detainees and staff were semi-structured and took place from 9–11 April 2018. The main objective of the enhanced methodology was to give detainees and staff an opportunity to tell inspectors confidentially about concerns on safety and the treatment of detainees. We followed up all serious allegations whenever there was sufficient information to do so, and have reported on relevant outcomes in the main body of the report. The results of these further interviews and survey were used as sources of evidence to inform the rounded judgements made by inspectors in the body of this report.
- A12 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.
- A13 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

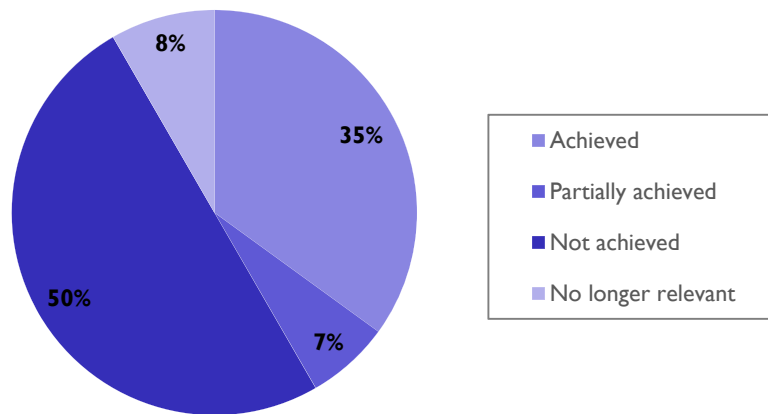
- A14 This explanation of our approach is followed by a summary of our inspection findings against the four healthy establishment tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the conditions for and treatment 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 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.
- A15 Details of the inspection team and the detainee population profile can be found in Appendices I and III respectively.
- A16 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

- S1 We last inspected Tinsley House Immigration Removal Centre (IRC) in 2014 and made 60 recommendations overall. The centre fully accepted 43 of the recommendations and partially (or accepted in principle) accepted 13. It rejected four of the recommendations.
- S2 At this follow up inspection we found that the centre had achieved 21 of those recommendations, partially achieved four recommendations and not achieved 30 recommendations. Five recommendations were no longer relevant.

Figure 1: Tinsley House IRC progress on recommendations from last inspection (n=60)



- S3 Since our last inspection outcomes for detainees stayed the same in Respect and Preparation for release and removal, and worsened in Safety and Activities. Outcomes were generally reasonably good in each healthy establishment area, except for Preparation for release and removal where outcomes were good.

Figure 2: Tinsley House IRC healthy establishment area outcomes 2015 and 2018²



² Please note that the criteria assessed under each healthy establishment area were amended in January 2018. Healthy establishment outcomes reflect the expectations in place at the time of each inspection.

Safety

- S4** *Too many detainees were transferred to the centre overnight. Processes during detainees' early days were not sufficiently thorough. The centre provided a safe environment and there was very little evidence of violence, although a significant minority of detainees said they felt intimidated by staff. Some staff said they would not raise safeguarding concerns. There were weaknesses in the rule 35 process³, which was not used in all relevant cases and was not sufficiently effective in protecting vulnerable detainees. The level of self-harm was low and support was good. Security was generally well managed, but some restrictions, including limiting detainees' ability to move freely around the centre, were disproportionate. There was little use of force or the separation unit. Legal support was reasonable and relatively few detainees were held for long periods. On-site immigration staff provided detainees with an improving service. **Outcomes for detainees were reasonably good against this healthy establishment test.***
- S5** *At the last inspection in 2014 we found that outcomes for detainees in Tinsley House were good against this healthy establishment test. We made 20 recommendations about safety. At this follow-up inspection we found that nine of the recommendations had been achieved, one had been partially achieved and 10 had not been achieved.*
- S6** About a third of detainees arrived at night, often for reasons of administrative convenience and many had waited for considerable periods in nearby reporting centres or police stations. The reception area was clean and welcoming and facilities were reasonable. Staff tried to reassure detainees who were arriving. However, searching and initial interviews were not conducted in private and reception screening was not robust enough to identify detainees' risks and needs consistently. For most detainees, the induction covered what they needed to know about the centre and usually took place within 24 hours of their arrival.
- S7** Most staff told us they would report safeguarding concerns, although none had made any reports. A minority of staff said they would not report concerns, because they did not trust managers or believe confidentiality would be respected. The whistle-blowing process was convoluted and potentially off-putting.
- S8** Twenty-eight detainees had been identified as being vulnerable under the Home Office's adults at risk policy. The weekly safeguarding meeting was not effective – little discussion of individual cases took place and the Home Office had insufficient input. Rule 35 reports we looked at were vague, lacked detail and did not address possible symptoms of post-traumatic stress disorder. In eight of the 10 cases we sampled, the Home Office had accepted that there was evidence of torture, but the detainees continued to be detained. No rule 35 reports had been submitted on the grounds of a suicide risk in the previous six months. This was despite the fact that 29 detainees on an assessment, care in detention and teamwork (ACDT) document had been placed on constant observations during that period because staff were concerned about an imminent risk of self-harm or suicide. Over a quarter of Home Office responses to rule 35 reports were late.
- S9** The number of self-harm incidents was small. Detainees in crisis generally received good support from centre staff. ACDT case reviews were often very good. Observational entries in ACDT documents were meaningful, but observations did not always take place at the required frequency. Some assessments and care maps lacked detail. A new care suite provided detainees in crisis with a positive environment. Detainees who were refusing to eat

³ Rule 35 of the detention centre requires that the Home Office be notified if a centre doctor considers a detainee's health to be injuriously affected by continued detention or the conditions of detention, or if a detainee may have been a victim of torture or has suicidal intentions.

were identified and well cared for, but clinical records did not always demonstrate that good health care support had been delivered.

- S10 The centre had good links with West Sussex Safeguarding Children Board, whose meetings Tinsley House staff attended. Staff were trained in child protection issues. The number of age dispute cases had dropped sharply and there had been none since the centre re-opened in May 2017. There were reasonable contingency plans for anyone who said they were a child, including the option of using the care suite on a short-term basis.
- S11 The atmosphere in the centre was calm and relaxed, and detainees were provided with a largely safe environment. The number of assaults was low – there had been nine in the previous six months. In our detainee and staff interviews, we identified no evidence of abusive staff behaviour or of an aggressive culture (see Appendices V and VI). However, 42% of detainees in our survey said they felt unsafe and over a fifth, more than at other centres, said they had felt threatened or intimidated by staff. While detainees’ insecurity about their immigration cases affected their feelings of safety, we also heard reports of staff seeking to control detainees by threatening to transfer them to Brook House. Not enough had been done to understand or address detainees’ perceptions of safety. Over the previous six months, about 9% of detainees had been ex-prisoners, and about a quarter were ex-prisoners during the inspection. There was no evidence that this group had contributed to an increase in instability or violence at the centre.
- S12 The strategic approach to security was reasonable – well-attended monthly meetings covered a wide range of topics. Intelligence was managed well. Analysis was undertaken promptly and any required action implemented swiftly. Some security procedures were disproportionate, especially restrictions on the amount of time detainees could spend moving freely about the centre, which had been reduced from 17 to 12 hours a day since the previous inspection. Detainees were locked in their units for sometimes lengthy roll counts several times a day, and then by 9pm in the evening. However, they were not routinely handcuffed during escorts and the risk assessment process remained considered. There was little evidence of drug use at the centre and the drug supply reduction strategy was adequate.
- S13 Force had been used 11 times in the previous six months, less often than at other centres. Paperwork justifying the use of force was completed to a good standard. Video footage we viewed generally showed staff attempting to de-escalate situations and using the minimum amount of force possible. One incident might have been avoided if there had been better communication between the Home Office, custody staff and the detainee. The separation unit had been used 12 times in the previous six months, and the recorded reasons for separation suggested that it was justified.
- S14 Only about a quarter of detainees in our survey said it was easy to see immigration staff, but we were pleased to see that the team had started to run weekly drop-in surgeries. The immigration team had received additional resources to implement a new case working model in which detainees were to receive more face-to-face contact with a named engagement officer. Early signs were encouraging, but it was too soon to assess the impact of this change. There were no waiting lists for legal visits or advice surgeries. However, only 23% of represented detainees had received a legal visit compared with 44% in other IRCs. The reasons for this were unclear. Detainees received good support, including regular surgeries run by the agency Bail for Immigration Detainees. Many legal text books and country of origin reports were several years out of date and detainees could not download documents from some legal advice websites.
- S15 Detainees were held for an average of 33 days at Tinsley House. The longest detention had been for 10 months. In the previous six months, 35% had been released directly from Tinsley

House after detention. Cases were generally progressed promptly and we saw few examples of long delays. One notable exception was where escorted removals had to be arranged, which could take several months.

Respect

S16 *Staff-detainee relationships were good. The living accommodation was clean and in good order, although rooms were more cramped than at the previous inspection, which was particularly an issue given that detainees were more restricted. Equality and diversity work was underdeveloped. Faith provision was good. Complaints were usually managed effectively. The food was satisfactory but did not cater for a culturally diverse population. Health care provision was reasonable, but some staff did not communicate with detainees well enough, and support for those with low level emotional needs was underdeveloped. **Outcomes for detainees were reasonably good against this healthy establishment test.***

S17 *At the last inspection in 2014 we found that outcomes for detainees in Tinsley House were reasonably good against this healthy establishment test. We made 24 recommendations about respect. At this follow-up inspection we found that 12 of the recommendations had been achieved, one had been partially achieved and 11 had not been achieved.*

S18 Relationships between staff and detainees were generally good. In our survey, 78% of detainees said most staff were respectful. Detainees we interviewed were positive about custody staff – their main criticisms were about health care staff. Several staff told us that frequent, unpredictable redeployment affected their ability to form relationships with detainees in Tinsley House. Detainees were consulted every month, but meetings were usually poorly attended and were not consistently effective.

S19 The centre was clean and bright and outdoor areas were pleasant. Rooms had been refurbished and were in good condition, although many mattresses were in a poor state. Detainees could not open their windows and rooms were stuffy. More beds had been placed in the rooms, which now accommodated up to six detainees. Access to showers and laundry facilities was good. Complaint forms and boxes were freely available throughout the centre and were emptied every day. Complaint responses were usually polite and addressed the issues raised, but were not always sufficiently timely.

S20 The food was satisfactory but it did not cater for the centre's culturally diverse population. The popular cultural kitchen was a positive initiative, but it was only open three days a week. Food was not stored according to religious requirements. The shop provided a wide range of reasonably priced items.

S21 The management of equality and diversity was weak. There was a policy and action plan, but not all detainees' protected characteristics were identified and monitoring was very rudimentary. No forums or groups took place. Our group meetings during the inspection suggested there was a demand for regular information and support groups with interpreters, where necessary. Equality representatives were unsure of their role and responsibilities. However, we found no evidence of direct discrimination and there were few tensions between different groups. Telephone interpretation was generally used well. Faith provision was reasonably good and the chaplaincy was visible and active. Some groups did not have sufficient opportunity to use the multi-faith room.

S22 Health care governance arrangements were sound and partnership working was good. Many detainees were negative about the overall quality of health care. Several clinical vacancies

were unfilled, but a recruitment plan was in place. Detainees generally had good access to services that were appropriate for the population. However, health care staff were not sufficiently responsive to detainees and failed to communicate with them well enough. The mental health provision met detainees' acute needs, but was less effective in helping the larger number who needed well-being support and counselling. Psychosocial support was available for detainees with substance use problems, but demand for such services was very low. Pharmacy and medicine management arrangements were effective and most detainees received their medication in possession.

Activities

S23 *There was a good range of activities and recreational facilities. Access was more limited than at the previous inspection. Less than half of detainees in our survey said they had enough to do to fill their time at the centre. Education was delivered well. There was a reasonable number of paid roles, but not all were filled. The library provided an accessible service but the range of books and other resources was very limited. The fitness provision was generally good. **Outcomes for detainees were reasonably good against this healthy establishment test.***

S24 *At the last inspection in 2014 we found that outcomes for detainees in Tinsley House were good against this healthy establishment test. We made five recommendations about activities. At this follow-up inspection we found that one of the recommendations had been partially achieved and four had not been achieved.*

S25 The centre offered a well-balanced mix of activities and facilities, which could effectively occupy and interest detainees, especially those who stayed for short periods. However, only 45% of detainees in our survey said they had enough to do to fill their time at the centre. Detainees now had less access to activities since the previous inspection and the programme was not promoted well enough. Activities were generally well-resourced, although the arrangements for covering staff absences and vacancies were not effective.

S26 Well-established and skilfully taught programmes in English for speakers of other languages and in arts and crafts remained at the core of learning and skills provision. These courses catered effectively for detainees held for both short and long periods. A more extensive programme was being planned to enhance the provision.

S27 Arrangements for quality assuring and improving the learning and skills provision were limited. There was no head of learning and skills and the centre did not have the expertise or measures in place to evaluate or monitor the provision. The centre provided a good range of paid work, but not all paid roles were filled, although take-up had improved. The Home Office restricted some detainees from working, which interfered with the centre's ability to manage the population.

S28 Detainees had easy access to the library. Its calm environment enabled detainees to carry out internet research and quiet activities. The library had disposed of many old and damaged books and improved how the rest of its stock was displayed. However, the book stock was very limited. The library still had no systems for managing the borrowing process, or for monitoring or replenishing stock.

S29 Access to fitness training and sports activities was good, as were the facilities. Fitness staff were enthusiastic, but only one was trained and there were not enough of them to supervise detainees properly. Too many detainees used gym equipment without completing a formal gym induction.

Preparation for removal and release

- S30** *Welfare support was excellent, although pre-discharge work was not systematic. The provision for visits was generally good and support from the visiting group was good. Detainees could use the internet easily, but not social media or Skype, and too many legitimate websites were blocked. Detainees had good access to phones, but faxing could be difficult. **Outcomes for detainees were good against this healthy establishment test.***
- S31** *At the last inspection in 2014 we found that outcomes for detainees in Tinsley House were good against this healthy establishment test. We made 11 recommendations about preparation for removal and release. At this follow-up inspection we found that one of the recommendations had been partially achieved, five had not been achieved and five were no longer relevant.*

- S32** The welfare service was very well used and detainees received an impressive level of support. Welfare officers were accredited by the Office of the Immigration Services Commissioner, which enhanced their ability to provide detainees with information and guidance, as well as to direct them to relevant sources of support. All detainees were seen promptly on arrival to assess their immediate needs and there was a good focus on promoting family contact and legal support. They had reasonable ongoing access to the team. We saw welfare officers undertake proactive individual casework, including in some complex cases. The team had good working relationships with other departments and played a key role in ensuring that detainees' overall needs were met.
- S33** The visits hall was bright and had a play area for young children. Some restrictions were disproportionate, for example detainees could not sit next to their visitors and some children had to wear wristbands and lanyards. We were pleased to see that the centre had organised twice-weekly visits from representatives of the Gatwick Detainee Welfare Group, who provided several detainees with good support.
- S34** Detainees had reasonable access to email and internet. However, a number of legitimate websites, including those providing legal information, were blocked and the procedure for unblocking them was lengthy. Detainees still could not use social networks or video calling, which was an unnecessary restriction. Detainees could print, fax or photocopy material, but the fax machines could not cope with a high demand. Detainees had good access to mobile phones.
- S35** The welfare team helped detainees resolve a range of issues before their removal or release, but their needs were not systematically assessed prior to their departure. Those removed on a charter flight were generally transferred to Brook House a few days before. Detainees could receive as little as one hour's notice of their transfer. Having reserve lists for some charter flights caused unnecessary distress and uncertainty.

