

Report on an unannounced inspection of

Dungavel House Immigration Removal Centre

by HM Chief Inspector of Prisons

2–5, 9–11, 16–19 July 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	43
Section 4. Preparation for removal and release	47
Section 5. Summary of recommendations and good practice	51
Section 6. Appendices	57
Appendix I: Inspection team	57
Appendix II: Progress on recommendations from the last report	59
Appendix III: Detainee population profile	65
Appendix IV: Summary of detainee survey responses	69
Appendix V: Summary of detainee interviews	81
Appendix VI: Summary of staff interviews and survey	83

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

Dungavel House is an immigration removal centre (IRC) in Lanarkshire holding up to 249 detainees. Operating as an IRC since 2001, the facility is an old hunting lodge in a rural setting and the only such centre in Scotland. The IRC is currently operated under contract to the Home Office by GEO Group UK Ltd. During this inspection it had a reduced population of around 80 detainees, including some women.

A traditional and exceptional strength of Dungavel has been its staff group. We were pleased to see that the positive, welfare-focused staff culture seen previously had been maintained. This is a precious resource that custodial institutions often struggle to embed, and it was therefore concerning to find indications of a more frustrated and often tired staff group. In our staff survey and interviews, generally positive comments were punctuated by unhappiness at persistent staff shortages and the lack of investment in Dungavel.

Indeed, our principal concern was that the physical environment for detainees had been allowed to deteriorate. Many areas looked shabby and run down and some showers and toilet areas were in very poor condition. While there were plans to deal with these issues, the necessary investment was long overdue.

Some procedural safeguards were also underdeveloped. While there was little violence or use of force, there was very limited review and analysis of incidents or data to help staff to improve and learn lessons. Equality work lacked rigour and there was still not enough focus on the specific needs of women detainees.

Many detainees said they felt unsafe, but they told us this was because of their fear of removal and the uncertainties associated with open-ended detention – not a fear of physical harm in the centre. No detainees reported poor or concerning behaviour by staff and staff told us they were reasonably confident about raising concerns about colleagues.

The overall quality and access to health care services were generally good, including very good mental health services, although dental provision had deteriorated.

Detainees had much better access to legal aid than in England and Wales, which helped detainees to manage the stress associated with some complex cases. While some detainees had been in detention for too long, we found few examples of very long detentions. Rule 35 reports contained clear judgments and over a quarter led to release, more than at other recent inspections. Nevertheless, in most of the cases we examined in detail, the Home Office replies accepted evidence of torture but did not consider this sufficient to justify release from detention.

Detainees had good access to a range of activities and recreational facilities and there was a wide range of work for those who wanted it. In particular, the detainee 'buddies' provided valued help and support to their colleagues. Gym equipment was deteriorating and sessions had been cancelled because of staff shortages.

Welfare support remained good but detainees still could not video call their friends and family. Implementation of this longstanding recommendation should help to reduce the sense of isolation for those detainees held a long way from their families or friends.

Dungavel House continues to provide a high standard of care to detainees. We identified some slippage in outcomes and had concerns about the vulnerability of some of those detained. However, outcomes remained good in most areas and centre managers were clear about what they had to do to make further improvements. Preserving the staff culture that has allowed Dungavel to repeatedly

produce the best inspection outcomes in the detention estate, and investing in the deteriorating infrastructure of the centre, are the most immediate challenges.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

September 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: 82

Certified normal accommodation: 249

Operational capacity: 249

Notable features from this inspection

Detainees told us they did not feel physically unsafe in the centre, but feared removal and found it difficult to cope with the open-ended nature of detention.

Forty-nine rule 35 reports had been written in the previous six months. Just over a quarter led to release, more than we have seen recently.

Two-thirds of detainees had been held for less than a month at Dungavel House, but four people had been held for between six and 12 months and two for more than a year.

In our survey, 89% of detainees said that most staff were respectful. No detainees reported examples of poor or concerning behaviour by staff.

Accommodation had been neglected and most areas required significant refurbishment and redecoration.

Name of contractor

GEO Group UK Ltd

Key providers

Escort provider: Mitie Care and Custody

Health service commissioner and providers: The GEO Group UK Ltd, Med-Co Secure Healthcare Services Ltd

Learning and skills providers: GEO Group UK Ltd

Location

Dungavel, Strathaven, South Lanarkshire

Brief history

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

Short description of residential units

Three residential houses – the main house and two annexes, Loudoun and Hamilton. The separate women's unit holds up to 14 women in the main building. Most of the accommodation is shared and there are dormitories of up to eight beds. There is also a first night accommodation area within Loudoun House that acts as a self-contained unit for new arrivals.

Name of centre manager

Sarah Lynch

Independent Monitoring Board chair

Bobby Mangto

Last inspection

9–20 February 2015

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 We also offer every detainee a confidential interview with an inspector. In Dungavel House, 15 took up this offer (see Appendix V). Where necessary, these interviews are conducted with the help of professional interpreting. 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 interviewed 17 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 30 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 3-5 and 9-10 July 2018. The main objective of this methodology is to give detainees and staff an opportunity to tell inspectors confidentially about concerns over safety and the treatment of detainees. We follow up serious allegations whenever there is sufficient information to do so, and report on relevant outcomes in the main body of the report. The results of these further interviews and survey are 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, and with the Care Quality Commission or Health Improvement Scotland. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

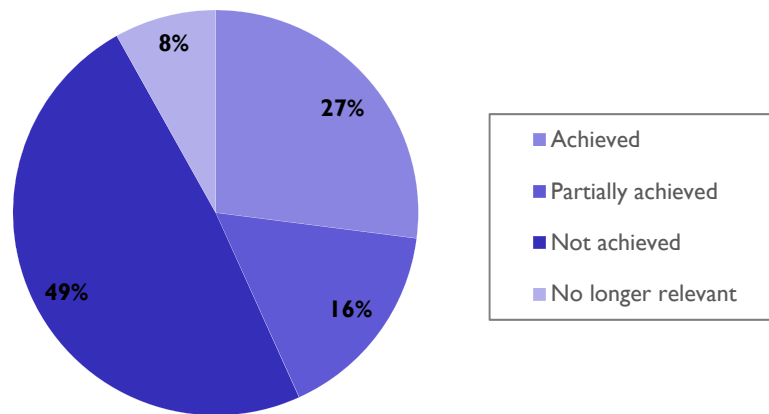
- A14 This explanation of our approach is followed by a summary of our inspection findings against the four healthy establishment tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the conditions for and treatment 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, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- 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 V 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 Dungavel House immigration removal centre (IRC) in 2015 and made 37 recommendations overall. The centre fully accepted 26 of the recommendations and partially accepted/accepted in principle seven. It rejected four of the recommendations.
- S2 At this follow up inspection we found that the centre had achieved ten of those recommendations, partially achieved six recommendations and not achieved 18 recommendations. Three recommendations were no longer relevant.

Figure 1: Dungavel House IRC progress on recommendations from last inspection (n=37)



- S3 Since our last inspection outcomes for detainees stayed the same in all healthy establishment tests apart from Respect, which had declined. Outcomes were good in each healthy establishment test, except for Respect where outcomes were reasonably good.

Figure 2: Dungavel House IRC healthy establishment tests 2015 and 2018²



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

Safety

- S4 *Many detainees were still transferred to the centre overnight. Early days processes were reasonable but interpreting was underused. There was very little violence and detainees usually felt physically safe. Rule 35 reports³ were good and more than we usually see led to release. Self-harm was low and support was good. Staff were reasonably confident about raising concerns and there was a positive culture of care. Security was proportionate and freedom of movement was reasonable given the open nature of the centre. There was little use of force. Fewer detainees were placed in the separation unit than at the last inspection but some spent too long there awaiting transfer. Access to legal support was very good and fewer detainees were held for long periods. The on-site immigration team was understaffed and face-to-face support for detainees had reduced. **Outcomes for detainees were good against this healthy establishment test.***
- S5 *At the last inspection in 2015, we found that outcomes for detainees in Dungavel House IRC were good against this healthy establishment test. We made 17 recommendations about safety. At this follow-up inspection we found that one of the recommendations had been achieved, four had been partially achieved, 11 had not been achieved and one was no longer relevant.*
- S6 About a third of detainees were transported during the night, often for reasons of administrative convenience rather than necessity. Reception staff were polite and most detainees reported positively on their treatment on arrival. Detainee risk and needs interviews were basic and not enough reassurance was given to newly arrived detainees. Professional interpretation was not always used and those who did not speak English reported more negatively on their reception experience. Induction was informative and comprehensive and took place the day following arrival. Other detainees continued to be used to interpret for those who spoke little English.
- S7 Records kept by GEO and the Home Office on the number of adults at risk were inconsistent. The Home Office recorded 19 adults at risk or about 23% of the population. The centre did not have an up-to-date policy explaining how adults at risk would be cared for and there were no longer regular meetings to plan for their care. Vulnerable adult care plans were useful but some lacked detail and were not used to their full potential. Poor case working had led to an elderly disabled couple being detained. They were well cared for in the centre before being released.
- S8 Doctors had submitted 49 Rule 35 reports in the previous six months. All but two related to torture and 27% led to release, which was more than at other recent inspections. We examined a sample of 10 Rule 35 reports in detail. All contained clear judgements, although the reasoning for them was not always evident. The reports did not comment on the impact of continuing detention. All the Home Office replies accepted evidence of torture, but only three of the 10 led to release. Home Office staff were aware of the national referral mechanism for suspected victims of trafficking or modern slavery. GEO staff were generally confident to inform managers of concerning behaviour by colleagues.
- S9 There had been nine instances of self-harm in the previous six months, which was relatively low. Detainees on ACDTs⁴ reported positively about staff support and all received a mental health assessment. ACDT entries were regular and demonstrated good interaction with detainees. However, triggers were not always documented and in some cases there were no care maps. Quality assurance processes were not robust enough. Case reviews were

³ Rule 35 of the detention centre rules 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.