Main concerns and recommendations

- S36** Concern: Although many detainees were subject to constant supervision as a result of being at risk of imminent self-harm or suicide, no rule 35 reports had been submitted because detainees expressed suicidal intentions. Reports frequently did not contain enough detail to inform an assessment of the detainee's vulnerability. Over a quarter of Home Office responses were late. In eight out of 10 cases in our sample, detention continued, despite the Home Office accepting evidence of torture.

Recommendation: The centre should monitor rule 35 reports to ensure they are submitted when necessary. Reports should contain sufficient detail to inform a proper assessment of the vulnerability of the detainee. Home Office responses should be timely. Where evidence of torture is accepted, detention should only be maintained in exceptional circumstances that are documented on file and explained in writing to the detainee, their legal representatives and the doctor.

S37 Concern: Detainees' ability to move around the centre freely had been limited considerably since our previous inspection. This meant they spent less time attending activities and more time in multiple occupancy rooms, which contributed to a lack of privacy and freedom. Other restrictive practices, notably in the visits hall, were not conducive to a relaxed environment.

Recommendation: Security procedures and limitations on detainees' ability to move freely around the centre should remain proportionate to a detainee population. Any restrictions should be focused and based on risks and clear evidence.

Section 1. Safety

Arrival and early days in detention

Expected outcomes:

Detainees travelling to and arriving at the centre are treated with respect and care.

Risks are identified and acted on. Detainees are supported on their first night. Induction is comprehensive.

- I.1 Between January and March 2018, 33% of all new detainees arrived between 10pm and 6am often for administrative convenience only. Many came from reporting centres and police stations, where journey times could have been better planned to take into account the impact on detainees forced to travel late at night. In our survey, 61% of detainees said escort staff treated them well, although 25% reported being in escort vehicles for over four hours. Escort vehicles we examined were clean and free of graffiti. Detainees received food and had toilet breaks. They were not handcuffed from the vans to the centre, but were unnecessarily held on vehicles while centre staff checked paperwork and property with escort staff.
- I.2 The reception area was clean and welcoming. The waiting room had a sofa, a water fountain and TV. Leaflets containing information on the centre and outlining its rules were available in a variety of languages and detainees could have a meal and hot drink. Private toilet facilities were available. Detainees were given a rub-down search but not in private. They were provided with a mobile phone, SIM card, toiletries, cutlery and additional clothing if necessary. They could also make a free phone call to their family or friends.
- I.3 The reception was open for 24 hours, seven days a week and had received an average of 58 detainees a week in the previous six months, including those returning from bail hearings or hospital. We were informed that the number was smaller than normal due to a period of quarantine (during a flu epidemic). The reception process was slow. One detainee we observed arrived at the centre at 4pm, but did not get to his room until 8.30pm.
- I.4 Detainees often arrived with a high level of need. In our survey, 69% said they had problems on arrival, 40% reported feeling depressed or suicidal and only 52% said they felt safe on their first night. While the reception staff we observed were polite and did their utmost to reassure detainees, interviews did not take place in private and the reception screening did not cover all vulnerabilities. We saw staff completing room-sharing risk assessments without discussing or exploring any potential areas of risk or vulnerability with detainees. Telephone interpretation was used regularly, but we saw reception interviews taking place where interpretation was required but not used (see paragraph 2.33).
- I.5 Documentation that was passed from reception to residential staff did not always provide a full account of the detainee. For example, we observed one detainee struggle and cry during the reception screening process. While reception staff were sensitive and caring, his admission document made no reference to his distress and the only comments about his demeanour were that he was 'calm and polite'.
- I.6 Following the completion of their reception screening, detainees were seen by health care staff for an initial assessment. A member of staff then escorted them to their room. They were given key information, such as where the showers and toilets were and how to use the room's calling system. Additional welfare checks were conducted within the first 24 hours, but not always at the most appropriate time. For example, we saw one detainee record in which observations were undertaken at 4.10pm and 6.15pm, corresponding to when the

detainee arrived and left reception, but where the next observation did not take place until 6am on the following day.

- I.7** Induction normally took place on the following day and involved a tour of the centre with a member of staff and an interview with the detainee to advise them of the facilities and activities available during their stay.

Recommendations

- I.8** **Detainees should never be transported at night except for urgent operational reasons.**
- I.9** **Reception processes should be prompt and efficient, ensuring that detainees' immediate vulnerabilities, needs and risks are assessed during a private interview. Key information should be conveyed to residential staff and other departments.**

Safeguarding

Expected outcomes:

The centre promotes the welfare of all detainees and protects them from all kinds of harm and neglect. The centre provides a safe environment which reduces the risk of self-harm and suicide. Detainees at risk of self-harm or suicide are identified at an early stage and given the necessary care and support.

Safeguarding of vulnerable adults

- I.10** The centre had a whistleblowing policy and staff and detainees could raise concerns through a confidential telephone line. Staff were aware of the policy and in our staff interviews most said they would report a concern, although we did not see any cases where this had happened. Some staff said they would not report concerns because they did not believe that confidentiality would be respected or did not trust managers to take action. The telephone reporting line required staff to select a number of options and it took several minutes to make a report. This was potentially off-putting and one member of staff told us that the convoluted reporting process meant they would hang up before making the report.
- I.11** The centre now had a safeguarding policy, drafted in consultation with the local adult safeguarding board. The policy was adequate, but safeguarding arrangements were otherwise underdeveloped. Centre managers had met with members of the board to develop working relationships and discuss training for custody staff.
- I.12** Custodial staff we spoke to had a limited understanding of adult safeguarding. Their knowledge of modern slavery and the Home Office's adults at risk policy was poor. According to the centre's record, 28 detainees were considered to be at risk under the policy. Thirteen were level 1 adults at risk as they had declared themselves to be at risk; 15 were at level 2 because there was professional or other evidence that they were at risk. None of the detainees were assessed at level 3, which involves the Home Office accepting

evidence that detention is likely to cause the detainee harm⁴. The centre's records were not accurate – we found two detainees assessed as being on level 2 who were not on the list.

- I.13** Although there was a monthly safer community meeting, it did not discuss adults at risk. No safeguarding data were collated, for example on the number of rule 35 reports⁵, broken down by category. There was also a weekly safeguarding committee meeting, but it was not effective. Home Office case owners, who are not based in centres, did not contribute to the conference by phone as we have seen elsewhere, and custodial staff did not attend. Very few Tinsley House detainees were discussed.
- I.14** Supported living plans were well-designed. They were mostly used for detainees with disabilities and medical conditions, such as diabetes, and health care staff were responsible for implementing almost all care plan actions. However, we also saw custodial staff provide some good support for vulnerable detainees who did not have supported living plans.
- I.15** We were not confident that rule 35 reports were submitted when necessary. Seventy-seven reports had been drawn up in the previous six months, all concerning torture. In the same period, 29 detainees who were on an assessment, care in detention and teamwork (ACDT) document had been placed on constant observations because staff were concerned about imminent self-harm or suicide attempts. Although the health care team was routinely informed of these cases, no rule 35 reports were drawn up on the basis of a detainee posing a suicide risk (although one report focusing on torture that we looked at referred to the detainee having suicidal thoughts). (See also paragraph I.24.)
- I.16** We reviewed a sample of 10 rule 35 reports. Assessments were vague and lacked detail. Some key allegations of torture were left unexplored with the detainee. In one case, the doctor referred to 'discolouration of the detainee's feet' from when they had been 'forced into hot water', but gave no other details of what appeared to have been a particularly traumatic incident. No formal psychological assessment was carried out in any of the three reports mentioning symptoms characteristic of post-traumatic stress disorder. However, we did find further reports outside this initial sample, which were of a much better standard, suggesting that there was enough knowledge in the health care team to produce consistently good quality reports.
- I.17** In all 10 sampled cases, the Home Office's response was to maintain detention. This included eight cases where evidence of torture was accepted, but 'negative immigration factors' were considered to outweigh the detainees' vulnerability. In one of the eight cases, the Home Office did not sufficiently address the detainee's vulnerability. The rule 35 report stated he was experiencing 'mental injuries' and 'psychological torment' as a result of torture, including 'bad dreams', 'flashbacks and paranoia'. The detainee was said to be 'suicidal daily' and to have made 'multiple suicide attempts'. The doctor reported that detention was contributing to his low mood and poor emotional well-being. In response, the Home Office only assessed the detainee to be at level 2 of the adults at risk policy and detention continued because 'negative immigration factors' were considered to outweigh his vulnerability. (See main recommendation S36).
- I.18** There had been a large decline in the number of detainees released following a rule 35 report – only 14%, compared with 25% at the last inspection. Over a quarter of Home Office responses were delayed.

⁴ The levels are set out in the Home Office document: Immigration Act 2016: Guidance on adults at risk in immigration detention, available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/547519/Adults_at_Risk_August_2016.pdf

⁵ Rule 35 of the detention centre rules requires that the Home Office be notified if a centre doctor considers that a detainee's health to be injuriously affected by continued detention or the conditions of detention, or if a detainee may have been a victim of torture or has suicidal intentions.

Recommendations

- I.19** Managers should ensure that centre staff understand and feel comfortable using whistleblowing procedures. Reporting lines should allow staff to provide information quickly.
- I.20** All staff in contact with detainees should be familiar with adult safeguarding, modern slavery and adults at risk practice.
- I.21** There should be effective multidisciplinary care planning for adults at risk.

Self-harm and suicide prevention

- I.22** The incidence of self-harm was low. In the previous six months, there had been 19 self-harm incidents involving 17 detainees. None required hospital treatment. Self-harm investigations were good.
- I.23** In general, detainee custody officers and managers provided detainees in crisis with diligent care. We saw officers go out their way to help distressed detainees solve their problems.
- I.24** In the six months before our inspection, staff had opened 60 ACDT documents. The Home Office and the health care department were notified when an ACDT was opened. However, the centre's GP had not assessed whether any of those in crisis were having suicidal thoughts (see paragraph I.15).
- I.25** ACDT case reviews were generally very good. Attendance at review meetings was frequently multidisciplinary and included input from health care and Home Office staff. Telephone interpretation was used if necessary. In nearly all cases, anxieties over detainees' immigration status caused their crises. The reviews we observed were good – managers listened to detainees patiently and took care to manage their expectations. However, a lack of office space in the centre meant some reviews took place in the welfare office, where there were interruptions. We saw officers follow up on the commitments made to detainees during their reviews. For example, phoning solicitors and chasing the Home Office for case updates.
- I.26** Observational entries in ACDT documents were meaningful and conveyed the detainee's mood. However, they were not always recorded at the required frequency. Officers said this was because detainees could move around the centre freely. Some care maps and assessment interviews lacked detail. For example, not all actions were signed off before the document was closed. Detainees were interviewed a week after closure to ensure they had not relapsed.
- I.27** Constant watch was frequently used – 29 times in the previous six months. The new care suite was used for people in crisis, those with an infectious illness or detainees who said they were under the age of 18. It provided a decent and therapeutic environment.
- I.28** Staff were vigilant to detainees who refused food and fluid and monitored their attendance in the dining hall and purchases from the shop. Any detainees missing three consecutive meals were referred to the health care team, even if they were buying food from the shop, and their details were entered in daily briefing notes. Those who refused food were well cared for in the centre, but clinical records did not always demonstrate that they received good health care. The centre had not updated its local policy on managing food and fluid refusals in light of the Home Office detention service order published in October 2017 (which explains how detainees who refuse to eat or drink should be cared for).

- I.29** The centre's safer community helpline and email service were ineffective. We tested them and it took four days for our email to be read and two days for our voicemail to be picked up.
- I.30** The Samaritans visited the centre twice a month and provided good face-to-face support. However, they could not always consult detainees in private. Detainees could make free phone calls to the Samaritans on their mobiles or on phones provided by the centre. Samaritans used telephone interpretation if necessary.

Recommendations

- I.31** **The centre should have an up-to-date local policy on the care and management of detainees refusing food or fluid.**
- I.32** **Messages left through the confidential safer community helpline and email services should receive a prompt response.**
- I.33** **ACDT case reviews and meetings between staff from the Samaritans and detainees should take place in private and should not be disturbed.**

Safeguarding children

Expected outcomes:

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

- I.34** There was an adequate policy for safeguarding children and staff had been trained in child protection. Staff supervising visits were familiar with their safeguarding duties, and posters were displayed to remind them. None of the detainees held at the centre had any record of presenting a risk to children. Managers regularly attended meetings of the West Sussex Safeguarding Children Board.
- I.35** The number of detainees stating that they were under 18 had been decreasing, and there had been none in the previous year. The centre had well thought-through contingency plans in case a detainee claimed to be a child. It included prioritising the needs, preferences and safety of the individual, and using the new care suite (see paragraph I.27) if that proved the best option.

Personal safety

Expected outcomes:

Everyone is and feels safe. The centre promotes positive behaviour and protects detainees from bullying and victimisation. Security measures and the use of force are proportionate to the need to keep detainees safe.

- I.36** The centre remained fundamentally safe and its atmosphere was calm and relaxed. Assaults were rare and there had been nine in the previous six months – five on staff and four on detainees. All were minor incidents. Tensions over taking turns on the pool table or smoking in rooms occasionally led to arguments. There was no evidence of significant drug use (see paragraph I.46).

- I.37** We did not identify abusive staff behaviour or an aggressive culture from our staff and detainee interviews (see Appendices V and VI). Most detainees reported good relationships with staff. However, detainees' perceptions of safety were poor. In our survey 42% of detainees said that they felt unsafe. More detainees than at other centres (22% compared with 11%) said they had felt threatened or intimidated by a member of staff. We heard that staff threatened to transfer detainees to Brook House, a neighbouring immigration removal centre (IRC), where the conditions are more prison-like. The centre had conducted a detainee survey in 2017, but not enough was being done to ensure managers understood the reasons for these negative perceptions or to address them.
- I.38** During the previous six months, 9% of all detainees held were ex-prisoners and the number was increasing. During this inspection, about a quarter were ex-prisoners, but there had not been an increase in violence or instability.
- I.39** The safer community team managed personal safety and suicide and self-harm prevention. Monthly meetings were usually well attended. A range of quantitative data was discussed, but given the small number of incidents, it was difficult to identify trends. The centre had an anti-bullying policy, which involved a three-stage process for managing perpetrators and support booklets for victims. In the previous six months, two perpetrators had been monitored and one victim formally supported. Perpetrators were challenged about their behaviour. A victim of homophobic abuse at Brook House had been transferred to the centre and was positive about the support he received.

Recommendation

- I.40 Sustained efforts should be made to investigate negative perceptions of safety held by some detainees and appropriate action should be taken.** (Repeated recommendation I.20)

Security and freedom of movement

Expected outcomes:

Detainees feel secure. They have a relaxed regime with as much freedom of movement as is consistent with the need to maintain a safe and well-ordered community.

- I.41** Security was reasonably well managed. Threats were assessed and used to inform security meetings, which were held every month and were well attended. Some action remained outstanding for too long, however, and some departments' updates did not sufficiently focus on security. Security intelligence reports were good, intelligence was processed efficiently, action was implemented promptly and there was no backlog. The number of submitted reports was reasonable at 311 in the previous six months, which was comparable to the previous inspection.
- I.42** Since our previous inspection, detainees' freedom to move around the centre had been curtailed. They now had access to communal facilities from 8am to 9pm only (it had previously been from 6am to 11pm). Detainees were also restricted for two further 30-minute periods during the day so that the centre roll could be reconciled. Managers told us that the changes were part of cost-cutting measures and were intended to align detainee custody officer shift patterns with those at Brook House, so that staff could more easily be shared between the two centres. The restrictions were not justified by any presenting risks. (See main recommendation S36.)