⁴ Assessment, care in detention and teamwork case management of detainees at risk of suicide or self-harm.

- adequate but the Home Office no longer routinely attended or contributed to reviews, despite the fact that anxiety about immigration status was the most common concern of those at risk. Four detainees had been monitored for food refusal in the previous six months. Logs demonstrated vigilant staff monitoring of detainees' food and fluid intake. The monthly safer detention meeting received a good quantity of data but there was no documented discussion of these data or individual cases.
- S10 There was no longer a specific safeguarding and child protection policy. The broader safer detention policy referred to age disputes but not wider responsibilities such as when children visited the centre. Most staff were out of date with child protection training. There had been three age disputes in the previous year. They had been managed appropriately in the centre but in two cases there were delays by social services in the assessment process.
- S11 In our survey, 41% of detainees reported feeling unsafe. However, during our in-depth interviews, they told us they did not feel physically unsafe in the centre, but feared removal and found it difficult to cope with the open-ended nature of detention. No detainees reported poor or concerning behaviour by staff. There were few violent incidents. In the previous six months, there had been six assaults on detainees by other detainees, all minor, and two assaults on staff, one of whom required medical treatment. There had been six fights. However, investigation into incidents was not sufficiently detailed, with a lack of enquiry and follow-up. It was not clear if any lessons had been learned. There remained no safeguarding policy specifically in relation to the circumstances and needs of women.
- S12 The strategic approach to security was reasonably good, although attendance at monthly security meetings varied. Intelligence was managed well and analysis and required actions were completed promptly. Freedom of movement remained good given the open nature of the centre, although the evening lock-up time was still too early. Handcuffing on escorts had reduced substantially and was now subject to individual risk assessment, but some procedures were disproportionate, such as routine closed visits without review for some detainees. There was little evidence of drug availability in the centre. There was some useful information-sharing with the health care department, but no overarching substance misuse policy.
- S13 Force was used infrequently. There had been 12 recorded uses in the previous six months and paperwork provided assurance of proportionality. Video footage that we viewed also demonstrated proportionate use of force and de-escalation, but also some poor communication and a lack of confidence in the use of techniques from some staff. Governance was underdeveloped. There were no use of force meetings or analysis of available data. Use of separation was infrequent. There had been 19 uses of Rule 40 and three of Rule 42 in the previous six months. Records provided adequate justification for separation except in one case of Rule 42 separation, where the detainee could have been managed in Rule 40 conditions. The separation unit was austere and detainees spent too long awaiting transfer, although they were provided with a reasonable regime while there.
- S14 Access to legal representation was good and much better than at other centres, which helped to alleviate some of the stress that detainees reported as a result of indefinite detention. Access to country of origin reports was reasonably good. We found no blocked legal and support group websites. Legal text books were up to date and freely available. The local immigration team was under-resourced and could not always make the necessary face-to-face contact required to manage detainees' anxieties. Induction interviews were reasonably informative but detainees were not systematically advised of their bail rights or given a bail application form. On the first day of our inspection, two-thirds of the population had been held for less than a month. A small number of detainees were held for excessive periods with evidence in some cases of insufficient case progression.

Respect

S15 *Many residential areas had become run down and shabby, requiring significant refurbishment and redecoration. Staff-detainee relationships remained an exceptional strength. There was little evidence of discrimination, but equality and diversity structures were underdeveloped, and not enough attention had been given to the needs of women. Faith provision was adequate. Complaint responses were reasonable but some took too long to resolve. The food was reasonable and the cultural kitchen was a valued though underused resource. Health care provision was generally good.*
Outcomes for detainees were reasonably good against this healthy establishment test.

S16 *At the last inspection in 2015, we found that outcomes for detainees in Dungavel House IRC were good against this healthy establishment test. We made 15 recommendations about respect. At this follow-up inspection we found that six of the recommendations had been achieved, two had been partially achieved, five had not been achieved and two were no longer relevant.*

S17 Relationships between staff and detainees were excellent and remained a key strength of the centre. About 90% of detainees said that most staff were respectful and in our interviews detainees were very positive about the approach of staff. Staff were friendly and focussed on detainee welfare. This good culture underpinned much of the stability in the centre. However, in our staff interviews, there was a strong theme of staff being tired and stressed as a result of recent staff shortages. They reported ongoing confidence in centre management but the risk to positive relationships was likely to increase if these concerns were left unaddressed. We were told that senior managers were now taking action to fill staff vacancies.

S18 Accommodation had been neglected and most areas required significant refurbishment and redecoration. In particular, many showers were in poor condition and showing signs of mould. Managers told us of an imminent planned refurbishment programme, which was welcome but much overdue. The cleanliness of rooms and shared areas was variable, and some association rooms were poorly equipped and furnished. There were some single or double rooms for men, and currently none for women. Access to clean clothing, cleaning materials and toiletries was reasonable. Outside areas were pleasant and well maintained.

S19 The quantity and quality of food were adequate. The large main kitchen was clean, properly maintained and well equipped. The cultural kitchen was a valued and normalising facility, but was not open often enough. Many women told us they did not know about it. Levels of hygiene were poor. The shop provided a good environment for detainees to relax and socialise, but opening times had reduced since the last inspection. In our survey, two-thirds of detainees were positive about the range of goods and prices were similar to or cheaper than in the high street.

S20 Staff regularly consulted detainees but women that we spoke to were unaware of the weekly consultation meetings. Meetings generated few actions and updates were not routinely provided. Complaint forms and boxes were freely available throughout the centre and were emptied daily. Responses to complaints were polite and addressed the issues raised, but some responses took too long despite small numbers of complaints. Few formal complaints had been made and many detainees told us that they felt confident to speak to staff to achieve resolution of problems.

S21 There was not enough oversight and action planning of equality work. Processes to identify need, such as consultation and monitoring, were underdeveloped, although useful nationality groups were still taking place. These structural issues did not appear to affect outcomes for most detainees, who reported an absence of discrimination. The ingrained sense of respect

we observed from staff helped to ensure this. Detainees had inappropriately been used as interpreters for some confidential interviews. We found good support for detainees with disabilities, but processes to identify needs were not sufficiently rigorous. Women could move freely around the centre and relationships with male detainees appeared relaxed. However, the policy for women remained underdeveloped and more needed to be done to provide assurance that their needs were met. The confidential helpline for LGBT detainees was a good initiative. It was difficult for the centre to meet the needs of detainees in this group, despite reasonable efforts to do so.

- S22 Faith provision was adequate for the needs of the population. Facilities for worship were generally reasonable and well used.
- S23 The overall quality of and access to health care services remained good. Clinical governance and partnership working were reasonable but the complaints system was not separate and confidential. The lack of an IT system created unnecessary work and needed attention from senior managers. There was a good range of primary care services with prompt access, including very short waits to see the GP for a routine appointment and for Rule 35 assessments. Professional telephone interpretation was used regularly for health care consultations, but detainees were also allowed to interpret for others, which compromised accuracy and confidentiality. Mental health services were very good and included a range of therapeutic groups to meet the needs of the population, including those who spoke little English. Demand for clinical substance misuse services was low and support was reasonably good, although prescribing was not in line with best practice. The new pharmacy room provided a more secure and suitable area for the safe administration of medication. Dental provision was no longer provided in house and appointments had regularly been cancelled as a result of insufficient escort staff, requiring longer periods on pain medication for detainees. Detainees being released were given a summary of their medical records and at least a week's supply of medication. Staff made concerted efforts to liaise with community services.

Activities

S24 *Detainees had good access to a range of activities and recreational facilities. The information and learning centre (ILC) was popular and well-used. Delivery of education was good. All detainees could work and earn money, and there was a good range of jobs. There were no waiting lists. The library provided a good service. The gym and sports events were popular but gym equipment was worn and too many sessions had been cancelled because of staff shortages. **Outcomes for detainees were good against this healthy establishment test.***

S25 *At the last inspection in 2015, we found that outcomes for detainees in Dungavel House IRC were good against this healthy establishment test. We made three recommendations about activities. At this follow-up inspection we found that two of the recommendations had been achieved and one had not been achieved.*

S26 Detainees had good access to a range of activities and recreational facilities. Free movement allowed them to participate in activities that met their interests and needs, including horticulture, arts and crafts and sports. The detainee buddy role was particularly impressive; it was promoted well and supported new arrivals to settle into the centre regime and have their queries and concerns answered. The cultural kitchen enabled detainees with a shared cultural heritage to plan, prepare and cook a meal together. There was good access to internet-enabled computers distributed throughout the centre.

- S27 The ILC was popular and well used. It delivered a small range of educational provision, including ESOL, ICT and art and craft activity. None of this was externally accredited in light of the short periods that most detainees spent in the centre. Internal recognition of achievements was good. ESOL programmes were delivered at a range of levels, although attendance was low. Teaching staff were appropriately qualified and provided sensitive support and tailored advice both during and outside teaching sessions.
- S28 There was a wide range of paid work activities with a high level of uptake by detainees. There were no waiting lists. Detainees could work for 15 hours each week and participate in other activities or manage their cases for the rest of the time. No detainees had been prevented from working recently because of non-compliance with the Home Office.
- S29 The library was accessible, well resourced and popular with detainees. In our survey, 90% of detainees said it was easy to go to the library. The large stock of regularly updated DVDs, video games and associated consoles was well used and provided recreational interest for users. There was a range of books in 36 languages. The fax machine was popular and supported detainees to communicate with their solicitors.
- S30 Eighty per cent of detainees in our survey said it was easy to use the gym. However, staff absences meant that the gym was underused, with some cancelled activities. The cardio and weight machines were old and a number were awaiting repair. The gym layout made it challenging for effective supervision of detainee activity and there was a lack of suitable showers.

Preparation for removal and release

S31 *Welfare support was good. Visits provision was good and the visiting group provided useful support. Detainees had good access to phones and faxes but could yet make video calls. Detainees could easily use the internet, but download speeds were slow. Needs were assessed before discharge.*
Outcomes for detainees were good against this healthy establishment test.

S32 *At the last inspection in 2015, we found that outcomes for detainees in Dungavel House IRC were good against this healthy establishment test. We made two recommendations about preparation for removal and release. At this follow-up inspection we found that one of the recommendations had been achieved and one had not been achieved.*

- S33 Detainees had effective welfare support. The welfare officer was often cross-deployed to other duties and, unlike in other centres, detainees could not drop into a one-stop welfare office. However, many welfare needs were met by officers and informal referrals to the welfare officer. Welfare needs were assessed on arrival and checked before departure.
- S34 The visits room was welcoming and visiting hours were good. The searching of visitors was proportionate. A bus service for visitors was provided free of charge from the local train and bus station. It was positive that visitors could have meals together with detainees. There was no system for identifying and monitoring detainees with friends and family living far from the centre, which might have left some of them isolated. The Scottish Detainee Visitors group provided good support to detainees but the lack of a video-calling service may have left some detainees feeling isolated.
- S35 Access to telephones was good. There was timely distribution of incoming mail and faxes, although detainees could now only send out one free personal letter a week. Detainees had

good access to the internet and email, but download speeds could be very slow. Only legal attachments could be printed. Social media websites were still not allowed.

- S36 Detainees were seen before leaving the centre to address outstanding needs. They were only informed of transfer the day before, despite the centre knowing the date of transfer in advance. Staff did not force detainees to leave the centre on the first transfer attempt. Instead, transfer or removal was rebooked and a crew of suitable escorts booked. Reasonably effective individual strategy meetings were used to plan for the removal of complex cases, which nearly always related to detainees who might disrupt their removal. Funds were available and provided to help detainees reach their ultimate destination.

Main concerns and recommendations

- S37 Concern: There were inevitable risks associated with holding women in a predominantly male centre. There were no specific policies focusing on this issue.

Recommendation: The risks associated with holding women and men should be routinely assessed and discussed at security meetings, and a specific safer custody and safeguarding policy should be developed for women. (Repeated main recommendation S28)

- S38 Concern: Accommodation had been neglected and most areas required significant refurbishment and redecoration. Many showers were in poor condition and showing signs of mould. The cleanliness of rooms and shared areas was variable. Some association rooms were poorly equipped and furnished.

Recommendation: Accommodation, including detainees' rooms, showers and shared areas, should be refurbished and maintained to a reasonable standard of decoration, furnishing and cleanliness.

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.

- 1.1 Many detainees continued to be transported overnight for reasons of operational convenience, with little regard to the impact on detainees. Between January and June 2018, 39% of all new arrivals reached the centre between 10pm and 6am, many from other centres and police stations.
- 1.2 Journeys were often lengthy; 52% of respondents to our survey said they were in escort vehicles for more than four hours against the comparator of 26%. On arrival, escort vehicles often had to wait outside the establishment while other vehicle movement was taking place in the centre grounds.
- 1.3 Escort vehicles that we examined were clean and free of graffiti. Detainees were given food on their journeys and comfort breaks were facilitated, but they were unnecessarily held on vehicles at the reception building while centre staff checked paperwork and property with escort staff.
- 1.4 Reception was open for 24 hours, seven days a week, and there had been an average of 38.5 receptions a week in the previous six months. In our survey, 54% said they had problems on arrival and 33% said they felt depressed or suicidal.
- 1.5 The reception area was reasonably clean but had limited information and poorly located notices. There was one main reception desk and four holding rooms, two of which were used solely for discharges. Male and female detainees were held in separate holding rooms. Both rooms had benches, private shower and toilet facilities. There was some written information, including in foreign languages. Overall, the rooms were drab and in need of decoration.
- 1.6 Detainees were not handcuffed as they alighted from escort vehicles. Their documentation was checked and they were subject to a rub-down search and a hand-held metal detector. Reception processes included providing detainees with a meal (depending on time of arrival) and hot drink, toiletry pack, additional clothing if required and an authorised centre mobile telephone. No sanitary products were available in reception for female detainees.
- 1.7 In our survey, 66% of respondents said they were treated well in reception, although this reduced to 31% for non-English speaking detainees. Reception staff were polite but could have been more reassuring to detainees to allay their anxieties, including explaining the reason for procedures such as being finger printed and having their photographs taken. Risk and need interviews were not comprehensive and did not take place in private. We observed staff completing room-sharing risk assessments without discussing and exploring with detainees any potential areas of risk or concern.
- 1.8 Reception staff were aware of the professional interpreting service but there was no log of its use in reception. During our interviews, some detainees raised the lack of interpretation in reception, which they felt hindered their ability to communicate concerns to staff. We

observed one interview with a newly arrived detainee for whom professional interpreting would have been beneficial but was not used.

- I.9** First night accommodation consisted of one dormitory with 11 beds which needed refurbishment, as did many other residential areas (see paragraph 2.6). Detainees were informed of the location of showers and toilets while staff were escorting them to this dormitory. There was no routine verbal handover to residential staff and all completed documentation remained in reception. New arrivals were kept separate from other detainees during their first night and additional welfare checks took place.
- I.10** Induction took place the day after arrival and was comprehensive. Detainee ‘buddies’ were effective in helping to support new arrivals and reduce anxiety (see paragraph 3.4). They led a tour of the centre in the morning, and in the afternoon, two PowerPoint presentations were made in the information learning centre (ILC). The first described the regime in the centre and the second explained the ILC, concluding with English and numeracy assessments and completion of a food hygiene module. Gym induction was available seven days a week.

Recommendations

- I.11** **Detainees should not be escorted during the night unless this is required for urgent operational reasons.** (Repeated recommendation I.7)
- I.12** **The reception environment and procedures should be fit for purpose, ensuring that detainees’ immediate vulnerabilities, needs and risks are assessed during a private interview with professional interpretation where required.**

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.13** Home Office records of the number of adults who were at risk of harm while in detention did not reflect the GEO Group records. GEO recorded five detainees, all at level two⁵. The Home Office recorded six at level one and 13 at level two. No at-risk adults at level three were held.
- I.14** There was no up-to-date local policy on how to care for adults at risk of harm. Unlike at other centres, regular multidisciplinary meetings to plan for the care of adults at risk no longer took place. Spontaneous meetings were sometimes held but these did not involve the caseworker who ultimately decided if detention should continue.

⁵ Level 1 is indicated when detainees declare themselves to be adults at risk; level 2 indicates professional or other evidence of risk; level 3 involves the Home Office accepting evidence that detention is likely to cause the detainee harm. The levels are set out in the Home Office document Immigration Act 2016: Guidance on adults at risk in immigration detention:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/547519/Adults_at_Risk_August_2016.pdf

- I.15** The centre had opened 98 vulnerable adult care plans in the previous six months. They should have been a helpful means of supporting at-risk adults, but they were not used to their full potential. Some plans had poorly defined actions, while others had no actions at all. Initial assessments lacked detail and case reviews were not sufficiently multidisciplinary. Observations were formulaic and did not always describe the detainee's wellbeing.
- I.16** Poor casework planning had led to the detention of an elderly disabled couple in September 2017. The husband had poor hearing and diabetes; the wife was partially sighted and used a wheelchair. On their arrival, health care staff immediately assessed them to be unfit for detention and notified the Home Office that they were level three adults at risk. Centre staff provided good care: they opened care plans and housed the couple in the 'disabled room'. Two days after being detained, the Home Office agreed detention was no longer appropriate but it took a further three days to arrange release.
- I.17** There was no waiting list for a rule 35 appointment with the doctor. In the previous six months, doctors had submitted 49 rule 35 reports. Two of these stated that continuing detention might be injurious to the detainee's health, while the others related to torture. Twenty-seven percent of reports led to release, more than at other recent inspections. We reviewed 10 reports and their replies in detail. All concerned torture. They contained body maps and clear judgements that the detainee may have been the victim of torture, but the rationale for the judgment was not always clear. No reports commented on the continuing impact of detention. In one case, a fellow detainee had acted as an interpreter during the assessment, which was poor practice given the need for accuracy and confidentiality. Doctors and caseworkers used the latest definition of torture. In all cases, caseworkers responded on time and accepted the reports as evidence that the detainee may have been tortured. Caseworkers released the detainee in three cases but in seven cases they found that immigration factors outweighed release.
- I.18** In our interviews with them, Home Office staff showed good awareness of the national referral mechanism (NRM), trafficking and modern slavery. GEO staff had less technical knowledge of the NRM but would report trafficking concerns to managers and the Home Office. Immigration staff were aware of Home Office whistle-blowing procedures. GEO had a national whistleblowing scheme for officers to report concerns anonymously, but it had not been used. GEO staff were reasonably confident to report concerning behaviour by their colleagues to their managers.