- I.43** Other disproportionate practices included: routine, rather than intelligence-led, room searches, which had resulted in very little being found; detainees not being permitted to sit next to their visitors in the visits hall; and children as young as two being required to wear wristbands for identification purposes (see paragraph 4.7 and recommendation 4.11). It was not common for detainees to be strip-searched. There had been one documented case in the previous six months, which appeared justified by the risks, although the recorded justification lacked sufficient detail.
- I.44** Detainees on an external escort were handcuffed on the basis of a risk assessment. Over the previous six months, 35% of escorts had not used handcuffs. In our sample of risk assessments, the use of handcuffs was adequately justified by presenting risk factors. A detainee had escaped from the centre in December 2017, but it had not led to the introduction of disproportionate measures and there had not been an increase in the use of handcuffs.
- I.45** A small tasking team met every month to review intelligence in relation to possible corruption and to take appropriate action. Staff searches had led to some minor finds. One member of staff had been suspended pending an investigation, while another had been dismissed following a concern about their conduct.
- I.46** Drug use was not prevalent within the centre, but the local drug and alcohol policy covered supply reduction matters and cooperation with the health care department and substance misuse team.

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 in the unit for the shortest possible period.

- I.47** In the six months prior to our inspection, force had been used 11 times, which was relatively low. Records justifying the use of force were completed to a good standard and demonstrated that it was applied mostly at a low level and involved the use of 'guiding holds'. The centre made good use of the extensive CCTV system available to capture footage from a variety of angles.
- I.48** Planned incidents were recorded using a handheld camera and initial briefings were comprehensive. Staff used force proportionately and were quick to de-escalate situations. In our staff interviews, none of the staff said they knew of excessive force being used. However, a detainee custody officer reported a difficult case that involved the use of force to obtain a detainee's fingerprints for travel documentation. The detainee had already had their fingerprints taken electronically but 'wet' prints were also required. The officer felt that Home Office staff had not properly communicated the need to obtain 'wet' prints at the outset, and the detainee resisted, forcing staff to restrain him to obtain the prints. The incident could not be further verified.
- I.49** Use of force committee and scrutiny meetings, which also covered Brook House IRC, had taken place in the previous six months but not consistently. Minutes that we viewed indicated that data were not sufficiently analysed and it was not clear which incidents occurred at Tinsley House and which at Brook House.
- I.50** During the previous six months, detainees had been removed from association under detention centre rule 40 on 12 occasions; rule 42, which allows temporary confinement for

refractory or violent behaviour, had not been used at all. The separation cell was bright, furnished and in good condition. It had shower facilities and access to open air.

- I.51** Rule 40 documents were generally completed well and justified separation. Of the 12 documented cases, five were to isolate detainees for medical reasons in the absence of alternative accommodation. Documentation did not always demonstrate that an alternative, usually the new care suite (see paragraph 1.27), had been considered.

Recommendation

- I.52 Use of force meetings should take place regularly. They should analyse use of force data specifically for Tinsley House as well as monitor trends and set appropriate action.**

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 freely exercise their legal rights.

- I.53** In our survey, only 27% of detainees said it was easy to see onsite immigration staff. The local immigration team had reintroduced a detention surgery at the centre, which was a welcome development.
- I.54** The immigration team had received additional resources to implement a new case working model in which detainees would have increased face-to-face contact with a named engagement officer. It was too early to assess the new model, although there were some encouraging signs. We saw some detailed engagement officer case notes that suggested they were proactively trying to resolve casework problems.
- I.55** However, the immigration interviews we observed were mixed. Detainees said immigration staff did not always use interpreters when necessary. We observed an induction interview during which an interpreter should have been used but was not (see also paragraph 2.33). The officer conducting the interview also failed to explain the detainee's right to bail. Other interviews were mostly reasonable and officers focused on ensuring the detainee understood why he was being detained and what was expected of him.
- I.56** All detainees without a lawyer were identified on arrival and given an appointment with the legal advice surgery, which took place twice a week. It was delivered by lawyers funded by the Legal Aid Agency. There was no waiting list for the service or for ad hoc legal visits. Nonetheless, in our survey, only 23% of detainees had received a legal visit compared with 44% in other IRCs – the centre needed to explore the reasons for this response.
- I.57** There were internet-enabled computers in the library. However, it was not possible to download documents from some key sites. We could not, for example, download detainee information sheets from the website of the agency Bail for Immigration Detainees (BID) (see paragraph 4.13). A range of legal texts was available in the library, but almost all were out of date, some by several years. Hard copies of Home Office country of origin information reports were up to eight years out of date.
- I.58** Detainees did not always receive copies of bail summaries by 2pm on the day before their bail hearing. A new process of automatic bail hearings for detainees held for four months had

recently been implemented. All detainees whose hearings were due, were asked if they wished to opt out of the process. Although detainees could seek advice from the Legal Aid Surgery, we were concerned that some might have waived their rights without understanding the implications. BID had started running regular bail surgeries at Tinsley House, although it had taken several months for the centre to approve them.

- I.59** On average, detainees were held for 33 days at Tinsley House during the inspection. However, if their detention at other centres was included it totalled an average of 45. Few detainees were held for very long periods. During the inspection, nobody had been held for over a year, although eight had been held for between six months and a year. In the previous six months, 35% of detainees were released into the community directly from Tinsley House.
- I.60** Shorter detention periods were reflected in our casework sample. We saw fewer examples of long delays in case progression than usual. Nonetheless, some cases in our sample were not progressed promptly enough. In one, it took over two months for an interview to be arranged to help document a detainee. In another, it took two months to arrange an asylum interview and a further month for the detainee's claim to be refused. When the claim failed, there was a further two-month delay before a date could be arranged for an escorted removal. Another detainee had to wait three months for an escorted removal. We were told delays for these removals were common.
- I.61** Our casework sample raised other concerns. It was particularly troubling that in one case a detainee had been removed to Pakistan, despite having an outstanding asylum claim. The Home Office informed us that steps had been taken to contact the man via his legal representatives to confirm if he would like to return to the UK.

Recommendations

- I.62 Professional interpretation should be used for all immigration interviews where the detainee is not fluent in English.**
- I.63 The library should stock up-to-date immigration law text books and country of origin information reports. Legal support websites should not be blocked.**
- I.64 Detainees should receive a copy of their bail summary by 2pm the day before the bail hearing. (Repeated recommendation I.66)**
- I.65 There should be a time limit on the length of detention.**
- I.66 All casework, including substantive decision making, should be progressed promptly.**

Section 2. Respect

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.

- 2.1** The relationships between staff and detainees that we observed were generally good. In our survey, 78% of detainees told us staff treated them with respect, which was similar to other centres. Most staff were polite, helpful and interacted well with detainees. Staff working in the welfare office usually knew detainees well and were aware of their circumstances (see also section on welfare). However, several detainees told us that staff did not always knock and wait before entering their rooms, which our observations confirmed.
- 2.2** In our detainee interviews, most were positive about custodial staff. However, there were several negative comments about the attitudes of health care staff (see paragraph 2.54). In interviews with staff, many told us that regular and unpredictable redeployment was affecting their ability to form relationships with detainees at Tinsley House.
- 2.3** A care officer scheme was in place, but it was not applied consistently. Some staff entries in individual detainee electronic records indicated a lack of meaningful support. Entries were often about routine administrative tasks, for example collecting property. Otherwise, they generally focused on negative behaviour or a detainee’s history of criminal activity. Few entries noted a detainee’s state of mind, risks or needs, even when they were considered to be an adult at risk. Some detainees said they were not aware of the care officer scheme.
- 2.4** Detainee consultation group meetings took place every month. Attendance was inconsistent and as few as two detainees could be present. However, staff encouraged detainees to participate in a consultation group that was held during our inspection and 15 detainees attended. Minutes were taken and information disseminated to all detainees.

Recommendations

- 2.5** **Staff should knock and wait for a response before entering rooms, except in emergencies.** (Repeated recommendation 2.16)
- 2.6** **Managers should monitor and assess the impact of regular redeployment on relationships in the centre.**
- 2.7** **Detainees should be consulted to understand any concerns about the behaviour of staff and action should be taken to address those concerns.** (Repeated recommendation 2.15)

Daily life

Expected outcomes:

Detainees live in a clean and decent environment suitable for immigration detainees. Detainees are aware of the rules and routines of the centre. They are provided with essential basic services, are consulted regularly and can apply for additional services and assistance. The complaints and redress processes are efficient and fair. Food is prepared and served according to religious, cultural and prevailing food safety and hygiene regulations.

Living conditions

- 2.8** The accommodation and communal areas were bright, well decorated and in good repair. All rooms and corridors were cleaned every day. The outside areas and grounds were in good order and were well used and there was also a designated area for smokers.
- 2.9** Rooms had been refurbished and were in good condition, but ventilation remained a problem. Detainees continued to complain about being unable to open the sealed windows in rooms that quickly became stuffy and warm. Some mattresses had sunk in the middle and were poor quality. Managers undertook to address the problem during the inspection.
- 2.10** Rooms could accommodate up to six detainees and during our inspection staff and detainees told us this sometimes caused problems. Detainees frequently moved to different rooms because there were disagreements at night – for example, some wanted to sleep, while others wanted to watch TV. This was exacerbated by restrictions on detainees' freedom to move around the centre since the last inspection (see paragraph 1.42). In our survey, only 42% of detainees said it was quiet enough to sleep at night, which was lower than the comparator of 59%.
- 2.11** All rooms had a TV and detainees had adequate lockable storage in the room for their personal belongings, but they did not have their own keys to their rooms. They had access to hot water boilers and tea and coffee-making facilities on the residential corridors.
- 2.12** Detainees could wear their own clothes and receive additional items through the post or during visits from family and friends. The centre provided clothing, including clean underwear, for those who needed it. Property was stored securely in reception when detainees arrived. They had access to it by applying through the welfare office.
- 2.13** There were enough showers and toilets and they were clean and in good condition. Detainees had weekly access to clean bed linen and could wash their own clothes in the laundry room, which was open every day.

Recommendation

- 2.14 Detainees should have well ventilated rooms where they can rest and sleep in reasonable comfort.**

Detainee consultation, applications and redress

- 2.15** There were several complaint boxes throughout the centre, and complaint forms in a range of languages were freely available in the welfare office and on one of the corridors. Onsite

Home Office staff emptied complaint boxes every day. Complaints were sent to a central Home Office unit, where they were allocated to the relevant teams for investigation.

- 2.16** Few complaints were submitted, 12 in the six months prior to our inspection. They related to the centre and were for G4S to investigate. The Home Office did not provide the centre with figures for complaints submitted about other organisations at Tinsley House.
- 2.17** Replies to complaints from G4S were typed, mostly polite and addressed the issue raised. However, some responses were not sufficiently prompt, despite there being only a small number of complaints. Complaints against members of staff were appropriately investigated by a senior manager. However, during our inspection we found a complaint that should have been referred immediately to the professional standards unit for investigation, but which took four weeks to be referred, which was unacceptable. A senior manager quality assured all replies.

Recommendations

- 2.18** **Complaints should receive a response within published timescales.**
- 2.19** **Complaints requiring investigation by the professional standards unit should be passed immediately to that department for investigation.**

Residential services

- 2.20** The food we tasted was adequate and hot food was served at the correct temperature. The four-week rolling menu offered a variety of meals, including vegan and vegetarian options. However, there was little cultural diversity in the menu and, in our survey, 53% of detainees said the food was either bad or very bad.
- 2.21** Staff did not know enough about special diets or communicate with detainees sufficiently well. We observed a vegan detainee being given a cheese dish and told several times that it was suitable for him until we intervened. We found halal and non-halal items stored in a way that did not meet religious requirements. We were told this was because of a lack of storage space in the kitchen.
- 2.22** A food forum took place every month. Minutes we examined demonstrated that it was not well attended, there was a lack of focus and issues raised were not addressed. A food comments book was available in the dining hall. As at the previous inspection some suggestions made during a food forum were not taken forward and an explanation was not always provided.
- 2.23** Since our previous inspection, a cultural kitchen had been introduced so detainees could cook their own food. However, it was only open for three days a week and only three detainees could use it at any one time and they had to apply to do so. Three detainees were employed in the kitchen.
- 2.24** Detainees received a weekly personal allowance so they could buy items from the centre shop. The shop was large and well maintained. It had a seating area with a TV and detainees could socialise there. The shop stocked a range of culturally appropriate items, including food, skin and hair products. Most prices in the shop were similar to the high street and sometimes lower. Detainees could also order from a catalogue and there was no administration charge for doing so.

Recommendations

- 2.25 Special and religious diets should be effectively catered for, and food should be correctly stored.**
- 2.26 Consultation should lead to action that addresses detainees' dissatisfaction with the food.**
- 2.27 Detainees should have significantly more access to the cultural kitchen.**

Equality, diversity and faith

Expected outcomes:

There is a clear approach to promoting equality and diversity, underpinned by processes to identify and address any inequality or discrimination. The distinct needs of detainees with protected and any other minority characteristics are recognised and addressed. Detainees are able to practise their religion. The multi-faith team plays a full part in centre life and contributes to detainees' overall care and support.

Strategic management

- 2.28** The strategic management of equality and diversity was poor. There was a policy, continuous improvement plan and a strategy document. A single detainee custody manager was responsible for equality work at the Gatwick immigration removal centres (IRCs) Brook House and Tinsley House. There was little focus on Tinsley House. Monthly equality meetings took place at Tinsley House, but in February 2018 only four people had attended. Detainees were not asked to complete a confidential equality questionnaire, which meant not all detainees' protected characteristics were identified. The monthly equality report was very basic and focused mostly on nationality rather than other protected characteristics.
- 2.29** Monitoring was basic and no trends were identified. No forums or groups took place for detainees who shared protected characteristics. Our meetings during the inspection showed that there was demand for regular information and support groups with interpreters, where necessary. The centre's six equality representatives had not received training and they were unsure of their role and responsibilities. Detainees had not submitted any complaints alleging discrimination in the previous six months. Despite these strategic weaknesses, we found no evidence of direct discrimination and few tensions between separate groups.

Recommendations

- 2.30 The under-reporting of detainees' protected characteristics should be investigated and addressed.**
- 2.31 Diversity monitoring should facilitate the identification and investigation of trends in detainee outcomes.** (Repeated recommendation 2.24)
- 2.32 Specific forums should be established for detainees with protected characteristics.** (Repeated recommendation 2.26)

Protected characteristics

- 2.33** The largest nationality groups were Bangladeshi (15%), Nigerian (14%) and Indian (11%). In our survey, 27% of detainees said they could not understand spoken English. Eighty-eight per cent of non-English speakers said most staff treated them with respect but only 52% said they felt safe (see paragraph 1.37). Staff often used professional telephone interpretation, but we saw some examples where it was not used when it should have been. It was predominately used in reception and by health care staff, but also on occasion by the welfare team and in assessment, care in detention and teamwork (ACDT) reviews (see paragraph 1.25). A central list showed that 35 members of staff spoke languages other than English, some more than one. Complaint forms, reception and welfare booklets were available in a range of languages.
- 2.34** In our survey, 12% of respondents identified as disabled. This suggested 16 disabled detainees were held, but the centre had only identified five (four of whom were diabetic). Supported living plans for disabled detainees were good. They contained an assessment, personal emergency evacuation plan, care plan, case reviews and a record of observations. (See also paragraph 1.14.) None of the detainees held during the inspection had mobility problems. The centre did not have an adapted room. On our night visit, staff could not be precise about where personal emergency evacuation plans were located and could not identify the needs of a detainee who had a supported living plan. In our survey, only 40% of detainees with a disability said there was a member of staff they could turn to if they had a problem. Dedicated support for detainees with other protected characteristics was minimal.

Faith and religion

- 2.35** Faith provision was reasonably good. The most popular religions were Christianity (37%), Islam (37%), Hinduism (6%) and Sikhism (5%). Ten per cent of the population had no religion. The chaplaincy was active and visible. The core team covered the major religions and part-time or volunteer chaplains were brought in when necessary. The managing chaplain was a member of the senior management team. Detainees could lead services if a chaplain was unavailable. Since our last inspection, the number of faith spaces had been reduced from three to two. There was now a chapel for Christians and a multi-faith room for other religions. The multi-faith room was very popular and was sometimes used by different faith groups at the same time, which generated tension, especially at prayer times. Managers were aware of the problem. They wanted the room to be as open and accessible as possible and had set guidelines on who could use it and when. However, managers failed to communicate the guidelines consistently and not all detainees understood them.

Recommendation

- 2.36** **Detainees of all faiths should be able to pray in the multi-faith room without being unduly disturbed.**

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.

Governance arrangements

- 2.37** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)⁶ 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.
- 2.38** Health services were provided by G4S Medical Services Ltd and regular GP services were sub-contracted to a regular agency. A health needs assessment had been drafted and was due to be implemented imminently.
- 2.39** Contract performance reviews and local stakeholder meetings were established. Clinical governance arrangements were well developed and risks and areas for improvement were appropriately identified. The clinical incident reporting system was used appropriately and had improved since our previous inspection and lessons that had been learned were shared with staff. However, too many staff continued to use paper forms instead of inputting information directly onto the web-based system, causing potential delays and omissions.
- 2.40** Some detainees told us they were dissatisfied with health care arrangements (see paragraph 2.54). In cases we reviewed the support offered was good. The practice manager had introduced a forum to address detainees' concerns, but it did not take place frequently enough.
- 2.41** The site was covered by a small team of practitioners working largely autonomously. An effective audit programme and oversight from the health care manager ensured the service was accountable. Although plans were in place to reduce the use of agencies, several clinical vacancies were routinely filled by regular bank and agency staff. There were not always enough staff to meet detainees' needs, for example when they were needed to care for detained families and at nights.
- 2.42** Staff training and supervision arrangements were reasonable. All medical staff had undertaken specific training on producing rule 35 reports (see paragraphs 1.15 and 1.16).
- 2.43** An audit had identified infection control concerns. During the inspection, treatment rooms were clean and suitable.
- 2.44** Emergency response arrangements were good. All detention staff had received first aid training and those we spoke to knew how to use automated external defibrillators. Resuscitation equipment was appropriately maintained and all frontline clinical staff were trained in intermediate life support skills.
- 2.45** Health care staff knew how to respond to safeguarding concerns and had received appropriate training. There were no formal arrangements for supporting detainees with

⁶ 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>.

social care needs. Health care staff told us detainees with such needs would not be admitted to the centre. However, arrangements for dealing with all eventualities, including any onsite deterioration, had not been formally agreed with the local authority or the Home Office. (See also paragraph 1.11.)

- 2.46** There was a dedicated confidential health complaints system for detainees. Complaints were generally well managed and the process had improved since our last inspection. Many of the examples we reviewed involved complaints from detainees who did not have a strong command of English. However, the centre did not offer detainees sufficient opportunities to resolve their problems face-to-face or provide accessible written responses.
- 2.47** There was no whole-centre approach to health and well-being support for detainees. Health promotion material was not readily available in multiple languages or accessible formats (see also paragraph 2.53). We saw evidence of detainees being offered access to screening for blood borne viruses and other immunisation programmes, but uptake was low. The centre had not done enough to raise detainees' awareness of the benefits of immunisation. Barrier protection was available and appropriately advertised.
- 2.48** Communicable diseases were managed well and better than at our last inspection. Although travel advice was available and immunisations offered, detainees were not involved early on enough during their stay, which caused problems when they received short notice of a transfer from the centre.

Recommendations

- 2.49** **There should be enough health care staff to meet detainees' needs.**
- 2.50** **A formal memorandum of understanding should be agreed with the Home Office and local authority, describing how detainees with social care needs will be supported.**
- 2.51** **Detainees making a complaint should initially be addressed face-to-face whenever their language of choice is not English and written responses should be in an accessible format.**
- 2.52** **A 'whole centre' approach to health promotion should be introduced. It should cover screening and immunisation and offer readily available appropriate information in accessible formats, including in the main written languages of the detainee population.**

Primary care and inpatient services

- 2.53** Detainees underwent a health assessment on reception and were routinely seen by the GP the next day. Telephone interpretation services were used, but written information about services was limited. Although staff told us such information was available in a range of languages, it could not be produced when we asked to see it.
- 2.54** Some detainees said the health care team displayed poor attitudes and a lack of concern. We found that daily nurse triage clinics were responsive and met detainees' needs. Detainees had access to the GP, even for routine care, within 24 hours. However, health care practitioners often moved around the site and unless a detainee could speak to a clinician, an appointment could not be made, causing delays.

- 2.55** Given the average length of stay, an appropriate range of primary care services was available and waiting times were very low. Out-of-hours' GP cover was provided by the in-house GP team and was good.
- 2.56** Detainees with complex health needs were identified and care plans reviewed regularly. A weekly multidisciplinary team meeting ensured appropriate support was provided. Detainees were referred promptly for secondary health services. External hospital appointments were well managed and appointments rarely cancelled.

Recommendation

- 2.57** **The centre should introduce an effective booking system that allows detainees to make an appointment easily.**

Mental health

- 2.58** G4S Medical Services Limited provided mental health services and Elysium Healthcare provided specialist secondary input, including psychiatry. A mental health nurse was allocated to cover Tinsley House seven days a week between 9am and 5pm. There were two vacancies in the team, which meant staff also covered Brook House. As a result, staff would only arrive at Tinsley House after 3.30pm and see detainees in the late afternoon or early evening, having been on duty at Brook House for several hours.
- 2.59** Custody staff and the primary care team could refer detainees to the service and detainees could also refer themselves. Waiting times were short and detainees were seen within a couple of days of referral for an initial assessment and to decide on ongoing interventions. There was no multidisciplinary review or oversight of caseloads, but weekly meetings with the GP and other stakeholders considered emerging problems.
- 2.60** Detainees with severe illness or psychosis would not be admitted to the centre, or if problems emerged, a review of detention would take place. The service provided 22 detainees with support through psychologically informed approaches to address mild to moderate problems, which included guided self-help, coping strategies, short-term interventions and individual therapy. Supported living plans were developed with detainees' consent and could be shared with custody staff (see also paragraph 1.14). A Hearing Voices group was due to start in May to provide additional support. Many detainees experienced anxiety and altered mood because of their detention and possible removal. There was no counselling or peer support.
- 2.61** Clinical records were good and adequate supervision arrangements were in place. Support for detainees under the ACDT process was provided and detainees on a constant watch received daily support. Detention staff received mental health awareness training during their induction and as part of mandatory training. No detainees at Tinsley House had required a transfer under the Mental Health Act in the previous 12 months.

Recommendation

- 2.62** **There should be sufficient staffing capacity to meet the health needs of the population and counselling services should be provided.**

Substance use treatment

- 2.63** A drug and alcohol strategy was in place for the two Gatwick Airport IRCs. It steered partnership working and determined any necessary site-specific response. However, there was little evidence that detainees were using illicit drugs. Detainees requiring detoxification would not have been admitted to the unit and would have been diverted elsewhere if they had needed opiate substitution treatment.
- 2.64** Forward, the substance misuse provider, covered both Tinsley and Brook houses and offered accessible low-level individual psychosocial interventions. The service was generally well promoted, but demand was low and only one detainee was receiving support during the inspection.
- 2.65** Custody staff and health professionals could refer detainees and detainees could also refer themselves. Detainees could approach staff from Forward directly for advice and guidance, and information about the service and harm reduction assistance were also available.

Medicines optimisation and pharmacy services

- 2.66** A local community pharmacy dispensed medicines prescribed for detainees. Medicines were supplied on a named patient basis. There were plans to set up an onsite pharmacy-led clinic, but none was in place during the inspection.
- 2.67** The pharmacy used an electronic prescribing and medicines administration system. Detainees had an in-possession risk assessment during the reception process. Where appropriate, detainees had their medicines in their possession. Detainees prescribed medicines that they could not have in their possession were encouraged to attend the main treatment room to receive their medicines at the appropriate time. Medication was administered three times a day. Staff agreed additional times with individual detainees if their medicines were prescribed more frequently. The administration of medication that we observed was conducted safely, professionally and courteously.
- 2.68** Detainees could obtain soluble paracetamol from security staff who kept records of what they had supplied and health care staff transcribed them on to health care records every night. There were protocols for discretionary medicines (medication to treat minor illnesses) and emergency medicines. They authorised registered nurses and paramedics to administer certain medicines in specific conditions. However, the protocols did not cover all medicines listed.
- 2.69** Spot checks on detainees, including checks to ensure they understood how to take and store their medicines, had been suspended owing to staff shortages.
- 2.70** Medicine optimisation was discussed at the well-attended quarterly integrated governance meeting. While prescribing data were discussed, prescribing audits were not undertaken.

Recommendations

- 2.71** **Detainees should have access to pharmacy-led clinics.** (Repeated recommendation 2.79)
- 2.72** **Protocols for authorising non-prescribed medicines should be comprehensive to ensure compliance with legislation, and prescribing audits should be undertaken.**

Oral health

- 2.73** Nurses triaged detainees' dental needs and placed detainees on an external dental clinic list, or referred them to the community emergency dental service, where a weekly ring-fenced slot was available. A dentist-led clinic was held at Tinsley House every two weeks. The dentist reviewed detainees' oral health, provided local treatment and advice or referred them to their local NHS dental service. The provision met the population's needs and the longest waiting time was 14 days for non-urgent cases.

Section 3. Activities

Expected outcomes:

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

Access to activities

- 3.1** The centre offered a well-balanced mix of activities and facilities. Activities kept detainees interested, especially the majority who remained for short periods at the centre. However, although managers had started to extend the range of activities and work, only 45% of detainees in our survey said they had enough to do to fill their time at the centre.
- 3.2** The promotion of activities was not co-ordinated well enough to ensure detainees knew what was available and when. Posters were displayed extensively around the centre, but they were not organised so that detainees could easily gain an overview of what was offered. Some were out of date or inaccurate. Teachers and activity staff personally encouraged detainees to attend, but not consistently. Translated information or publicity that used symbols were not widespread enough.
- 3.3** Activities were generally well-resourced and physical resources, for example for learning and skills classrooms and the cultural kitchen, were good. Managers had provided additional classroom space and trained a member of staff so that the range of education provision could be increased significantly. They had appointed an officer to coordinate paid work, which had led to an increase in take-up. However, they had not established effective arrangements to cover staff absences or vacancies. At times this affected the quality and availability of education classes.
- 3.4** The centre did not monitor participation in activities effectively. It provided only very limited data on the extent to which activities included individuals and groups. A revised and potentially more precise means of recording information had not yet been implemented in full and had therefore not allowed for any data analysis.
- 3.5** Detainees could make use of a good range of recreational facilities. They included pool tables, games machines, a DVD viewing room and board games. They were available during the day and in the evening, including at weekends, and were well used. Activities staff organised regular competitions, which were popular with detainees. They included pool tournaments, badminton matches and quizzes, and small cash prizes were awarded. Bookings to use the cultural kitchen, where small groups of detainees cooked and shared food, were highly sought after. Detainees did not have sufficient access (see paragraph 2.22).
- 3.6** Detainees' freedom to move around the centre was reasonably good. However, their access to communal facilities and activity provision had been reduced substantially since the previous inspection, from 17 to 12 hours a day (see paragraph 1.42 and main recommendation S36). At other times, they were restricted to their residential corridors. A small outdoor area was available.
- 3.7** Access to the internet and email was good. The 12 computers in the library were very popular and available throughout library opening hours (see paragraph 3.20). Detainees' access to some websites that could have been helpful for their resettlement was blocked and they could not use social media (see paragraph 4.13 and recommendation 4.16).

Recommendations

- 3.8** Cover arrangements for staff absences should be in place to ensure the consistent and safe delivery of a range activities.
- 3.9** Data on activities should be collected and analysed to identify trends in the use of all facilities and participation by different groups of detainees. The information should be used to improve participation, planning and promotion to attract higher interest and attendance.

Education and work

- 3.10** Well-established programmes in English for speakers of other languages (ESOL) and in arts and crafts formed the core of the learning and skills provision. They catered effectively for detainees who were held for both short and longer periods.
- 3.11** During arts and craft sessions detainees worked on motivating short-term projects, which those with no previous experience could complete within a week. A variety of other activities, such as beadwork and painting, were always on offer. Detainees with varied levels of fluency in English had their needs met through ESOL sessions. There was an appropriate emphasis on developing their listening and speaking skills. Activities, such as poetry competitions, were now offered to those who were fluent in English.
- 3.12** Sessions were welcoming and inclusive. Teachers routinely integrated newly arrived detainees into their sessions with minimum fuss. Teaching was skilled and detainees made good progress.
- 3.13** A more extensive programme of education activities was being developed. During the inspection, there had been a substantial increase in the volume and range of provision and sessions were taught by a newly trained member of staff. This included classes in simple cookery and sessions on life in Britain. Sessions were timetabled so that learning and skills provision extended into some evenings and weekends. The initiative was too new for its impact to be clear.
- 3.14** Arrangements for quality assuring and improving learning and skills were limited. The centre did not have the specialist expertise or suitable measures, such as self-assessment, to evaluate or monitor the provision.
- 3.15** The centre provided a good range of paid work. It offered a mix of basic roles, such as cleaning, along with those demanding more developed personal or occupational skills, such as befriending and barbering.
- 3.16** The proportion of detainees who could work was similar to the last inspection. Since the appointment of a paid work coordinator, the number of paid hours for most roles had increased, and recruitment had improved. Three-quarters of roles were filled. However, hourly rates remained low at £1 an hour, and did not provide enough of an incentive to reduce vacancies further.
- 3.17** Application and appointment processes were straightforward and timely. Waiting lists were short. The Home Office restricted some detainees from working, which was inappropriate.

Recommendation

- 3.18** The centre should establish effective quality improvement systems.
- 3.19** Rates of pay should be raised to encourage more detainees to apply for paid work at the centre and compliance with the Home Office should not be a pre-requisite for obtaining work. (Repeated recommendation 3.19)

Library provision

- 3.20** Access to the library was good. Detainees could use it around 10 hours a day, including in the evenings and at weekends. In our survey, four out of five detainees said it was easy to visit the library. The library was calm and detainees made good use of computers, played games, such as chess, read newspapers and sent faxes.
- 3.21** Since the previous inspection, the centre had disposed of many its old and damaged books. Most of the remainder were better displayed, particularly those in foreign languages. Dictionaries in a range of languages were available, although not all were readily accessible. However, the centre had not renewed its book stock, and much of it was still outdated. The main duty of staff was to supervise detainees' internet use, and none were trained to run a library. Systems for managing the borrowing process and monitoring and replenishing stock, were still not in place.

Recommendation

- 3.22** Effective systems should be in place for borrowing books and checking and renewing stock.