Recommendations

- I.19** **The Home Office should maintain a comprehensive and accurate record of adults at risk of harm. The record should be regularly updated and shared with the centre contractors and health care department.**
- I.20** **There should be a joint local safeguarding policy on the care of adults at risk of harm. The policy should include all providers working in the centre and explain how risk information is shared with Home Office caseworkers.**
- I.21** **A multidisciplinary committee, including health care staff, should meet frequently to consider the risks to and needs of adults at risk of harm.**

Self-harm and suicide prevention

- I.22** There had been nine incidents of self-harm in the previous six months involving eight detainees, similar to the level at the previous inspection. During this period, 44 ACDT⁶ documents had been opened. Most detainees required ACDT support because of the impact of detention on their well-being.
- I.23** Most of the ACDT records that we examined had been open for about a week. Nineteen of the detainees on ACDTs had been placed on constant observation. They were usually located in the designated disabled detainee accommodation, but they could move around the centre, eat with other detainees and use centre facilities while supervised by the detainee custody officer assigned to them. None of the detainees in the cases that we sampled had been placed at the highest level of the Home Office adults at risk policy. The disabled detainee suite was also used for those with an infectious illness or detainees who said they were under the age of 18.
- I.24** ACDT case reviews were attended by the detainee, a nurse and a detainee custody officer, and chaired by a detainee custody manager. In the sample of ACDT records that we examined, Home Office immigration enforcement staff had not attended any reviews, despite the fact that immigration status was the most common concern.
- I.25** Detainees on ACDTs spoke positively to us about staff support. One man who had self-harmed said he was unhappy about being detained and his family situation, but was very positive about how staff had managed him during a difficult time: 'Staff do everything to help, do [the] maximum to help but I still feel unsafe'.
- I.26** All detainees on ACDTs received a mental health assessment, which was good practice. They were also interviewed a week after closure of the ACDT to ensure they had not relapsed. However, ACDT documentation was not sufficiently thorough. Triggers for potential self-harm behaviour were not always documented. In some cases, there were no care maps, and in others care maps were generic. In most ACDTs there was a lack of documented formal handovers between staff when shifts changed. Although quality assurance checks took place, they did not identify and resolve these issues. ACDT interactions were recorded regularly and most demonstrated good interaction with the detainee.
- I.27** Four detainees had been monitored for food refusal in the previous six months. Logs indicated that staff were attentive to detainees who refused food and fluids and monitored their attendance in the dining hall, food and drinks prepared on the units and purchases from the shop. The centre had not updated its safer detention policy to reflect the Home Office detention service order on managing food and fluid refusals, published in October 2017.
- I.28** The management of self-harm and suicide prevention was overseen by the safer detention meeting. Safer detention monitoring data were provided to each meeting, including the number of ACDT documents that had been opened. The minutes did not reflect discussion of the data, of individual cases or quality checks of ACDT documentation.
- I.29** Staff on duty at night told us that in the event of an emergency they would not take the decision to call for an ambulance until health care staff had seen and assessed the detainee. This could have caused delays in life-threatening situations.

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

Recommendations

- I.30** Assessment, care in detention and teamwork (ACDT) documents should be completed in full and care plans should be tailored to the individual. Case reviews should include contribution or attendance by Home Office immigration enforcement staff.
- I.31** The safer custody meeting should review all cases involving self-harm, violence or bullying, and discuss quality checks of safer custody documentation to learn lessons.

Good practice

- I.32** *All detainees on ACDTs received a mental health assessment to ensure that risk and needs were fully considered.*

Safeguarding children

Expected outcomes:

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

- I.33** There was no current safeguarding and child protection policy and the safeguarding children training package was no longer routinely delivered to staff. The management of age dispute cases was incorporated into the safer detention policy.
- I.34** There had been three age dispute cases in the previous year. In the first, a detainee had claimed to be 17 but had been assessed as being significantly over the age of 18 by a chief immigration officer before arriving at the centre. No Merton-compliant⁷ age assessment had been conducted by social services before arrival and the detainee's solicitor had requested an age assessment by social services. It took seven days for this to happen. The detainee was released into social services care the day after assessment.
- I.35** In the second case, the detainee claimed to be a minor and was assessed the next day by social services as an adult and remained in detention. In the final case, a detainee claiming to be 17 years old on arrival was assessed by social services as a minor and released four days later. Again this took too long. Detainees disputing their age were managed well by the centre. They were appropriately accommodated in a room on their own, usually the 'disabled detainee' room, and access to the regime was determined according to risk.

Recommendation

- I.36** There should be an up-to-date safeguarding children policy and all staff should have up-to-date safeguarding children training.

⁷ The standard social services-conducted age assessment.

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.37** In our survey, 41% of detainees said they felt unsafe in the centre. We explored this further with them in interviews, and nearly all told us that they felt safe from physical harm and that staff treated them well. Instead, they described feeling insecure and unsafe because of the fact of detention, especially the lack of a time limit. Some also said they were affected by the stress of other detainees who sometimes became angry about their situations. The centre remained fundamentally safe, with a calm and relaxed atmosphere.
- I.38** There was little evidence of violence. There had been six minor assaults on detainees in the previous six months and two assaults on staff. In one of the staff assaults the member of staff required medical treatment and the detainee was charged with assault. There had been six fights involving 26 detainees, with one incident involving 10 detainees. Detainees told us in our interviews that they had never seen staff behave inappropriately towards detainees and that staff responded appropriately to fights and assaults. During our staff interviews, most staff said they felt safe in the centre. During the previous six months, 245 of all detainees held were ex-prisoners but this had not had any obvious impact on safety in the centre.
- I.39** The few incidents that had occurred were not investigated in sufficient detail. Many cases demonstrated a lack of enquiry and some had been poorly followed up. It was not clear what lessons had been learned from incidents or what actions had been taken. The safer detention policy incorporated an anti-bullying policy, with a three-stage process for managing perpetrators and supporting victims. This was rarely used. For example, following two significant fights in the previous six months, only one detainee had been placed on formal monitoring. One unexplained injury had been identified in the previous six months. The investigation into this was basic and lacked sufficient enquiry.
- I.40** The detainee buddy role had been introduced to recognise the vulnerability of detainees received into detention. Its purpose was to seek to reduce anxiety levels by providing support on arrival through to discharge and the scheme appeared effective (see paragraphs I.10 and 3.4).
- I.41** The safer detention policy did not reflect current circumstances and practice in the centre. It still made no explicit reference to the circumstances and needs of women. A 'female unit safety policy' focused on the management of female detainees rather than on responding to their specific vulnerabilities. The regular survey of women's safety provided a useful understanding of the experiences of the women who completed them. However, as most women left the unit before being able to complete a survey, it was not sufficiently informative or useful (see main recommendation S37).
- I.42** The monthly safer detention meeting was not always well attended by key departments and detainees did not attend. The minutes suggested little discussion of the strategy, individual cases, or of lessons to be learned. A range of quantitative data was produced, but there was little resulting analysis or actions.

Recommendation

- I.43 Allegations of bullying and violent incidents should be fully investigated and actions should be followed up thoroughly.**

Good practice

- I.44** *Detainee buddies were well embedded in the centre and their role was well understood by staff and detainees. They played an active role in helping to address detainee needs and supporting arrivals new to the centre.*

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.45** The strategic management of security was reasonably good and the small security team were aware of the priorities and threats to the centre. Monthly security meetings took place but attendance varied and some key stakeholders, such as Home Office representatives, did not routinely attend. Minutes indicated reasonable discussion of data, trends and emerging risks.
- I.46** In the previous six months, 114 security information reports (SIRs) had been submitted, higher than at our last inspection but lower than other immigration removal centres (IRCs). The SIRs that we examined had been processed quickly, actions completed promptly and intelligence shared across the centre.
- I.47** Detainees continued to benefit from reasonably good levels of freedom of movement. They could access all areas of the centre between 6.45am and 9.45pm. At night they were restricted to their residential buildings, and could not go outside at these times, which some found restrictive. Detainees said that the current timings were followed and we found movement in the centre to be relaxed. The centre had an open design and in some instances detainees were temporarily locked on to a residential unit if a problematic transfer was anticipated that might require force, or when an ambulance was in the centre. This was kept to a minimum.
- I.48** There had been only one documented case of strip-searching in the previous six months, and this was properly recorded and justified. Some security practices were disproportionate, such as routine room searches and associated rub-down searches of detainees, which had produced negligible finds. A small number of detainees with sexual offence convictions were also placed on indefinite closed visits. There had been an escape in 2017. However, the permanent presence of a patrol dog on the perimeter was a disproportionate response to the risk of escape and would not have prevented this particular incident. It was at odds with the otherwise relaxed approach that we observed and very unusual in an immigration detention setting.
- I.49** The centre had responded well to our previous recommendation on the unnecessary handcuffing of detainees during external escorts. During the previous six months, 99 escorts had taken place and handcuffs had been used on 36 occasions. We checked 31 escort risk assessments, the vast majority of which demonstrated that decisions were made on an individual risk basis. We did, however, identify two cases where a lack of available information had been used to justify the use of handcuffs.
- I.50** There had been a small number of illicit alcohol (hooch) and drug (mostly cannabis) finds in the centre. There had been some effective sharing of information between security and health care departments to ensure that detainees with substance misuse issues were identified and supported. However, there was no overarching local drug and alcohol policy covering supply reduction.

- I.51** Corruption prevention measures were in place but no concerns had been noted or intelligence received in the period before our inspection. Regular staff searches were carried out but there had been no significant unauthorised finds.

Recommendations

- I.52** **Detainees should not be subject to routine rub-down and room searches.**
(Repeated recommendation I.52)
- I.53** **Detainees should only be placed on closed visits on the basis of specific risks or intelligence. Their cases should be reviewed regularly and the restriction should be removed when no longer supported by the evidence.**
- I.54** **A centre-wide policy to manage substance misuse, including supply reduction action planning, should be developed.**

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.55** Force had been used 12 times in the previous six months, similar to our last inspection. Four of these incidents had involved the use of guiding holds or staff using force to prevent detainees from harming themselves. Paperwork that we examined was complete and provided good justification for the use of force. Many records described attempts to de-escalate incidents.
- I.56** The few planned incidents that had taken place were recorded using a hand-held camera and initial briefings were comprehensive. The two incidents that we viewed demonstrated proportionate use of force and attempts at de-escalation. However, some staff appeared to lack confidence in the use of control and restraint techniques and the scene of the incident could be noisy, with poor communication and staff talking over each other.
- I.57** Body-worn video cameras were not yet in use at the centre, but we saw some footage where staff had appropriately decided to use the hand-held video recorder in response to a prolonged spontaneous incident.
- I.58** Use of force incidents were described in monthly security meeting minutes, and paperwork and footage were viewed by the head of security. This quality assurance was not formally recorded and there was no indication of identified learning points being cascaded to staff. There were no use of force meetings and no analysis of data to identify trends.
- I.59** Separation was used infrequently. During the previous six months, rule 40 had been applied on 19 occasions to remove a detainee from association and Rule 42, dealing with refractory or violent behaviour, had been used on three occasions. Detainees continued to spend too long in separation (the longest being about 10 days), usually because of delays in transfer to another immigration centre, including a lack of transport. The separation unit was austere and some restrictions in the secure unit policy were excessive, such as the removal of detainees' jewellery and shoes. However, detainees held in the unit had access to a reasonable regime which included the use of an association room and time in the open air.

- I.60** Paperwork that we examined was detailed, documented legitimate reasons for separation and showed that alternatives had been considered. We found one rule 42 case where the justification was inadequate and rule 40 conditions would have been sufficient.

Recommendations

- I.61 All use of force incidents should be subject to a full recorded review process with lessons learned and disseminated to staff.**
- I.62 Use of force data should be analysed thoroughly to ensure that trends are identified and appropriate action taken.**
- I.63 Detainees should not be held in separated conditions for excessive periods because of delays in transfer arrangements.**

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.64** Access to legal representation was good and much better than at immigration removal centres in England. In our survey, 90% of detainees said they had a solicitor against the comparator of 72%. Most detainees said they could contact their solicitor easily. Although most solicitors' firms were some distance away in Glasgow, 82% of detainees had received a visit from their solicitor against the comparator of 40%. This good access to legal advice was largely due to more generous Scottish legal aid funding which detainees could receive for family and private life claims. A list of 18 solicitors' firms was kept in the information centre and detainees with no solicitor could complete a pro forma and fax a request for representation. Detainees told us that solicitors responded promptly and came to meet them within a few days. Arrangements for legal visits were reasonably good. Detainees could meet their solicitors in one of three private consultation rooms or in the open visits hall. This good access to legal representation helped alleviate some of the anxieties detainees felt about their future.
- I.65** Detainees could use up-to-date country of origin reports in the library or online. The library stocked up-to-date legal text books and forms but detainees had to ask for the forms. Despite a slow internet connection, we did not find blocked legal or support group websites. Detainees could print documents relating to their immigration case.
- I.66** The on-site immigration enforcement team comprised a manager and three contact officers. The team was under-resourced and could not always meet detainees in person to pass on information. Induction interviews were reasonably informative but detainees were not routinely advised of their bail rights or given a bail application form. There was no drop-in advice surgery, unlike some centres. This lack of face-to-face interaction sometimes exacerbated detainees' anxieties. On the first day of our inspection, eight progress reports were overdue. Bail hearings were usually heard by video link and detainees received their bail summaries by 2pm the day before the hearing. The video link had been used 248 times in the last six months.
- I.67** At the start of our inspection, 84 detainees were held compared with 214 at the previous inspection. The reasons for this were unclear but staff suggested that the Home Office had

tightened up gatekeeping procedures following the Windrush scandal. Two-thirds of detainees had been held for less than a month. A few detainees had been held for prolonged periods: four for between six and 12 months and two for more than a year. These cases of long detention involved ex-prisoners and were managed by the Home Office criminal casework teams.

- I.68** Some detainees were held for too long. The length of detention alone justified release in some cases. In others, the facts of the case prevented removal from being achieved within a reasonable period. For example, a recidivist offender who was to be deported had been held for more than six months. He was recognised as an adult at risk, did not have a travel document and had been assessed as not fit to fly. Moreover, he had lived in the UK for over 40 years, having arrived as a two-month old baby.
- I.69** In another case, an ex-prisoner had been assessed as low risk of harm, his partner was a British national and they had two children together; it would take more than six months to obtain a travel document. The Home Office internal case progression panel had recommended release in February 2018 but by the time of our inspection he had been held for more than six months.
- I.70** Reasons for prolonged detention varied but inadequate case progression and difficulties in booking overseas escorts, particularly where a medic was required, were recurring themes. Criminal casework teams were slow to start deportation proceedings, often only doing so at the end of the custodial sentence.

Recommendation

- I.71 Case workers should act with diligence and expedition. Deportation procedures for ex-prisoners should be concluded before the end of their custodial sentences.**

Good practice

- I.72** *Detainees had good access to legal advice and representation. In our survey, 90% of detainees said they were legally represented and more than at other centres received visits from their solicitors. This helped to alleviate some of the stresses and anxieties faced by detainees.*

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 Relationships between detainees and staff were excellent and remained a key strength. In our survey, 89% of detainees said most staff treated them with respect. We saw staff interacting with detainees in a friendly manner and showing concern for their welfare. All detainees whom we interviewed said that staff treated them well or reasonably well.
- 2.2 The personal officer scheme specified that each detainee should be contacted at least once a week and an entry made on the electronic records. Entries were not made as frequently as required, but they demonstrated good quality interaction and concern for detainees' welfare. In our survey, more detainees (83%) than at other centres (65%) said they had a member of staff they could turn to if they had a problem. A detainee commented in our survey, 'When I need help, they show care and try to help me.'
- 2.3 In our staff interviews, custody staff prided themselves on caring for detainees. For example, officers said, 'We spend hours talking to them' and 'We get to know them as individuals and they start to trust us'. Many officers had years of experience working in the centre.
- 2.4 The stability of the centre was largely based on this good staff-detainee culture. However, in our staff interviews, many said they were tired or stressed because of staff shortages. Training for new detainee custody officers was to start the week after our inspection.

Good practice

- 2.5 *Relationships between staff and detainees were excellent and a key strength of the centre. This positive culture underpinned much of the centre's stability and helped alleviate detainees' distress and anxiety.*

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

- 2.6 Outside areas were pleasant and well maintained. There were two residential units accommodating men, Loudoun House and Hamilton House. Women were housed in separate dormitory accommodation in a building known locally as the Main House. An imminent planned refurbishment programme was welcome but much overdue. Plans included

moving the women's unit to another location, where women could have single and double rooms.

- 2.7** Uncertainty about the future of the centre had clearly affected provision. Accommodation had been neglected and most areas required significant refurbishment and redecoration.
- 2.8** Male accommodation comprised single, double and triple rooms, and dormitories holding up to 11 men. In our survey, 29% of detainees said that it was not quiet enough to relax or sleep at night.
- 2.9** Not all rooms had lockable cupboards, particularly in Hamilton House where we also observed some graffiti. Most rooms had shower facilities, while others had allocated showers on the units. All showers in the male accommodation were in working order, but many were in poor condition with signs of mould. The cleanliness of rooms and shared areas in male accommodation varied. Some association rooms were poorly equipped and furnished (see main recommendation S38).
- 2.10** A women's unit, accommodating up to 14 women in two self-contained dormitories, was located on the first floor of Main House. A female officer was always present in the unit office. Accommodation was adequate. One dormitory had shower facilities, although the showers were not sufficiently hot. The other had access to a shower room across the corridor where the showers were stuffy with signs of mould. There was a small but welcoming association room and a small hair salon.
- 2.11** Access to clean clothing, cleaning materials and toiletries was reasonable. Women also had access to a supply of cosmetics, but sanitary products were not freely available. These were kept in the women's unit office and women had to ask an officer for them.
- 2.12** Units had their own laundry facilities. In our survey, 95% of detainees said they could clean their clothes easily.
- 2.13** In our survey, 59% of detainees said they could usually get access to their property if they needed to. Requests for detainees' property to be held in the centre's stores were dealt with very quickly, although it took longer to deliver property brought in by visitors.
- 2.14** Red telephones connected detainees directly to gate staff if they needed help during the night. All telephones that we tested were in working order.

Detainee consultation, applications and redress

- 2.15** Consultation meetings for all detainees were held weekly. Attendance was low, usually involving between four and six male detainees, virtually all of whom were employed as detainee buddies. Additional meetings took place specifically for women once a month. The women we spoke to were unaware of the weekly general consultation meetings.
- 2.16** A standard consultation agenda was followed but not enough actions were generated and individual updates on actions were not provided. Minutes indicated little effective discussion or engagement in certain areas. The monthly meetings for female detainees focused on safety and the specific needs of women, although some items on the standard agenda (for example reception, property, accommodation and health care) were not covered. The reason for this was not clear.
- 2.17** Complaint boxes were located throughout residential areas but not in communal areas such as the dining hall and reception. Complaint forms were easily accessible for detainees and

available in a range of languages. On-site Home Office staff emptied complaint boxes each day and all complaints were sent to a central Home Office unit and allocated to relevant teams for investigation.

- 2.18** During the previous six months, 15 complaints had been submitted, four relating to health care, four for the Home Office and the remainder for GEO to investigate. Typed replies from GEO were polite and addressed the issues raised. However, responses were not always timely, and we found two cases where a detainee had to wait more than 30 working days for a response, which was too long.
- 2.19** Staff knew how to manage complaints against members of staff and were aware of the work of the professional standards unit. There had been no such cases in the previous six months.