Fitness provision

- 3.23** Detainees had good access to fitness training and sports activities. In our survey, more than four out of five detainees said it was easy to visit the gym, which was higher than in comparable establishments.
- 3.24** The gym was open every day for 11.5 hours spanning morning, afternoon and evening sessions. Facilities were good. They included weight training equipment and cardiovascular exercise machines. A sports hall was used regularly for sporting activities, such as badminton and volleyball. Detainees enjoyed playing cricket and five-a-side football on a small outdoor pitch. However, its tarmac surface was hard and unusable when wet.
- 3.25** Activity staff were enthusiastic and good at sport. However, there were not enough of them to ensure detainees were properly supervised and undertook activities safely. Two posts were vacant, and only one of the three in post was suitably qualified. As a result, many detainees used the equipment without completing a formal gym induction.

Recommendation

- 3.26** Sports and activities staff should have instructor or coaching qualifications. They should supervise the gym more closely to ensure detainees are safe and complete a gym induction before they use equipment.

Section 4. Preparation for removal and release

Welfare

Expected outcomes:

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

- 4.1 The centre had a welfare office that was open throughout the day and in the evenings, seven days a week. It was staffed by dedicated welfare officers, who were accredited by the Office of the Immigration Services Commissioner, which enhanced their ability to provide information and direct detainees to sources of support.
- 4.2 All detainees were seen promptly on arrival so their immediate needs could be assessed and the services available through the welfare office explained. A useful information booklet was available in 11 languages. Welfare officers focused well on promoting family contact and legal support. Detainees had good access to the welfare office's services after this initial meeting.
- 4.3 Services offered included the retrieval of property from sending establishments, the provision of legal forms, as well as appointments for the legal advice surgery and for the onsite immigration team. If detainees had set up online banking, they could use the facility in the welfare office.
- 4.4 We were impressed by the level of support detainees received and saw welfare officers work proactively, including in some complex cases. The team had good working relationships with other departments and played a key role in ensuring the overall needs of detainees were met.
- 4.5 There were some staff shortages during the inspection, and at times, detainees had to wait to be seen, but the problem was managed well. The welfare team worked well despite limited office space. The fax and printing equipment was not suitable for the high volume of work (see paragraph 4.14). Detainees valued the service and used it regularly. In the previous three months, it had assisted detainees on 3,309 occasions.

Good practice

- 4.6 *Welfare officers were accredited by the Office of the Immigration Services Commissioner to provide Level 1 support, which enhanced their ability to provide information and direct detainees to appropriate sources of support. The level of support detainees received was impressive and welfare officers worked proactively to help them.*

Visits and family contact

Expected outcomes:

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

- 4.7 Daily visiting sessions had been reduced by an hour from seven to six hours but were still sufficient. Visitors had to book their visit at least 24 hours in advance. Some detainees

complained that the visits booking line was not answered promptly, but visitors we spoke with did not have any concerns about it and when we tested it during our inspection the response was swift. We observed adult visitors walking through a metal detector and having a basic rub-down search, which was carried out respectfully. Children had to walk through the metal detector and staff told us that a positive indication or specific intelligence would require a basic pat down search. All visitors had to wear a lanyard and a coloured wrist band, including young children, which was disproportionate and unnecessary (see paragraph 1.43). Visitors could bring in property for detainees and had access to a free shuttle bus service between the airport and the centre.

- 4.8** During our inspection, visitors we spoke to told us they did not receive all necessary information when they booked a visit. For example, the centre had a policy that only allowed them to bring £5 in coins. We observed this causing problems for visitors who had not been informed and they therefore faced unnecessary delays in gaining access to visits.
- 4.9** The visits hall was large and welcoming. It was equipped with a play area for young children, but there was no provision for children over the age of around five. A small range of snacks was available from vending machines, and tea, coffee and fresh fruit was available free of charge from the staff desk in the hall. Hot meals were not available for those who had travelled long distances. Some aspects remained too restrictive, for example, physical contact between detainees and their visitors was too limited and they were not allowed to sit next to each other (see paragraph 1.43). Visitor feedback forms, although available, were not clearly visible and were only available in English.
- 4.10** Welfare officers provided detainees with good support to help them stay in contact with their families. The centre had also facilitated twice-weekly visits from the Gatwick Detainee Welfare Group (GDWG), which provided several detainees with a helpful volunteer visitor service as well as other support.

Recommendations

- 4.11 Rules in the visits hall should be proportionate to the detainee population. Appropriate physical contact between detainees and their visitors should be allowed, and young children should not be required to wear wristbands or lanyards.**
- 4.12 Visitors should be given information about what to expect at the centre before they arrive.**

Communications

Expected outcomes:

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

- 4.13** There were 12 computers in the library, which provided detainees with reasonable access to the internet and email. However, several legitimate websites, including those providing legal information and advice, were blocked. For example, tribunal outcomes on the Immigration and Asylum Tribunal website and useful information on the United Nations Refugee Agency website were inaccessible. Information on the Bail for Immigration Detainees website and documents relating to third country removals were also blocked. Detainees had no access to social networks or video calls, which was an unnecessary restriction. Detainees could open

PDF and Word documents, and print them out in the library. There were no restrictions on the number of documents that could be printed.

- 4.14** Detainees could send faxes from the library or the welfare office. Incoming faxes were received in the welfare office and recipients' room numbers were written on a board in the corridor. However, detainees complained about the length of time it took to send a fax and photocopy paperwork. Staff also told us there was an ongoing problem because the equipment was old and unable to cope with the level of use. All detainees could send one free letter a week and there was a designated post box for outgoing mail, which was emptied regularly.
- 4.15** Detainees received a free phone call in reception on arrival at the centre and £5 in credit for their mobile phones. If a detainee was not allowed to keep his own mobile phone because it had a camera or recording equipment, centre staff provided a mobile phone. The shop sold phone cards. Although the centre did not have a system for enabling detainees without money to make free weekly calls, the welfare office organised calls on an ad hoc basis and the GDWG provided phone cards to those who were most in need.

Recommendation

- 4.16 Detainees should have access to social networks, Skype and all other legitimate websites.**

Leaving the centre

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.

- 4.17** Detainees received good support from the welfare team to resolve a range of issues before their removal or release. However, their needs were not assessed systematically before their departure. Further support was available from GDWG staff, who now visited the centre (see paragraphs 4.10 and 4.15).
- 4.18** Detainees being removed had access to country information packs and those being released into the community were provided with contact details for local support organisations. Those who needed them received clothes and suitable bags. While the Home Office made efforts to remove detainees to the airport nearest to their home in the destination country, there was still no formal system of financial assistance to help detainees reach their destination safely. The welfare team could arrange a £20 travel grant funded by GDWG, but for some it would not have been enough and they would have required additional Home Office assistance.
- 4.19** Detainees received as little as an hour's notice before they were transferred to another centre. Those removed on a charter flight were usually transferred to Brook House one or two days earlier. They were not told they were being transferred for removal and were only given flight details when they were taken to reception to be escorted to the airport. Removal and transfer arrangements left detainees with little time to inform family and friends about what was happening. Reserve lists for charter flights caused detainees unnecessary distress.

Recommendations

- 4.20 Detainees' needs should be assessed systematically, and as far as possible addressed, before they leave the centre.**
- 4.21 A formal system of assistance should be introduced to ensure that detainees are able to reach their final destination safely.** (Repeated recommendation 4.29)
- 4.22 Detainees being transferred to other places of detention should be given sufficient notice of the move.** (Repeated recommendation 4.28)

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 and centre manager

- 5.1** The centre should monitor rule 35 reports to ensure they are submitted when necessary. Reports should contain sufficient detail to inform a proper assessment of the vulnerability of the detainee. Home Office responses should be timely. Where evidence of torture is accepted, detention should only be maintained in exceptional circumstances that are documented on file and explained in writing to the detainee, their legal representatives and the doctor. (S36)

Main recommendation To the centre manager

- 5.2** Security procedures and limitations on detainees' ability to move freely around the centre should remain proportionate to a detainee population. Any restrictions should be focused and based on risks and clear evidence. (S37)

Recommendations To the Home Office

Legal rights

- 5.3** There should be a time limit on the length of detention. (1.65)
- 5.4** All casework, including substantive decision making, should be progressed promptly. (1.66)

Daily life

Detainee consultation, applications and redress

- 5.5** Complaints requiring investigation by the professional standards unit should be passed immediately to that department for investigation. (2.19)

Leaving the centre

- 5.6** A formal system of assistance should be introduced to ensure that detainees are able to reach their final destination safely. (4.21, repeated recommendation 4.29)
- 5.7** Detainees being transferred to other places of detention should be given sufficient notice of the move. (4.22, repeated recommendation 4.28)

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

Arrival and early days in detention

- 5.8** Detainees should never be transported at night except for urgent operational reasons. (1.8)

Recommendations **To the centre manager**

Arrival and early days in detention

- 5.9** Reception processes should be prompt and efficient, ensuring that detainees' immediate vulnerabilities, needs and risks are assessed during a private interview. Key information should be conveyed to residential staff and other departments. (1.9)

Safeguarding

Safeguarding of vulnerable adults

- 5.10** Managers should ensure that centre staff understand and feel comfortable using whistleblowing procedures. Reporting lines should allow staff to provide information quickly. (1.19)
- 5.11** All staff in contact with detainees should be familiar with adult safeguarding, modern slavery and adults at risk practice. (1.20)
- 5.12** There should be effective multidisciplinary care planning for adults at risk. (1.21)

Self-harm and suicide prevention

- 5.13** The centre should have an up-to-date local policy on the care and management of detainees refusing food or fluid. (1.31)
- 5.14** Messages left through the confidential safer community helpline and email services should receive a prompt response. (1.32)
- 5.15** ACDT case reviews and meetings between staff from the Samaritans and detainees should take place in private and should not be disturbed. (1.33)

Personal safety

- 5.16** Sustained efforts should be made to investigate negative perceptions of safety held by some detainees and appropriate action should be taken. (1.40, repeated recommendation 1.20)

Use of force and single separation

- 5.17** Use of force meetings should take place regularly. They should analyse use of force data specifically for Tinsley House as well as monitor trends and set appropriate action. (1.52)

Legal rights

- 5.18** Professional interpretation should be used for all immigration interviews where the detainee is not fluent in English. (1.62)
- 5.19** The library should stock up-to-date immigration law text books and country of origin information reports. Legal support websites should not be blocked. (1.63)
- 5.20** Detainees should receive a copy of their bail summary by 2pm the day before the bail hearing. (1.64, repeated recommendation 1.66)

Staff–detainee relationships

- 5.21** Staff should knock and wait for a response before entering rooms, except in emergencies. (2.5, repeated recommendation 2.16)
- 5.22** Managers should monitor and assess the impact of regular redeployment on relationships in the centre. (2.6)
- 5.23** Detainees should be consulted to understand any concerns about the behaviour of staff and action should be taken to address those concerns. (2.7, repeated recommendation 2.15)

Daily life

Living conditions

- 5.24** Detainees should have well ventilated rooms where they can rest and sleep in reasonable comfort. (2.14)

Detainee consultation, applications and redress

- 5.25** Complaints should receive a response within published timescales. (2.18)

Residential services

- 5.26** Special and religious diets should be effectively catered for, and food should be correctly stored. (2.25)
- 5.27** Consultation should lead to action that addresses detainees' dissatisfaction with the food. (2.26)
- 5.28** Detainees should have significantly more access to the cultural kitchen. (2.27)

Equality, diversity and faith

Strategic management

- 5.29** The under-reporting of detainees' protected characteristics should be investigated and addressed. (2.30)

- 5.30** Diversity monitoring should facilitate the identification and investigation of trends in detainee outcomes. (2.31, repeated recommendation 2.24)
- 5.31** Specific forums should be established for detainees with protected characteristics. (2.32, repeated recommendation 2.26)

Faith and religion

- 5.32** Detainees of all faiths should be able to pray in the multi-faith room without being unduly disturbed. (2.36)

Health services

Strategy, clinical governance and partnerships

- 5.33** There should be enough health care staff to meet detainees' needs. (2.49)
- 5.34** A formal memorandum of understanding should be agreed with the Home Office and local authority, describing how detainees with social care needs will be supported. (2.50)
- 5.35** Detainees making a complaint should initially be addressed face-to-face whenever their language of choice is not English and written responses should be in an accessible format. (2.51)
- 5.36** A 'whole centre' approach to health promotion should be introduced. It should cover screening and immunisation and offer readily available appropriate information in accessible formats, including in the main written languages of the detainee population. (2.52)

Primary care and inpatient services

- 5.37** The centre should introduce an effective booking system that allows detainees to make an appointment easily. (2.57)

Mental health

- 5.38** There should be sufficient staffing capacity to meet the health needs of the population and counselling services should be provided. (2.62)

Medicines optimisation and pharmacy services

- 5.39** Detainees should have access to pharmacy-led clinics. (2.71, repeated recommendation 2.79)
- 5.40** Protocols for authorising non-prescribed medicines should be comprehensive to ensure compliance with legislation, and prescribing audits should be undertaken. (2.72)

Activities

Access to activities

- 5.41** Cover arrangements for staff absences should be in place to ensure the consistent and safe delivery of a range activities. (3.8)

- 5.42** Data on activities should be collected and analysed to identify trends in the use of all facilities and participation by different groups of detainees. The information should be used to improve participation, planning and promotion to attract higher interest and attendance. (3.9)

Education and work

- 5.43** The centre should establish effective quality improvement systems. (3.18)
- 5.44** Rates of pay should be raised to encourage more detainees to apply for paid work at the centre and compliance with the Home Office should not be a pre-requisite for obtaining work. (3.19, repeated recommendation 3.19)

Library provision

- 5.45** Effective systems should be in place for borrowing books and checking and renewing stock. (3.22)

Fitness provision

- 5.46** Sports and activities staff should have instructor or coaching qualifications. They should supervise the gym more closely to ensure detainees are safe and complete a gym induction before they use equipment. (3.26)

Visits and family contact

- 5.47** Rules in the visits hall should be proportionate to the detainee population. Appropriate physical contact between detainees and their visitors should be allowed, and young children should not be required to wear wristbands or lanyards. (4.11)
- 5.48** Visitors should be given information about what to expect at the centre before they arrive. (4.12)

Communications

- 5.49** Detainees should have access to social networks, Skype and all other legitimate websites. (4.16)

Leaving the centre

- 5.50** Detainees' needs should be assessed systematically, and as far as possible addressed, before they leave the centre. (4.20)

Example of good practice

- 5.51** Welfare officers were accredited by the Office of the Immigration Services Commissioner to provide Level 1 support, which enhanced their ability to provide information and direct detainees to appropriate sources of support. The level of support detainees received was impressive and welfare officers worked proactively to help them. (4.6)

Section 6. Appendices

Appendix I: Inspection team

Hindpal Singh Bhui	Team leader
Bev Alden	Inspector
Colin Carroll	Inspector
Deri Hughes-Roberts	Inspector
Martin Kettle	Inspector
Angus Mulready-Jones	Inspector
Tamara Pattinson	Inspector
Fran Russell	Inspector
Kam Sarai	Inspector
Stephen Eley	Health services inspector
Malcolm Irons	Care Quality Commission inspector
Joanne MacDonald	Care Quality Commission inspector
Alastair Pearson	Associate activities inspector
Tamara al Janabi	Researcher
Joe Simmonds	Researcher
Patricia Taflan	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 2014, detainees continued to be subject to long and exhausting overnight transfers. Most detainees were treated well in reception but non-English speakers reported less favourably. The centre was calm and violent incidents were rare. In our survey perceptions of safety had declined since the last inspection and were now similar to comparable establishments but detainees were generally positive about safety when we spoke to them individually and in groups. Detainees at risk of self-harm were well cared for and ACDT procedures were good, but the centre still lacked a care suite. At-risk adults received appropriate care but links with the local authority needed improvement. Some age disputes could have been resolved earlier. Security arrangements were largely proportionate. Good efforts were made to de-escalate and force was rarely used. Detainees were separated less often than at our last inspection. Detainees could access legal advice surgeries quickly. Casework inefficiencies led to some detainees being held longer than necessary. Outcomes for detainees were good against this healthy establishment test.