Recommendations

- 2.20** **Detainee consultation should involve a wide cross-section of the population and individual updates should be provided for all generated actions.**
- 2.21** **Responses to complaints should be timely.**

Residential services

- 2.22** The four-week rolling menu offered a range of options, including vegetarian and vegan, with fruit and vegetables available each day. The quantity and quality of food that we tasted were adequate and hot food was at the correct temperature. In our survey, 33% of detainees said the food was good or very good.
- 2.23** The communal dining hall was an adequate facility but was shabby and in need of decoration. Detainees could also eat food which they prepared on the residential units where they had access to microwave ovens and toasters.
- 2.24** The large main kitchen was properly maintained, clean and well equipped. All staff and detainees employed in the preparation and serving of food had received basic hygiene and food handling training. Seven detainees were employed in the kitchen at the time of our inspection. The head of residence and services regularly consulted detainees about catering and the shop, and actions resulting from consultations were followed up swiftly.
- 2.25** In our survey, 65% of detainees said that the shop sold a wide enough range of goods to meet their needs, against the comparator of 41%. Detainees could order newspapers and magazines, including foreign publications. Detainees could also order goods from a catalogue and from approved internet sites, with no administration charge. The prices in the shop were similar to the high street and sometimes cheaper. At the last inspection, the shop had been open from 10am to 6.30pm but this had been reduced to 10am to noon and 2.30 to 6.15pm. This was regrettable as the shop contained a seating area with six computers and two sofas, where detainees could relax or socialise. A charity shop next to the main shop opened from 1 to 2.30pm for detainees to buy clothes and accessories, and was popular with detainees. Detainees could apply for welfare grants generated by the profits from the shop (see paragraph 4.23).
- 2.26** A well-stocked cultural kitchen was available to all detainees who could prepare and cook meals independently for themselves and friends. Sessions were run seven days a week over the lunch period. Six detainees could cook, each of whom could have a guest. This was a valuable facility for detainees to spend time in a normal, relaxed environment. However, the

kitchen was dirty and lacked oversight by centre staff. Women were allocated to the kitchen on Saturdays but these sessions had only been used once in the past six months. The centre had not picked this up and there had been no investigation into its lack of use by this group. The cultural kitchen was only used by detainees on average four times a week.

Recommendations

- 2.27** The cultural kitchen should be deep-cleaned and monitored regularly by the centre to ensure that acceptable standards of hygiene are maintained.
- 2.28** The cultural kitchen should have longer opening times and be effectively promoted, especially to women detainees. The reasons for the latter not using the facility should be investigated and action taken to encourage participation.

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

- 2.29** There was little evidence of discrimination towards or between detainees. However, there was little oversight or planning of equality work to ensure that outcomes were sustained. The equality policy did not reflect practice and did not cover the needs of women and young adults adequately. There was no longer a separate equality meeting and equality issues now formed an agenda item at the safer detention meeting. Discussion of equality matters was limited and undermined by poor attendance of key staff with responsibility for protected groups. Few equality actions arose from the meeting and there was no equality action plan. Monitoring was limited.
- 2.30** The equality policy and information provided to detainees only referred to complaints of discrimination involving race, but not other protected characteristics. There was no clear process for detainees to make complaints about discrimination and none had been made in the previous six months.
- 2.31** Useful consultation meetings had been held with different nationality groups, usually linked to forthcoming religious celebrations, which was a good approach. However, there had not been enough consultation with other protected groups.

Recommendation

- 2.32** Equality policies, planning, monitoring, consultation and systems of redress should cover all protected groups.

Protected characteristics

- 2.33** Weaknesses in the strategic management of equality did not appear to be affecting outcomes for most detainees, who reported an absence of discrimination. The ingrained sense of respect that we observed from staff helped to facilitate this. Detainees reported few concerns about tensions between nationality groups.
- 2.34** Reception staff did not systematically identify all new detainees with a protected characteristic, although detainees were asked if they had a disability during their health care screening. Procedures to identify detainees with a disability were not sufficiently rigorous.
- 2.35** Although five detainees in our survey considered themselves to have a disability, the centre's case management system suggested there was none. The centre was looking after at least two detainees with a disability and a detainee with a chronic leg ulcer was being well supported. The centre had also provided good support to an elderly disabled couple, who should not have been detained (see paragraph 1.16). There were evacuation plans for these detainees, although required actions were not clear enough.
- 2.36** In our survey, 30% of detainees said they did not understand spoken English and our survey and interviews with detainees suggested some gaps in provision. Telephone interpreting was principally used by the health care team, but this was inconsistent as the team also used detainees to interpret during confidential interviews (see paragraph 2.55). Telephone interpreting was not routinely used for reception interviews and the induction of new detainees was only conducted in English (see paragraph 1.8).
- 2.37** The equality policy for women was underdeveloped, although monthly forums were now held in the women's unit. Women told us they felt safe on the unit, but some were less confident about moving around other parts of the centre and few attended activities. Relationships with other detainees appeared relaxed. Some women told us they received unwanted male attention which they ignored. There were no recent reported incidents of women having significant problems with male detainees. Overall, a more systematic approach was needed towards identifying and meeting the needs of women in the centre (see paragraph 2.16).
- 2.38** Provision for older detainees was underdeveloped, although this was not a significant issue at the time of the inspection as the oldest detainee was 53. Over 55-year olds were given an individual needs assessment, but the older detainees liaison officer had not been attending the safer detention meeting to report on issues affecting this group.
- 2.39** Four detainees were under the age of 21. There was a younger detainees liaison officer, but he also did not attend the safer custody meeting. The assessment of the needs of new younger detainees had fallen into abeyance, although those we spoke to said they were treated with respect and had no unmet needs.
- 2.40** The centre advertised a 24-hour confidential helpline for LGBT detainees. This was a good initiative, although relatively few detainees had used the service. The LGBT liaison officer provided good initial support to detainees in this group, but it was difficult for the centre to meet their ongoing needs. A gay detainee had recently been held in separate accommodation, after receiving homophobic threats. He was offered an officer to escort him around the centre, but he was too frightened to take this up and was left isolated before being transferred elsewhere.
- 2.41** Two trans detainees had been held for a short period in Dungavel before their transfer to Yarl's Wood. They too were held in separate accommodation. We were told that they

moved freely about the centre without problem. There was appropriate liaison with the Home Office about these detainees.

Recommendation

- 2.42 Professional telephone interpreting should be used for all interviews requiring accurate or confidential communication.**

Faith and religion

- 2.43** Faith provision was adequate for the needs of the population. In our survey, 83% of men said their religious beliefs were respected. A small team of volunteer chaplains were managed by the cultural affairs manager.
- 2.44** Pentecostal, Buddhist and Muslim chaplains attended weekly. African Fellowship and Roman Catholic chaplains attended each fortnight. Other chaplains attended on a needs basis. There was no scheduled chaplaincy presence for three days each week.
- 2.45** The cultural affairs manager was visible, accessible and well regarded by detainees. If a detainee wished to see a chaplain of their faith in an emergency, the cultural affairs manager arranged it. In the event of a delay, the detainee was offered an immediate telephone consultation.
- 2.46** Detainees had good, unimpeded access to a pleasant multi-faith room. It was well used at the time of the inspection, when not required for formal services. There were adequate facilities for prayer in the three house blocks, although some were cramped and lacked natural light. Ablution facilities in Loudoun House were poorly ventilated and showed signs of mould.
- 2.47** There was good consultation with detainees on the arrangements for religious festivals. The catering department often provided special food for specific events.

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

- 2.48** Health services had been delivered by Med-Co Secure Healthcare Services Ltd since May 2014. Working relationships between the centre, the provider and Lanarkshire NHS Health Board were largely effective. The contract was monitored through monthly data reports, quarterly contract review meetings and an annual partnership board meeting. A health needs assessment completed in May 2015 had been refreshed in 2017. The data had identified increased mental health and substance misuse needs which the service had addressed.
- 2.49** Clinical governance updates were discussed and recorded at staff meetings. Adverse incidents and near misses were reported via the Med-Co incident reporting system and

analysed for lessons learned. Incidents were also reported through the centre system but the service was not always updated on the outcome.

- 2.50** Health care was an agenda item at the weekly detainee consultation meeting and patient satisfaction surveys were completed with largely positive results.
- 2.51** The experienced health care manager provided effective clinical leadership to a small nursing team with a varied skill mix. Health staff were easily identifiable and the interactions we observed were caring and of good quality. There was 24-hour cover with one nurse on night duty and suitable clinical on-call arrangements. Staff shortages were covered by the core team and had not affected service delivery. Nursing staff received clinical supervision and had completed mandatory training.
- 2.52** Each detainee had a single clinical paper record. Those that we reviewed were well organised with clear legible entries. The lack of an electronic patient record did not reflect best practice. There were good administrative systems to manage this antiquated system but additional work was created and it was more difficult to collect data and run reports.
- 2.53** All health care staff had completed online training on torture recognition, assessment and recording. Detainees received very prompt access to rule 35 assessments. There were examples of comprehensive referrals followed by release under rule 35 (see paragraph 1.17).
- 2.54** The health centre was clean and regular infection control audits demonstrated compliance with required standards. However, we saw some of the nurses wearing nail varnish which was contrary to infection control guidance.
- 2.55** Professional telephone interpreting was used regularly for health care consultations, but detainees were also allowed to interpret for others, which compromised accuracy and confidentiality (see recommendation 2.42).
- 2.56** A generic Home Office complaints form was used for all complaints, which were then processed by non-healthcare staff, breaching patient confidentiality. Complaint responses that we sampled were timely, courteous and focused.
- 2.57** Emergency resuscitation equipment was checked regularly and was in good order. We found an undated sharps bin, which was open and contained sharps. This was rectified during the inspection.
- 2.58** Health promotion information was available in some languages and could be sourced in other formats and languages as required. Support to give up smoking, including nicotine replacement therapy, was available.
- 2.59** Detainees could access disease prevention and screening programmes, treatment for blood-borne viruses and travel vaccinations if required before deportation.
- 2.60** There were robust arrangements to identify and manage communicable diseases, and detainees on food and fluid refusal were managed well in liaison with centre staff.
- 2.61** Access to barrier protection condoms and femidoms had recently reduced from being freely available in the health centre waiting area to being available on request, often on release. This was not advertised.

Recommendations

- 2.62** Health staff should have access to an electronic medical record system to enable better use of data and technology and to enhance the quality and efficiency of the service.
- 2.63** Detainees should be able to complain about health services through a well-advertised separate confidential health complaints system.

Primary care and inpatient services

- 2.64** Detainees received a health screen by a qualified nurse within two hours of arrival and clear written information on health services, in a wide range of languages. Necessary community liaison and follow-up referrals were completed.
- 2.65** All detainees were offered a comprehensive secondary assessment by the GP within 24 hours of arrival. Medical records of those who declined an appointment were reviewed by the doctor in their absence and follow-up care scheduled if needed. Three regular doctors delivered GP clinics seven days a week in line with Home Office requirements.
- 2.66** The sharing of information on vulnerable patients with the wider centre team was evident, but lower-level information was less readily available to detention staff. There was an understanding that high-level need indicated vulnerability and a review of fitness to be detained would be undertaken.
- 2.67** There was a suitable range of primary care services including very short waits for routine GP appointments. Nursing staff ran daily triage clinics and we saw evidence of effective nurse-led interventions, including wound care.
- 2.68** Health care staff had recently implemented a more robust process for the management of complex health conditions. Some deficits remained in the quality and care planning of long-term conditions because of the staff skill mix and lack of specialised training. Gaps were filled by the GP and external referral. Severe or unstable health conditions were often addressed under the vulnerable detainee pathway and considered for rule 35 assessment.
- 2.69** Secondary care escorts were managed and accessed in a timely manner except for dentistry (see paragraph 2.90). Health care needs and bail decisions were co-ordinated but not always in the most timely and effective manner. Detainees who were being released or transferred were given a clinical discharge summary and at least a week's supply of all necessary medication and staff made concerted efforts to liaise with community services.

Recommendation

- 2.70** Nurses should have access to additional specialist training to support the delivery of best practice standards for the management of long-term conditions with evidence-based care plans.

Mental health

- 2.71** Most custody staff had received health awareness training in the previous three years and staff we spoke to told us they found this training improved their understanding of detainees' mental health needs.

- 2.72** Three mental health nurses, a part-time counsellor/art therapist and a visiting consultant psychiatrist provided good mental health support. They were called the multi-agency support team to mitigate the stigma associated with mental health services.
- 2.73** Approximately 60 referrals had been received through an open referral system from January to June 2018. An assessment was conducted within 48 hours, and detainees with urgent needs, including those on ACDT⁸ procedures, were assessed within 24 hours. Staff attended all reviews.
- 2.74** Detainees in crisis were seen quickly following referral, but we saw one case where a swifter referral could have prevented a crisis situation.
- 2.75** Following assessment, a range of options were available for detainees with mild to moderate mental health needs or for those with more serious and enduring mental health conditions, although serious conditions were less frequent. Support ranged from encouraging the use of centre facilities, developing coping strategies through individual work or therapeutic activities, and groups which included anxiety reduction, relaxation and horticultural therapy. A good range of self-help material was available in several languages which staff would go through if the detainee wished. The clinical records that we examined showed that detainees received very prompt, appropriate and individual support, although care plans needed further development.
- 2.76** The consultant psychiatrist attended every two weeks or on an ad hoc basis depending on need. The team valued his contribution. He could refer to specialist NHS secure mental health facilities when necessary. Four patients had been transferred promptly to hospital under the Mental Health (Care and Treatment) (Scotland) Act 2003 during the previous year.

Substance use treatment

- 2.77** There was no up-to-date integrated needs assessment or joint strategy on substance use. The Med-co drug treatment policy did not reflect the service at the centre or national good practice.
- 2.78** Demand for clinical substance misuse services remained low and support was reasonably good. Those requiring drug treatment were referred from reception and received individual psychosocial interventions. Overnight alcohol monitoring was now in place but this was not often needed.
- 2.79** Some health care staff had undertaken specialist training in substance misuse treatment and the service was nurse-led. Access to specialist medical advice was provided by one GP at RCGP level I.
- 2.80** Intelligence reports and finds indicated that there was little illicit drug or alcohol use in the centre. However, some home-made alcohol (hooch) and cannabis had been discovered intermittently. Health staff received regular security bulletins sharing information on incidents and supply reduction.
- 2.81** During the previous six months, 14 detainees had been assessed for substance misuse treatment, 12 of whom required ongoing clinical intervention. Although Methadone and Buprenorphine prescriptions were not initiated by the service, the 12 detainees had all undertaken detoxification and one had continued a methadone prescription.

⁸ Assessment, care in detention and teamwork case management of detainees at risk of suicide or self-harm.

Recommendation

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

Medicines optimisation and pharmacy services

- 2.83** The recent relocation of the pharmacy room in the health centre provided a secure environment for the storage of medicines and a more suitable area for the safe administration of medications. Storage of medicines was organised, with good stock reconciliation, date checking and monitoring of the refrigerator temperature. However, we found some medicines not locked away when the pharmacy was not in use. The service addressed this when the issue was highlighted.
- 2.84** Administration took place three times a day at clinically appropriate times and medicines required more frequently were administered. The prescribing and administration records that we looked at were complete and non-attendance was followed up. A custody officer was present during all medicine administration and we observed effective management of the area to preserve patient confidentiality and prevent diversion of medication.
- 2.85** Nurses could administer a suitable range of prescriptions and over-the-counter medication without a doctor's prescription, which gave detainees prompt access to appropriate treatment.
- 2.86** A local pharmacy delivered medicines at least weekly. Additional urgent deliveries were made and stocks of common medicines were kept on site to ensure continuity of supply. The pharmacist visited monthly and scrutinised the prescribing, use and storage of medicines. Detainees were offered access to medicine use review and advice by the pharmacist, but this had not been used.
- 2.87** An appropriate range of protocols and procedures were in use and staff had access to the on-line British National Formulary (pharmaceutical reference information). A local drug formulary highlighted medications not to be given in possession and the GP completed regular in-possession medication assessments.
- 2.88** A medicines and therapeutics committee met twice a year to discuss relevant issues. Between meetings the health care manager sent reports to update members on pertinent issues including actions following drug alerts.

Oral health

- 2.89** Dental services were no longer delivered on site and had been provided by a local community dental practice since October 2017. The on-site dental surgery required investment if in-house services were to be reintroduced.
- 2.90** Dental waiting times had doubled since our last inspection from three to six weeks. Eight detainees were on the waiting list and six were on prescribed pain management. During the previous six months, 19 of the 48 appointments had been cancelled because of a lack of detention escort staff and competing priorities. This was unacceptable. If more complex oral surgery was required, patients were referred to the local hospital.

- 2.91** Detainees returned from dental treatment with oral advice and instruction leaflets in English only. Dental services could be delivered using a telephone interpreting service, but use of this was not monitored.

Recommendation

- 2.92** Detainees should have timely access to dental services based on clinical need and to the full range of NHS equivalent treatment that can reasonably be delivered. This should not be delayed by a lack of escort staff.

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 All detainees had good access to a range of activities which were scheduled in the information learning centre (ILC) during morning, afternoon and evening sessions, seven days a week. There was free movement for detainees throughout the centre and this allowed them to engage in activities that suited their personal interests and needs. The centre also provided recreational activities including musical events, sporting activities and competitions, which were appreciated by detainees we spoke to and helped them to keep themselves occupied.
- 3.2 The cultural kitchen enabled some groups of detainees, often originating from the same country, to order menu ingredients, plan, prepare and eat a meal together once a week. Many detainees valued this experience as it enabled them to socialise through the medium of cooking. The centre had advanced plans to replace the existing cultural kitchen which was in need of refurbishment.
- 3.3 Detainees had good access to internet-enabled computers distributed throughout the centre. This enabled them to communicate with family and friends by email and engage in appropriate research activities. The ILC had an internet protocol which all detainees signed.
- 3.4 The detainee buddy role had been introduced to recognise the vulnerability of detainees received into detention. Its purpose was to seek to reduce anxiety levels by providing support on arrival through to discharge. The four Dungavel buddies attended induction sessions which helped them to get to know new arrivals and support them to settle into the regime. Buddy detainees spoke English well and had their photographs and names displayed prominently across a number of locations in the centre. Detainees were paid for acting as buddies. All buddies had been at the centre for a reasonable time and understood the procedures. Staff knew them well. They provided helpful advice and support to detainees who might have lacked the confidence to ask questions of a member of staff.

Education and work

- 3.5 The ILC contained an art room, classroom, library and computer suite. It was open throughout the week and was popular with detainees, with approximately 150 attendances each day. It was scheduled for refurbishment and the prison shop and cultural kitchen were to be relocated in the ILC in the near future.
- 3.6 Staff in the ILC delivered a small range of educational provision, including an internal certificate in food hygiene, English for speakers of other languages (ESOL) courses and information and communication technology (ICT) programmes. Staff also delivered art and craft sessions, where detainees played music, engaged in craft activities and painted pictures. A few detainees completed online ICT programmes. None of the programmes led to externally accredited awards, in light of the short periods that most detainees spent at the centre. However, internal recognition of achievements was good. The limited range of educational provision reflected the recent significant reduction in the detainee population.

Detainees undertaking study programmes made good progress and valued their educational experiences. In our survey, 100% of detainees who said they were undertaking some form of education said they found it helpful. A few recreational activities were delivered in the ILC including quizzes, bingo and a photography class.

- 3.7** ESOL provision was delivered at a range of levels from beginner to upper-intermediate level. Sessions were scheduled throughout the week. Only 14 detainees attended ESOL programmes.
- 3.8** Teaching staff had relevant qualifications and were responsive to the needs of learners. They were approachable and provided sensitive support for educational improvement, while resolving other problems or queries from detainees on detention-related matters.
- 3.9** Detainee achievements were promoted and celebrated and certificates were displayed along the corridor of the ILC. A repatriation passport was given to each departing detainee, outlining programmes attended and work activities undertaken. In previous years, some detainees had been successful in gaining Koestler⁹ awards in arts and craft.
- 3.10** At the time of the inspection, 57 of the 82 detainees were undertaking paid work activities for up to 15 hours a week and there were no waiting lists. These included ground maintenance, cleaning, cooking, horticulture, barbering, shop assistant, gym assistant, laundry, library assistant, multi-faith monitoring and detainee buddies. Payment for work was at a standard rate of £1 an hour. There was no reduction in payment if detainees had to attend meetings with solicitors. No detainees had recently been prevented from working as a result of non-compliance with the Home Office.