Main recommendation

Detainees at risk of self-harm or suicide should not be located in the separation accommodation solely for reasons of vulnerability. A suitable care suite should be available. (S36)

Achieved

Recommendations

Detainees should not be subject to exhausting overnight transfers between centres. (1.5)

Not achieved

Detainees should not be taken on circuitous routes around the immigration estate to reach Tinsley House. (1.6)

Achieved

The rules and regulations booklet should be available in a range of languages. (1.13)

Achieved

Sustained efforts should be made to investigate negative perceptions of safety held by some detainees and appropriate action should be taken. (1.20)

Not achieved (recommendation repeated, 1.40)

Information relating to vulnerable detainees who have previously been subject to suicide prevention procedures in custodial facilities should always be obtained. (I.28)

Achieved

Messages left on the confidential safer community telephone number should be responded to promptly. (I.29)

Not achieved

The processes by which decisions about the care of vulnerable detainees are made should always be recorded clearly. At-risk detainees should have care plans. (I.34)

Not achieved

There should be no unavoidable delays in dealing with age dispute cases. (I.40)

Achieved

The safeguarding policy should be amended to reflect current practice in the family unit. (I.41)

Achieved

A G4S manager should be directly represented on the LSCB. (I.42)

Achieved

Detainees should be allowed to sit next to their visitors unless an individual written risk assessment states otherwise. (I.47)

Not achieved

A use of force committee should meet regularly to review all use of force documentation and apply any lessons learnt. (I.55)

Not achieved

Staff involved in the application of control and restraint techniques should be conversant with their role and apply only approved techniques. (I.56)

Achieved

A suitable therapeutic care suite should be available. The new care suite should be used to hold those separated under rules 40 and 42 of the detention centre rules. (I.57)

Partially achieved

Detainees should receive a copy of their bail summary by 2pm the day before the bail hearing. (I.66)

Not achieved (recommendation repeated, I.64)

All casework, including substantive decision making and consideration of rule 35 reports, should be progressed promptly. (I.80)

Not achieved

All rule 35 reports should provide objective professional assessments, for example commenting on consistency between injuries and alleged methods of torture. (I.81)

Not achieved

Rule 35 reports should be given due weight by Home Office decision makers. (I.82)

Not achieved

Any circumstances that might have a bearing on a detainee's case to remain in the UK should be effectively communicated among centre staff, the Home Office contact team and Home Office decision-making teams. (I.83)

Achieved

Respect

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

At the last inspection, in 2014, the standard of accommodation was reasonably good but ventilation was very poor. Most relationships between staff and detainees were positive but a minority were poor. The strategic management of equality and diversity was reasonably good and protected groups were generally treated well. A Muslim chaplain was not always available to lead Friday prayers. Most detainees said that their complaints were dealt with fairly. Health services were reasonably good. Catering required improvement. The shop was satisfactory. Outcomes for detainees were reasonably good against this healthy establishment test.

Recommendations

Corridors and rooms should be well ventilated and free of bad smells. (2.8)

Achieved

Detainees' rooms should be free of bed bugs. (2.9)

Achieved

Detainees should be consulted to understand any concerns about the behaviour of staff and action should be taken to address those concerns. (2.15)

Not achieved (recommendation repeated 2.7)

Staff should knock and wait for a response before entering rooms, except in emergencies. (2.16)

Not achieved (recommendation repeated, 2.5)

All detainees should be allocated a designated care officer who updates their personal file regularly. (2.17)

Not achieved

Diversity monitoring should facilitate the identification and investigation of trends in detainee outcomes. (2.24)

Not achieved (recommendation repeated, 2.31)

Complaints and reports with an element of discrimination should be recorded as such and investigated appropriately. (2.25)

Achieved

Specific forums should be established for detainees with protected characteristics. (2.26)

Not achieved (recommendation repeated 2.32)

The under-reporting of disabilities should be investigated and addressed. (2.31)

Not achieved

Support and provision for older and younger detainees should be improved. (2.32)

Not achieved

There should be adequate faith provision for Muslim detainees. (2.36)

Achieved

All clinical incidents should be reported and monitored effectively so that lessons are learnt from them. (2.56)

Achieved

Staff should feel assured that the centre was taking adequate steps to manage the risks of an Ebola outbreak. (2.57)

Achieved

All staff should have regular recorded clinical and managerial supervision and annual appraisals. (2.58)

Achieved

There should be suitable facilities for health care staff to run clinics and consultations in private and without being disturbed. (2.59)

Achieved

Detainees should not be used as interpreters in confidential health care consultations and all telephones used for interpreting should have dual handsets. (2.60)

Not achieved

A wider range of health promotion material should be displayed across the centre in different languages, including mental health and wellbeing information. (2.61)

Not achieved

Detainees should be able to complain about health matters through a specific, well advertised health complaints system. (2.62)

Achieved

Detainees with lifelong conditions should receive regular reviews which generate an evidence-based care plan with appropriately trained and supervised staff. The lifelong conditions register should reflect all lifelong conditions being seen. (2.71)

Achieved

All GPs should receive specific training in Rule 35. (2.72)

Achieved

Detainees should have access to pharmacy-led clinics. (2.79)

Not achieved (recommendation repeated, 2.71)

When medications are supplied under a patient group direction, clear records should be made of the strength and quantity supplied. (2.80)

Achieved

Detainees should be able to prepare their own food in a cultural kitchen. (2.95)

Partially achieved

The food comments book and the centre's detainee food forum should be used to proactively demonstrate the catering team's commitment to meeting detainee need. (2.96)

Not 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 2014, detainees had good access to a wide range of activities that generally met their needs. Detainees had very good freedom of movement around the centre. Education provision was good but the range was limited. The range of work roles was good but too many were unfilled. The library required improvement. Fitness provision was good but the gym was not supervised well enough. Outcomes for detainees were good against this healthy establishment test.

Recommendations

Monitoring of attendance at the library, PE and music activity should be sufficiently detailed to identify how inclusive they are of individuals and groups. (3.10)

Not achieved

Arrangements to promote, coordinate and assure the quality of activities should be improved to ensure that attendance is consistently high and that the needs of all detainees are met. (3.15)

Not achieved

Rates of pay should be raised to encourage more detainees to apply for paid work at the centre and compliance with the Home Office should not be a pre-requisite for obtaining work. (3.19)

Not achieved (recommendation repeated, 3.19)

Management of the library should be improved to ensure that arrangements for borrowing books and checking and renewing stock are effective, and that books and other resources are in good condition, easy to find and meet the needs of detainees. (3.24)

Partially achieved

Sports and activities staff should have appropriate instructor or coaching qualifications, and should supervise the gym more closely to ensure detainees are always safe. (3.26)

Not 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 2014, the welfare officer provided good support to detainees. Visits provision was good. Detainees could communicate easily with the outside world but some internet restrictions were excessive. Detainees were not given enough notice of transfer to other centres and not all detainees leaving the centre saw the welfare officer. Outcomes for detainees were good against this healthy establishment test.

Border Force should consider alternatives to detention before holding families with children at Tinsley House. This consideration should be fully recorded on the detainee's casework information database record.⁷ (S37)

No longer relevant

The Home Office should reassess the role of the unit. The name of the unit should reflect its function. Which detainees are deemed suitable for the unit should be robustly governed to manage risks safely for all those held on the unit.⁸ (S38)

No longer relevant

Recommendations

Detainees' needs relating to their detention, release or removal should be systematically assessed by welfare staff during induction and resolved through ongoing individual casework which recognises the complex nature of the challenges faced by detainees. (4.6)

Partially achieved

Rules in the visits hall should be less restrictive, and allow for appropriate physical contact between detainees and their visitors. (4.14)

Not achieved

Detainees should have supervised access to social networks, Skype and all other legitimate websites. (4.21)

Not achieved

Detainees being transferred to other places of detention should be given sufficient notice of the move. (4.28)

Not achieved (recommendation repeated, 4.22)

A formal system of assistance should be introduced to ensure that detainees are able to reach their final destination safely. (4.29)

Not achieved (recommendation repeated, 4.21)

Clear processes and responsibilities should be put in place to ensure detainees subject to MAPPAs are effectively managed in the UK and, that where appropriate to do so, there is liaison with the authorities in the countries to which they may return (4.30)

No longer relevant

The practice of taking additional detainees as reserves to the airport for charter flight removals should cease. (4.31)

Not achieved

Escort arrangements for families should be based on the needs of any children involved, and female escort staff should be used to facilitate this if necessary.⁹ (5.18)

No longer relevant

A plan should be produced for each detainee held in the family unit outlining the support they will be offered and, where necessary, steps to be taken to maintain the safety and wellbeing of all detainees.¹⁰ (5.19)

No longer relevant

⁷ This recommendation is addressed separately in a report on the new Tinsley House family detention unit.

⁸ This recommendation is addressed separately in a report on the new Tinsley House family detention unit.

⁹ This recommendation is addressed separately in a report on the new Tinsley House family detention unit.

¹⁰ This recommendation is addressed separately in a report on the new Tinsley House family detention unit.

Appendix III: Detainee population profile

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

Population breakdown by:

(i) Age	No. of men	No. of women	No. of children	%
Under 1 year	0	0	0	0
1 to 6 years	0	0	0	0
7 to 11 years	0	0	0	0
12 to 16 years	0	0	0	0
16 to 17 years	0	0	0	0
18 years to 21 years	5	0	0	3.6
22 years to 29 years	30	0	0	21.9
30 years to 39 years	61	0	0	44.5
40 years to 49 years	24	0	0	17.5
50 years to 59 years	13	0	0	9.5
60 years to 69 years	4	0	0	3.0
70 or over	0	0	0	0
Total	137	0	0	100

(ii) Nationality Please add further categories if necessary	No. of men	No. of women	No. of children	%
Afghanistan	6	0	0	4.4
Albania	9	0	0	6.6
Algeria	2	0	0	1.45
Angola	1	0	0	0.7
Bangladesh	21	0	0	15.3
Belarus	0	0	0	0
Cameroon	0	0	0	0
China	8	0	0	5.8
Colombia	0	0	0	0
Congo (Brazzaville)	0	0	0	0
Congo Democratic Republic (Zaire)	0	0	0	0
Ecuador	0	0	0	0
Estonia	0	0	0	0
Georgia	0	0	0	0
Ghana	2	0	0	1.45
India	15	0	0	10.9
Iran	2	0	0	1.45
Iraq	0	0	0	0
Ivory Coast	1	0	0	0.7
Jamaica	3	0	0	2.2
Kenya	0	0	0	0
Kosovo	1	0	0	0.7
Latvia	1	0	0	0.7
Liberia	0	0	0	0
Lithuania	2	0	0	1.45
Malaysia	0	0	0	0
Moldova	0	0	0	0
Nigeria	19	0	0	13.9
Pakistan	7	0	0	5.1
Russia	0	0	0	0
Sierra Leone	2	0	0	1.45
Sri Lanka	3	0	0	2.2
Trinidad and Tobago	0	0	0	0
Turkey	1	0	0	0.7
Ukraine	5	0	0	3.6
Vietnam	5	0	0	3.6
Yugoslavia (FRY)	0	0	0	0
Zambia	0	0	0	0
Zimbabwe	0	0	0	0
Other (please state)	21	0	0	15.3
Total	137	0	0	100

(iii) Religion/belief Please add further categories if necessary	No. of men	No. of women	No. of children	%
Buddhist	1	0	0	0.7
Roman Catholic	7	0	0	5.1
Orthodox	3	0	0	2.2
Other Christian religion	41	0	0	29.9
Hindu	8	0	0	5.8
Muslim	51	0	0	37.2
Sikh	7	0	0	5.1
Agnostic/atheist	13	0	0	9.5
Unknown	1	0	0	0.7
Other (please state what)	5	0	0	3.6
Total	137			100

(iv) Length of time in detention in this centre	No. of men	No. of women	No. of children	%
Less than 1 week	14	0	0	10.2
1 to 2 weeks	45	0	0	32.8
2 to 4 weeks	34	0	0	24.8
1 to 2 months	40	0	0	29.2
2 to 4 months	3	0	0	2.2
4 to 6 months	1	0	0	0.7
6 to 8 months	0	0	0	0
8 to 10 months	0	0	0	0
More than 10 months (please note the longest length of time)	0	0	0	0
Total	137	0	0	100

(v) Detainees' last location before detention in this centre	No. of men	No. of women	No. of children	%
Community	14	0	0	10.2
Another IRC	23	0	0	16.8
A short-term holding facility (e.g. at a port or reporting centre)	69	0	0	50.4
Police station	14	0	0	10.2
Prison	17	0	0	12.4
Total	137	0	0	100

Appendix IV: Detainee survey methodology and results

Detainee survey methodology

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

Sampling

The questionnaire was offered to all detainees.

Distributing and collecting questionnaires

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

Our questionnaire is available in a number of different languages and via a telephone translation service for respondents who 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 3 April 2018 the detainee population at Tinsley House IRC was 142. Using the method described above, questionnaires were distributed to all detainees.

We received a total of 99 completed questionnaires, a response rate of 70%. This included one questionnaire completed via interview. Seven respondents refused to complete a questionnaire and 36 questionnaires were not returned.

Returned language	Number of completed survey returns
English	66 (67%)
Chinese	6 (6%)
Punjabi	6 (6%)
Russian	4 (4%)
Albanian	3 (3%)
Arabic	3 (3%)
Bengali	3 (3%)
Urdu	2 (2%)
Kurdish Sorani	1 (1%)
Polish	1 (1%)
Spanish	1 (1%)
Turkish	1 (1%)
Vietnamese	1 (1%)
Tigrinya	1 (0%)
Total	99 (100%)

Presentation of survey results and analyses

Over the following pages we present the survey results for Tinsley 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 significant differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in detainees' background details.

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

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

The following comparative analyses are presented:

- The current survey responses from Tinsley House IRC in 2018 compared with responses from detainees surveyed in all other detention centres. This comparator is based on all responses from detainee surveys carried out in eight detention centres since April 2014.
- The current survey responses from Tinsley House IRC in 2018 compared with the responses of detainees surveyed at Tinsley House IRC in 2014.
- A comparison within the 2018 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 results

Section I: About you

Q1	Are you male or female?	
	Male	94 (98%)
	Female.....	2 (2%)
Q2	What is your age?	
	Under 18	0 (0%)
	18-21	6 (6%)
	22-29	26 (27%)
	30-39	34 (35%)
	40-49	19 (20%)
	50-59	9 (9%)
	60-69	3 (3%)
	70 or over.....	0 (0%)
Q3	What region are you from? (Please tick only one.)	
	Africa	24 (25%)
	North America.....	2 (2%)
	South America.....	0 (0%)
	Indian subcontinent (India, Pakistan, Bangladesh, Sri Lanka)	39 (41%)
	China	7 (7%)
	Other Asia.....	6 (6%)
	Caribbean	1 (1%)
	Europe.....	15 (16%)
	Middle East	2 (2%)
Q4	Do you understand spoken English?	
	Yes	71 (73%)
	No.....	26 (27%)
Q5	Do you understand written English?	
	Yes	65 (68%)
	No.....	30 (32%)
Q6	What would you classify, if any, as your religious group?	
	None.....	5 (5%)
	Church of England	5 (5%)
	Catholic	11 (12%)
	Protestant.....	2 (2%)
	Other Christian denomination	11 (12%)
	Buddhist	1 (1%)
	Hindu	4 (4%)
	Jewish	0 (0%)
	Muslim	44 (48%)
	Sikh.....	8 (9%)
Q7	Do you have a disability?	
	Yes	11 (12%)
	No.....	84 (88%)

Section 2: Immigration detention

Q8	When being detained, were you told the reasons why in a language you could understand?	
	Yes	67 (71%)
	No.....	28 (29%)
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.....	74 (80%)
	Three to five	15 (16%)
	Six or more	3 (3%)
Q10	How long have you been detained in this centre?	
	Less than 1 week.....	6 (6%)
	More than 1 week less than 1 month	60 (63%)
	More than 1 month less than 3 months.....	15 (16%)
	More than 3 months less than 6 months	10 (11%)
	More than 6 months less than 9 months	3 (3%)
	More than 9 months less than 12 months.....	1 (1%)
	More than 12 months.....	0 (0%)

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	42 (45%)
	No.....	44 (47%)
	Do not remember	8 (9%)
Q12	How long did you spend in the escort vehicle to get to this centre on your most recent journey?	
	Less than one hour	16 (17%)
	One to two hours	30 (32%)
	Two to four hours	22 (23%)
	More than four hours.....	23 (24%)
	Do not remember	3 (3%)
Q13	How did you feel you were treated by the escort staff?	
	Very well.....	10 (11%)
	Well.....	47 (50%)
	Neither	18 (19%)
	Badly.....	9 (10%)
	Very badly.....	10 (11%)
	Do not remember	0 (0%)

Section 4: Reception and first night

Q14	Were you seen by a member of healthcare staff in reception?	
	Yes	77 (81%)
	No.....	16 (17%)
	Do not remember	2 (2%)
Q15	When you were searched in reception, was this carried out in a sensitive way?	
	Yes	56 (61%)
	No.....	26 (28%)
	Do not remember/ Not applicable	10 (11%)

Q16	Overall, how well did you feel you were treated by staff in reception?	
	Very well.....	20 (21%)
	Well.....	43 (44%)
	Neither.....	16 (16%)
	Badly.....	12 (12%)
	Very badly.....	5 (5%)
	Do not remember.....	1 (1%)
Q17	On your day of arrival did you receive information about what was going to happen to you?	
	Yes.....	31 (33%)
	No.....	59 (63%)
	Do not remember.....	3 (3%)
Q18	On your day of arrival did you receive information about what support was available to you in this centre?	
	Yes.....	51 (54%)
	No.....	37 (39%)
	Do not remember.....	6 (6%)
Q19	Was any of this information given to you in a translated form?	
	Do not need translated material.....	27 (30%)
	Yes.....	12 (13%)
	No.....	50 (56%)
Q20	On your day of arrival did you get the opportunity to change into clean clothing?	
	Yes.....	69 (73%)
	No.....	22 (23%)
	Do not remember.....	3 (3%)
Q21	Did you feel safe on your first night here?	
	Yes.....	48 (52%)
	No.....	40 (43%)
	Do not remember.....	5 (5%)
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.....	27 (31%)
	Loss of property.....	12 (14%)
	Contacting family.....	23 (26%)
	Access to legal advice.....	15 (17%)
	Feeling depressed or suicidal.....	35 (40%)
	Health problems.....	31 (35%)
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.....	27 (30%)
	Yes.....	19 (21%)
	No.....	43 (48%)

Section 5: Legal rights and immigration

Q24	Do you have a lawyer?	
	Do not need one.....	6 (6%)
	Yes.....	65 (69%)
	No.....	23 (24%)

Q25	Do you get free legal advice?	
	<i>Do not need legal advice</i>	14 (15%)
	<i>Yes</i>	30 (33%)
	<i>No</i>	48 (52%)
Q26	Can you contact your lawyer easily?	
	<i>Yes</i>	50 (54%)
	<i>No</i>	13 (14%)
	<i>Do not know/ Not applicable</i>	29 (32%)
Q27	Have you had a visit from your lawyer?	
	<i>Do not have one</i>	29 (32%)
	<i>Yes</i>	14 (16%)
	<i>No</i>	47 (52%)
Q28	Can you get legal books in the library?	
	<i>Yes</i>	33 (37%)
	<i>No</i>	22 (24%)
	<i>Do not know/ Not applicable</i>	35 (39%)
Q29	How easy or difficult is it for you to obtain bail information?	
	<i>Very easy</i>	7 (8%)
	<i>Easy</i>	21 (24%)
	<i>Neither</i>	12 (13%)
	<i>Difficult</i>	23 (26%)
	<i>Very difficult</i>	17 (19%)
	<i>Not applicable</i>	9 (10%)
Q30	Can you get access to official information reports on your country?	
	<i>Yes</i>	12 (13%)
	<i>No</i>	45 (49%)
	<i>Do not know/ Not applicable</i>	34 (37%)
Q31	How easy or difficult is it to see the centre's immigration staff when you want?	
	<i>Do not know/ have not tried</i>	24 (26%)
	<i>Very easy</i>	6 (6%)
	<i>Easy</i>	19 (20%)
	<i>Neither</i>	10 (11%)
	<i>Difficult</i>	17 (18%)
	<i>Very difficult</i>	17 (18%)

Section 6: Respectful detention

Q32	Can you clean your clothes easily?	
	<i>Yes</i>	76 (82%)
	<i>No</i>	17 (18%)
Q33	Are you normally able to have a shower every day?	
	<i>Yes</i>	84 (90%)
	<i>No</i>	9 (10%)
Q34	Is it normally quiet enough for you to be able to relax or sleep in your room at night time?	
	<i>Yes</i>	38 (42%)
	<i>No</i>	53 (58%)

Q35	Can you normally get access to your property held by staff at the centre if you need to?	
	Yes	41 (45%)
	No.....	36 (39%)
	Do not know.....	15 (16%)
Q36	What is the food like here?	
	Very good.....	1 (1%)
	Good.....	25 (27%)
	Neither.....	18 (19%)
	Bad.....	14 (15%)
	Very bad.....	36 (38%)
Q37	Does the shop sell a wide enough range of goods to meet your needs?	
	Have not bought anything yet.....	6 (7%)
	Yes.....	36 (39%)
	No.....	50 (54%)
Q38	Do you feel that your religious beliefs are respected?	
	Yes.....	62 (67%)
	No.....	19 (20%)
	Not applicable.....	12 (13%)
Q39	Are you able to speak to a religious leader of your faith in private if you want to?	
	Yes.....	41 (44%)
	No.....	18 (19%)
	Do not know/ Not applicable.....	34 (37%)
Q40	How easy or difficult is it to get a complaint form?	
	Very easy.....	19 (21%)
	Easy.....	29 (32%)
	Neither.....	8 (9%)
	Difficult.....	8 (9%)
	Very difficult.....	2 (2%)
	Do not know.....	26 (28%)
Q41	Have you made a complaint since you have been at this centre?	
	Yes.....	20 (21%)
	No.....	66 (70%)
	Do not know how to.....	8 (9%)
Q42	If yes, do you feel complaints are sorted out fairly?	
	Yes.....	5 (5%)
	No.....	15 (16%)
	Not made a complaint.....	74 (79%)

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.....	51 (55%)
	No.....	42 (45%)
Q44	Do most staff at the centre treat you with respect?	
	Yes.....	72 (78%)
	No.....	20 (22%)

Q45 Have any members of staff physically restrained you (C and R) in the last six months?
 Yes 9 (10%)
 No 80 (90%)

Q46 Have you spent a night in the separation/isolation unit in the last six months?
 Yes 7 (8%)
 No 83 (92%)

Section 8: Safety

Q47 Do you feel unsafe in this centre?
 Yes 38 (42%)
 No 53 (58%)

Q48 Has another detainee or group of detainees victimised (insulted or assaulted) you here?
 Yes 25 (27%)
 No 67 (73%)

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>	8 (9%)
<i>Because of your nationality</i>	9 (10%)
<i>Having your property taken</i>	2 (2%)
<i>Drugs</i>	7 (8%)
<i>Because you have a disability</i>	2 (2%)
<i>Because of your religion/religious beliefs</i>	3 (3%)

Q50 Has a member of staff or group of staff victimised (insulted or assaulted) you here?
 Yes 21 (23%)
 No 69 (77%)

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 (4%)
<i>Because of your nationality</i>	11 (12%)
<i>Drugs</i>	3 (3%)
<i>Because you have a disability</i>	1 (1%)
<i>Because of your religion/religious beliefs</i>	3 (3%)

Q52 If you have been victimised by detainees or staff, did you report it?
 Yes 13 (15%)
 No 12 (14%)
 Not been victimised 61 (71%)

Q53 Have you ever felt threatened or intimidated by another detainee/group of detainees in here?
 Yes 15 (17%)
 No 71 (83%)

Q54 Have you ever felt threatened or intimidated by a member of staff in here?
 Yes 18 (22%)
 No 63 (78%)

Section 9: Healthcare

Q56	Is health information available in your own language?	
	Yes	30 (33%)
	No.....	32 (36%)
	Do not know.....	28 (31%)
Q57	Is a qualified interpreter available if you need one during healthcare assessments?	
	Do not need an interpreter/ Do not know.....	37 (41%)
	Yes.....	22 (24%)
	No.....	31 (34%)
Q58	Are you currently taking medication?	
	Yes	43 (47%)
	No.....	48 (53%)
Q59	What do you think of the overall quality of the healthcare here?	
	Have not been to healthcare.....	9 (10%)
	Very good.....	11 (12%)
	Good.....	26 (28%)
	Neither	9 (10%)
	Bad	15 (16%)
	Very bad.....	22 (24%)

Section 10: Activities

Q60	Are you doing any education here?	
	Yes	16 (17%)
	No.....	76 (83%)
Q61	Is the education helpful?	
	Not doing any education.....	76 (84%)
	Yes.....	14 (15%)
	No.....	1 (1%)
Q62	Can you work here if you want to?	
	Do not want to work	24 (27%)
	Yes	46 (52%)
	No.....	18 (20%)
Q63	Is there enough to do here to fill your time?	
	Yes	38 (45%)
	No.....	46 (55%)
Q64	How easy or difficult is it to go to the library?	
	Do not know/ Do not want to go.....	5 (6%)
	Very easy.....	38 (42%)
	Easy	35 (39%)
	Neither	7 (8%)
	Difficult.....	3 (3%)
	Very difficult.....	2 (2%)

Q65	How easy or difficult is it to go to the gym?	
	<i>Do not know/ Do not want to go</i>	9 (10%)
	<i>Very easy</i>	44 (48%)
	<i>Easy</i>	33 (36%)
	<i>Neither</i>	2 (2%)
	<i>Difficult</i>	2 (2%)
	<i>Very difficult</i>	2 (2%)

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>	1 (1%)
	<i>Very easy</i>	39 (42%)
	<i>Easy</i>	34 (37%)
	<i>Neither</i>	4 (4%)
	<i>Difficult</i>	7 (8%)
	<i>Very difficult</i>	7 (8%)

Q67	Have you had any problems with sending or receiving mail?	
	<i>Yes</i>	21 (23%)
	<i>No</i>	51 (57%)
	<i>Do not know</i>	18 (20%)

Q68	Have you had a visit since you have been here from your family or friends?	
	<i>Yes</i>	42 (49%)
	<i>No</i>	44 (51%)

Q69	How did staff in the visits area treat you?	
	<i>Not had any visits</i>	27 (31%)
	<i>Very well</i>	18 (21%)
	<i>Well</i>	19 (22%)
	<i>Neither</i>	14 (16%)
	<i>Badly</i>	4 (5%)
	<i>Very Badly</i>	4 (5%)

Section 12: Resettlement

Q70	Do you feel that any member of staff has helped you to prepare for your release?	
	<i>Yes</i>	11 (13%)
	<i>No</i>	71 (87%)

Appendix V: Summary of detainee interviews

Every detainee in Tinsley House was offered a confidential individual interview with an inspector, and a total of 39 detainees asked to be interviewed. Four did not want to proceed or had left the centre when we went to see them. We interviewed 35 detainees (24% of the population). We also invited recent ex-detainees to speak to us through various support groups, but no one took up this offer. The interviews were semi-structured and held from 9–11 April. What follows is a brief summary of the key messages that emerged. The opinions of interviewers are not included, and this represents only the views of interviewees. These interviews were used as one source of evidence to inform the rounded judgements made by inspectors in the body of this report. **The men we spoke to were self-selecting, and the percentages here do not supplant those of our randomised survey** (Appendix IV). We followed up any allegations of concern and have reported on outcomes in the main body of the report where we were able to corroborate them.

Key themes from 35 detainee interviews

Safety

Three-quarters (74%) of interviewed detainees said they felt at least reasonably safe and most said safety was good

All but two detainees (96%) said that detainees were at least reasonably respectful to each other. Some mentioned tensions between detainees, which occasionally resulted in arguments or, very occasionally, violence. Several detainees said that open-ended and prolonged detention exacerbated stress and affected their feelings of safety. In some cases, detainees felt that staff did not step in when there was trouble brewing. One detainee reported excessive use of force against him for failing to sign travel documents. No one thought that drug use was a concern in the centre, although some mentioned an isolated incident related to Spice.¹¹ Two detainees said mixing ex-prisoners with others caused problems, but most detainees who mentioned this issue said that any problems were dealt with adequately by staff.

Respectful treatment

80% of detainees felt staff treated them at least reasonably well. A few reported insensitive behaviour

Most detainees said staff treated detainees well and that many staff were compassionate. For example, one detainee said that ‘staff, including a manager, were very helpful when I was very down and suicidal a few days ago, after a phone call with [my] son who is very distressed and not doing well at school.’ Six detainees (17%) said that staff had behaved inappropriately towards them at some point and five provided further elaboration: four said the problem had been poor attention to their health care needs, and one of the latter said his injuries had not been adequately treated after a use of force incident; one detainee said there were some macho male staff and that they were often threatened with transfer to Brook House. One detainee said that staff could ‘wind detainees up’ inadvertently, for example by saying ‘You still here? You’ve been here for ages.’ ‘They don’t think about [what’s] going through your head when you wake up in the morning.’

Health

A third of detainees said their physical and mental health needs were not met

Thirty-four per cent of detainees raised concerns about unmet health needs. They included poor dental care, cancelled appointments and inadequate medication. Two men said they had high blood pressure since being detained and one reported poor treatment for diabetes (see also paragraph 2.54).

¹¹ Spice is a synthetic drug that mimics the effects of cannabis but is much stronger, with no discernible odour and unpredictable effects.

Negative and positive areas identified by detainees

Main negatives and priority areas for improvement

- Uninspiring or poor food.
- Poor attention to health needs.
- Some aspects of living conditions, including sagging mattresses.
- The stress of indefinite detention.
- Home Office staff not responding promptly to enquiries.
- Internet use being too limited.
- Interpretation not being used sufficiently.

Main positives

- The centre's relaxed atmosphere.
- A general sense of safety in the centre.
- Most staff being decent.
- The gym and outside sports activities when available.
- Never being locked in rooms.

Appendix VI: Summary of staff interviews and survey

Twenty-three interviews were completed with randomly selected detainee custody officers (14), detainee custody managers (2), health care workers (5) and Home Office staff (2) in detainee contact roles from 9–11 April 2018. This equated to 24% of uniformed staff and 20% of health care and Home Office staff. In addition, 21 staff (approximately 20%) from all departments completed online surveys. The survey was sent to all staff in contact roles. It was not as extensive as the interviews. All responses were anonymous and some of the survey respondents and interviewees might have been the same people. There were no significant differences between the staff survey responses and the interview responses and the findings are therefore reported together. However, quoted percentages refer only to the more extensive staff interviews. The opinions of interviewees are not included, and only the views of staff are represented. The interviews and survey were used as sources of evidence to inform the rounded judgements made by inspectors in the body of this report. The main objective of both was to provide staff with an opportunity to tell inspectors confidentially about concerns over safety and the treatment of detainees, and any specific instances of concern that inspectors could follow up. The main themes are listed below.

Key themes from 23 staff interviews and 21 staff survey responses

Safety

Most staff thought that safety was good

All staff thought safety was at least reasonable and most said it was good. There was little concern about drug use. Most felt the mix of ex-prisoners and other detainees was managed well. Some said six detainees in a room was hard for the centre to manage and that room changes were frequent because people fell out, for example, over watching television or sleeping habits. Two staff said they had been shocked by the Panorama programme (showing mistreatment of detainees in Brook House) and knew some of the staff concerned, but had not known what they had been doing. Four staff mentioned that the immigration corridor was a flashpoint area for tension and violence.

No staff knew of illegitimate use of force

No staff said they knew of inappropriate use of force or of incident paperwork not being completed properly by colleagues. One person said more could be done to de-escalate situations when taking people to flights as that was when force was most likely to be used quickly. In our survey, one member of staff reported poor and abrupt communication by Home Office staff leading directly to use of force on a detainee.

Most knew about the whistleblowing policy and said they would use it, but a few would not

Most knew of the whistleblowing policy and said they would report any safeguarding concern to a manager. However, some were confused about what whistleblowing entailed and two members of staff said they would not report concerns: one did not believe confidentiality would be respected and the other said they would not 'grass' on colleagues. No staff reported having raised safeguarding concerns.

Respectful treatment

All staff thought that the treatment of detainees and staff-detainee relationships were at least reasonably good

Staff in all disciplines said they could develop reasonably productive relationships with the detainees in their care. All staff said that staff-detainee relationships were at least reasonably good and most thought they were good. G4S, health care and Home Office staff were largely positive about the way that each group of staff treated detainees in the centre. Nearly all staff in both interviews and survey said they had never witnessed detainees being mistreated. The few who had, said it was rude or abrupt behaviour and not violence. A couple of staff said that there were some colleagues who 'could not be bothered' and just wanted an easy life. Many staff commented on the difference between the closed and more prison-like Brook House, and the more open and bright Tinsley House environment. They felt that it made a difference to the way relationships could develop and the

calmness of the centre. A few staff mentioned that the most difficult part of their work was dealing with detainee frustrations caused by the lack of progress in their immigration cases, and not knowing how long they would be detained. Staff said they would use telephone interpretation when necessary, although there was a reliance on other staff and on detainees.

Support and training

Most staff said they felt sufficiently well trained for their roles in Tinsley House

Over half of staff (57%) thought they had sufficient training for their roles; of the 43% who did not, most felt inadequately prepared for the jobs they had to do when at Brook House, rather than at Tinsley House. Only Home Office staff knew about the national referral mechanism (put in place in the UK in April 2009 to identify, protect and support victims of trafficking). Custody and health care staff did not, had not been trained in trafficking and had no awareness of trafficking indicators or reporting requirements.

Staff generally felt supported by colleagues and managers

Three-quarters (74%) of staff said they felt supported to do their jobs, often citing good team working as a strength of the centre. Staff reported receiving a good level of support from colleagues and, especially, line managers, with slightly less positive responses about senior managers. Most said that colleagues, including those in different departments, treated each other reasonably well. Many thought that managers were too focused on Brook House and left Tinsley to 'run itself'. Custodial staff generally felt supported by health care and Home Office staff. Some staff, especially those working in health care, complained of poor inter-departmental and top-down communication.

Most staff were positive about their work at Tinsley House but found redeployment to Brook House difficult

Most staff were positive about the staff culture, and a few said it had improved particularly in the past year with the arrival of new staff. When asked about the best part of the work, the main themes were the good atmosphere at Tinsley House, both between staff and between staff and detainees; and the satisfaction of providing individual help and care to detainees. Two staff felt the centre was short-staffed especially at night, and many complained about lengthy shifts and short breaks. Lack of time to do the work, inadequate access to a computer, detainees becoming frustrated with the uncertainty of their situations and the Home Office providing detainees with late notice of decisions were mentioned as problems. Just under half of staff said they found their work stressful, but this was mostly because of redeployment to Brook House, often at short notice, which they felt affected the work in Tinsley House and staff morale.

Main comparator and comparator to last time



Detainee survey responses: Tinsley House IRC 2018

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

		Tinsley House IRC 2018	IRC comparator	Tinsley House IRC 2018	Tinsley House IRC 2014
	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		99	1,153	99	66
SECTION 1: General information					
1	Are you male?	98%	81%	98%	100%
2	Are you aged 21 years or under?	6%	7%	6%	9%
4	Do you understand spoken English?	73%	80%	73%	79%
5	Do you understand written English?	68%	75%	68%	72%
6	Are you Muslim?	48%	40%	48%	51%
7	Do you have a disability?	12%	13%	12%	13%
SECTION 2: Immigration detention					
8	When being detained, were you told the reasons why in a language you could understand?	71%	75%	71%	87%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	3%	6%	3%	10%
10	Have you been detained in this centre for more than one month?	31%	59%	31%	39%
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?	45%	42%	45%	48%
12	Did you spend more than four hours in the escort van to get to this centre?	25%	29%	25%	36%
13	Were you treated well/very well by the escort staff?	61%	66%	61%	58%
SECTION 4: Reception and first night					
14	Were you seen by a member of health care staff in reception?	81%	89%	81%	92%
15	When you were searched in reception was this carried out in a sensitive way?	61%	64%	61%	57%
16	Were you treated well/very well by staff in reception?	65%	65%	65%	74%
17	Did you receive information about what was going to happen to you on your day of arrival?	33%	40%	33%	48%
18	Did you receive information about what support was available to you in this centre on your day of arrival?	54%	46%	54%	71%
For those who required information in a translated form:					
19	Was any of this information provided in a translated form?	19%	27%	19%	27%
20	Did you get the opportunity to change into clean clothing on your day of arrival?	73%	66%	73%	79%
21	Did you feel safe on your first night here?	52%	51%	52%	69%
22a	Did you have any problems when you first arrived?	69%	70%	69%	57%
22b	Did you have any problems with loss of transferred property when you first arrived?	14%	12%	14%	7%
22c	Did you have any problems contacting family when you first arrived?	26%	15%	26%	11%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	Tinsley House IRC 2018	IRC comparator	Tinsley House IRC 2018	Tinsley House IRC 2014
	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?	17%	16%	17%	16%
22e	Did you have any problems with feeling depressed or suicidal when you first arrived?	40%	39%	40%	26%
22f	Did you have any health problems when you first arrived?	35%	34%	35%	27%
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?	31%	34%	31%	55%
SECTION 5: Legal rights and immigration					
24	Do you have a lawyer?	69%	74%	69%	64%
For those who have a lawyer:					
26	Can you contact your lawyer easily?	79%	76%	79%	83%
27	Have you had a visit from your lawyer?	23%	44%	23%	26%
25	Do you get free legal advice?	33%	44%	33%	43%
28	Can you get legal books in the library?	37%	49%	37%	46%
29	Is it easy/very easy for you to obtain bail information?	32%	32%	32%	39%
30	Can you get access to official information reports on your country?	13%	19%	13%	39%
31	Is it easy/very easy to see this centre's immigration staff when you want?	27%	29%	27%	34%
SECTION 6: Respectful detention					
32	Can you clean your clothes easily?	82%	81%	82%	94%
33	Are you normally able to have a shower every day?	90%	94%	90%	94%
34	Is it normally quiet enough for you to be able to sleep in your room at night?	42%	59%	42%	63%
35	Can you normally get access to your property held by staff at the centre, if you need to?	45%	47%	45%	49%
36	Is the food good/very good?	28%	31%	28%	37%
37	Does the shop sell a wide enough range of goods to meet your needs?	39%	43%	39%	46%
38	Do you feel that your religious beliefs are respected?	67%	77%	67%	81%
39	Are you able to speak to a religious leader of your own faith if you want to?	44%	54%	44%	44%
40	Is it easy/very easy to get a complaint form?	52%	51%	52%	53%
41	Have you made a complaint since you have been at this centre?	21%	23%	21%	24%
For those who have made a complaint:					
42	Do you feel complaints are sorted out fairly?	25%	26%	25%	58%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	Tinsley House IRC 2018	IRC comparator	Tinsley House IRC 2018	Tinsley House IRC 2014
	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?	55%	66%	55%	70%
44	Do most staff treat you with respect?	78%	75%	78%	81%
45	Have any members of staff physically restrained you in the last six months?	10%	9%	10%	7%
46	Have you spent a night in the segregation unit in the last six months?	8%	12%	8%	10%
SECTION 8: Safety					
47	Do you feel unsafe in this centre?	42%	38%	42%	37%
48	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	27%	20%	27%	25%
49a	Have you been hit, kicked or assaulted since you have been here? (By detainees)	9%	6%	9%	7%
49b	Have you been victimised because of your nationality since you have been here? (By detainees)	10%	5%	10%	8%
49c	Have you ever had your property taken since you have been here? (By detainees)	2%	3%	2%	8%
49d	Have you been victimised because of drugs since you have been here? (By detainees)	8%	3%	8%	2%
49e	Have you ever been victimised here because you have a disability? (By detainees)	2%	1%	2%	3%
49f	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	3%	2%	3%	2%
50	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	23%	17%	23%	26%
51a	Have you been hit, kicked or assaulted since you have been here? (By staff)	4%	3%	4%	5%
51b	Have you been victimised because of your nationality since you have been here? (By staff)	12%	5%	12%	5%
51c	Have you been victimised because of drugs since you have been here? (By staff)	3%	2%	3%	2%
51d	Have you ever been victimised here because you have a disability? (By staff)	1%	1%	1%	2%
51e	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	3%	2%	3%	4%
For those who have been victimised by detainees or staff:					
52	Did you report it?	52%	38%	52%	24%
53	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	17%	16%	17%	11%
54	Have you ever felt threatened or intimidated by a member of staff in here?	22%	11%	22%	8%

Main comparator and comparator to last time

Key to tables

		Tinsley House IRC 2018	IRC comparator	Tinsley House IRC 2018	Tinsley House IRC 2014
	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?	33%	35%	33%	37%
57	Is a qualified interpreter available if you need one during health care assessments?	24%	21%	24%	15%
58	Are you currently taking medication?	47%	44%	47%	55%
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?	45%	37%	45%	67%
SECTION 10: Activities					
60	Are you doing any education here?	17%	18%	17%	29%
For those doing education here:					
61	Is the education helpful?	93%	96%	93%	92%
62	Can you work here if you want to?	52%	58%	52%	59%
63	Is there enough to do here to fill your time?	45%	50%	45%	59%
64	Is it easy/very easy to go to the library?	81%	78%	81%	93%
65	Is it easy/very easy to go to the gym?	84%	69%	84%	80%
SECTION 11: Keeping in touch with family and friends					
66	Is it easy/very easy to use the phone?	79%	65%	79%	81%
67	Have you had any problems with sending or receiving mail?	23%	22%	23%	21%
68	Have you had a visit since you have been in here from your family or friends?	49%	44%	49%	39%
For those who have had visits:					
69	Do you feel you are treated well/very well by staff in the visits area?	63%	73%	63%	75%
SECTION 12: Resettlement					
70	Has any member of staff helped you to prepare for your release?	13%	13%	13%	16%



Key questions (non-English speakers) Tinsley House 2018

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		26	71
8	When being detained, were you told the reasons why in a language you could understand?	60%	74%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	0%	3%
10	Have you been in this centre for more than one month?	38%	29%
11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	50%	44%
13	Were you treated well/very well by the escort staff?	57%	61%
16	Were you treated well/very well by staff in reception?	62%	67%
17	Did you receive information about what was going to happen to you on your day of arrival?	30%	34%
18	Did you receive information about what support was available to you on your day of arrival?	50%	56%
21	Did you feel safe on your first night here?	50%	52%
22	Did you have any problems when you first arrived?	57%	74%
24	Do you have a lawyer?	58%	72%
31	Is it easy/very easy to see the centre's immigration staff when you want?	17%	29%
32	Can you clean your clothes easily?	83%	81%
33	Are you normally able to have a shower every day?	92%	90%
40	Is it easy/very easy to get a complaint form?	46%	54%
41	Have you made a complaint since you have been at this centre?	13%	25%
43	Do you have a member of staff you can turn to for help if you have a problem?	58%	53%
44	Do most staff treat you with respect?	88%	74%
47	Do you feel unsafe in this centre?	52%	39%
48	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	21%	30%
50	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	22%	23%

Non-English Speakers Comparator

Key to tables

	Any percentage highlighted in green is significantly better	Non-English speakers	English speakers
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
53	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	18%	17%
54	Have you ever felt threatened or intimidated by a member of staff in here?	15%	23%
56	Is health information available in your own language?	30%	34%
57	Is a qualified interpreter available if you need one during health care assessments?	35%	20%
60	Are you doing any education here?	22%	15%
62	Can you work here if you want to?	50%	52%
63	Is there enough to do here to fill your time?	41%	47%
64	Is it easy/very easy to go to the library?	78%	82%
65	Is it easy/very easy to go to the gym?	87%	82%
66	Is it easy/very easy to use the phone?	78%	81%
67	Have you had any problems with sending or receiving mail?	22%	24%
68	Have you had a visit since you have been in here from your family or friends?	23%	57%
70	Has any member of staff helped you to prepare for your release?	10%	15%



Diversity analysis - Disability

Key question responses (disability analysis) Tinsley House IRC 2018

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		11	84
4	Do you understand spoken English?	73%	74%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	0%	3%
10	Have you been in this centre for more than one month?	40%	29%
13	Were you treated well/very well by the escort staff?	55%	61%
14	Were you seen by a member of health care staff in reception?	73%	84%
15	When you were searched in reception was this carried out in a sensitive way?	50%	62%
16	Were you treated well/very well by staff in reception?	60%	67%
21	Did you feel safe on your first night here?	50%	52%
22a	Did you have any problems when you first arrived?	89%	66%
22f	Did you have any health problems when you first arrived?	67%	33%
24	Do you have a lawyer?	100%	66%
31	Is it easy/very easy to see this centre's immigration staff when you want?	20%	28%
32	Can you clean your clothes easily?	80%	81%
33	Are you normally able to have a shower every day?	80%	91%
40	Is it easy/very easy to get a complaint form?	44%	51%
41	Have you made a complaint since you have been at this centre?	40%	20%
43	Do you have a member of staff you can turn to for help if you have a problem?	40%	56%
44	Do most staff treat you with respect?	60%	80%
45	Have any members of staff physically restrained you in the last six months?	13%	10%
46	Have you spent a night in the segregation unit in the last six months?	10%	8%
47	Do you feel unsafe in this centre?	50%	42%

Diversity analysis - Disability

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
48	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	30%	28%
50	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	30%	22%
53	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	30%	16%
54	Have you ever felt threatened or intimidated by a member of staff in here?	20%	21%
57	Is a qualified interpreter available if you need one during health care assessments?	20%	25%
58	Are you currently taking medication?	70%	46%
60	Are you doing any education here?	20%	17%
63	Is there enough to do here to fill your time?	20%	47%
64	Is it easy/very easy to go to the library?	80%	81%
65	Is it easy/very easy to go to the gym?	60%	86%
66	Is it easy/very easy to use the phone?	70%	81%
67	Have you had any problems with sending or receiving mail?	11%	24%
68	Have you had a visit since you have been in here from your family or friends?	75%	46%
70	Has any member of staff helped you to prepare for your release?	0%	14%