Library provision

- 3.11** The library was well resourced and popular with detainees. It was open every day for 10 hours a day. In our survey, 90% of detainees said it was easy to go to the library. The six internet-enabled computers in the library were popular and well-used.
- 3.12** The library contained a range of fiction and non-fiction English language books. It also had a limited range of books across 36 languages. The stock also included legal texts in 10 languages and a comprehensive range of foreign language dictionaries. There were a few English language audio books.
- 3.13** A fax machine was available in the library. This was well used and supported detainees to send legal paperwork to the Home Office and communicate with their solicitors.
- 3.14** A large number of DVDs were very popular and were replenished regularly by staff. An average of more than 300 were borrowed each week. The library also had more than 60 video games and 15 consoles for detainees to borrow for three days. Five Kindles contained legal texts and dictionaries. A number of English and foreign language newspapers were supplied each day.

Fitness provision

- 3.15** Fitness provision consisted of a sports hall, weights room, cardio room and an all-weather pitch. It was open eight hours a day, seven days a week. In our survey, 80% of respondents said it was easy to get to the gym. Gym staff delivered a daily induction for new arrivals. Gym staff had recognised qualifications and were suitably experienced.

⁹ Art awards scheme for offenders, secure patients and detainees.

- 3.16** The gym equipment was located in different rooms, making it challenging for staff to supervise detainee exercise. The cardio and weight machines were old and at the time of the inspection a number of them were not working. The gym did not have suitable showers and users had to return to their residential areas for a shower after a fitness activity. The all-weather pitch was popular during the summer months. It was in good condition and offered a variety of activities including cricket and five-a-side football.
- 3.17** There was a daily hour-long women-only fitness session to encourage participation in exercise activity. Female detainees could also use the gym facilities at other times of the week. However, few women regularly attended gym activity sessions.
- 3.18** Although most detainees had good access to the gymnasium, it was underused because of recent staff absence. Organised group activity sessions included five-a-side football and cricket matches. Circuit training activities had recently been cancelled. There was capacity for more than 700 detainee gym activity hours each week. At the time of the inspection, with a reduced population, weekly gym use stood at 110 hours.

Recommendations

- 3.19** **Gymnasium staffing levels should ensure that detainees can access scheduled exercise activities throughout the week.**
- 3.20** **Broken exercise equipment should be repaired and maintained in good working order.**

Section 4. Preparation for removal and release

Welfare

Expected outcomes:

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

- 4.1 Welfare needs were assessed shortly after arrival. A comprehensive questionnaire was used which covered money, accommodation, pets and unpaid wages. Despite a reduction in provision, detainees' welfare needs were met effectively. An officer was allocated each day as a 'welfare officer' but was often cross-deployed to other duties. In the first instance, detainees could approach any member of staff or the information office for their welfare problems to be addressed. If the problem could not be resolved, the detainee was referred to the continuity of care unit which was staffed, in theory, by the welfare officer. During the previous six months, officers had formally referred 105 matters to the welfare officer. Unlike other centres, detainees could not drop into a welfare office to have their needs addressed in a single appointment. Despite these shortcomings, welfare needs were often met by individual staff who took responsibility for addressing concerns raised by detainees. Welfare needs were checked again before detainees left the centre.

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.

- 4.2 A free bus service for visitors was provided from the local train and bus station. The service was well advertised and most visitors we spoke to were aware of it.
- 4.3 The visiting regime was good. Visits took place between 1.30 and 8.30pm every day, including weekends. Visitors could stay for the whole session.
- 4.4 There was no formal telephone booking system for social visitors who could turn up with relevant identification and gain entry to the centre. There was no maximum number of detainees permitted per session and staff said the visits room was very rarely if ever full.
- 4.5 Detainees and visitors we spoke to were positive about their treatment during visits. In our survey, 77% of detainees said they were treated well by staff in the visits area.
- 4.6 In the visits session we observed, visitors were required to wear a wristband and detainees an ID label. The searching of visitors was proportionate. Searches were carried out in private behind a screen, just outside the visiting area. We were told that children were not searched. Detainees were not allowed to use their mobile phones in visits, which was an unnecessary restriction.
- 4.7 The visits room was bright, welcoming and well maintained, with comfortable seating and natural light, and a large, well-equipped and resourced children's play area. It was out of keeping with the general atmosphere that visits rules and warnings were prominently fixed

to all tables, which was officious and off-putting. The toilets were clean and contained adequate baby-changing facilities.

- 4.8** Vending machines provided hot drinks and snacks in the visits room. Visitors could order hot meals from the kitchens to eat with detainees, which was good. There were two dining tables in the room. This was particularly useful for families travelling long distances and helped to normalise the visits experience.
- 4.9** Detainees and their family members were allowed appropriate physical contact in the visits room. Detainees were not allowed to go into the grounds during visits. Detainees and visitors could bring documents into the visits hall, based on an individual risk assessment.
- 4.10** There was no system for identifying and monitoring detainees with friends and family living far from the centre. One detainee we spoke to had parents in London who had not been able to visit him for some months. We were told this was a common problem.
- 4.11** The Scottish Detainee Visitors group provided good support to detainees, visiting the centre twice weekly and holding a drop-in surgery twice a month. They liaised with staff to arrange visits by volunteers for detainees who did not have family and friends to visit them. Detainees could not make video calls to their friends or family, which may have left some feeling isolated, but the Home Office had plans to trial the use of Skype at other centres.

Recommendation

- 4.12 The centre should identify and monitor detainees with friends and family living far from the centre, and take steps to address their potential sense of isolation.**

Good practice

- 4.13** *Visitors could order meals from the kitchens to eat together with detainees. There were two dining tables in the room. This was particularly useful for families travelling long distances and helped to normalise the visits experience.*

Communications

Expected outcomes:

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

- 4.14** Detainees were provided with a mobile phone for the duration of their stay at the centre. At our last inspection, detainees could send an unlimited number of free personal letters each week, but they were now only permitted to send one a week.
- 4.15** There was an easily accessible fax machine in the library for outgoing faxes. This was adequate for the small population of detainees held at the time of the inspection.
- 4.16** Incoming mail and faxes were sent to the ILC and detainees were notified by text. The centre aimed to deliver mail and faxes to detainees within four hours of receipt, and this was monitored daily by a manager.
- 4.17** There were several computers in the centre, all of which were internet enabled. Detainees could open an email account to correspond with their family and solicitors. Email

attachments could be opened, but only legal documents could be printed. We found no legitimate websites that were blocked. However, download speeds could be slow.

- 4.18** Detainees were still not able to access social networks or video-calling sites, which was an inappropriate restriction for a detainee population.

Recommendation

- 4.19 Subject to a risk assessment, detainees should have access to video-calling and social networks.** (Repeated recommendation 4.17)

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.

- 4.20** During the previous six months, 1,040 detainees had left the centre, 20% of whom had been removed from the UK, 43% transferred to another centre and 37% released. The welfare officer or another member of staff met detainees before they left to address any unmet welfare needs. A helpful questionnaire was used for this purpose. Detainees were notified of their removal date in line with national policy. However, staff only informed detainees on the day before their transfer. This limited notice applied even when the centre knew of the transfer many days in advance.
- 4.21** Staff did not force detainees to leave the centre on the first transfer or removal attempt. Instead they reasoned with the detainee to persuade them to leave. If this failed, the move was cancelled and a suitable escort crew booked. This helped to keep the use of force to a minimum.
- 4.22** The centre held individual strategy meetings to plan for the removal or transfer of complex cases. These included detainees with special needs and those likely to be refractory. The resulting plans were good but usually related to detainees who would potentially disrupt their removal, rather than detainees with vulnerabilities.
- 4.23** Detainees could request funds to help them reach their ultimate destination in their country of origin. The Home Office assessed the detainee's finances and costs to reach the destination town. If this was unsuccessful, detainees could apply to a welfare fund provided by a charity shop selling clothes in the centre (see paragraph 2.25).
- 4.24** Detainees released into the UK were provided with travel warrants. Some had long journeys to their homes. If family and friends could not pick them up, the centre arranged for detainees to spend a night in a hostel or shelter before completing their journey the following day.
- 4.25** Detainees were asked to complete a short exit survey about life in the centre. The survey covered staff, accommodation, religion, food, health care and safety. The collated results were informative and helpful to staff in making improvements.

Recommendation

4.26 Detainees should be informed of their transfer to another centre as soon as is reasonably practicable.

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** Accommodation, including detainees' rooms, showers and shared areas, should be refurbished and maintained to a reasonable standard of decoration, furnishing and cleanliness. (S38)

Main recommendation To the centre manager

- 5.2** The risks associated with holding women and men should be routinely assessed and discussed at security meetings, and a specific safer custody and safeguarding policy should be developed for women. (S37, repeated main recommendation S28)

Recommendations To the Home Office

Safeguarding

- 5.3** The Home Office should maintain a comprehensive and accurate record of adults at risk of harm. The record should be regularly updated and shared with the centre contractors and health care department. (1.19)

Legal rights

- 5.4** Case workers should act with diligence and expedition. Deportation procedures for ex-prisoners should be concluded before the end of their custodial sentences. (1.71)

Communications

- 5.5** Subject to a risk assessment, detainees should have access to video-calling and social networks. (4.19, repeated recommendation 4.17)

Recommendation To the Home Office and escort contractor

Arrival and early days in detention

- 5.6** Detainees should not be escorted during the night unless this is required for urgent operational reasons. (1.11, repeated recommendation 1.7)

Recommendation To the Home Office, escort contractor and centre manager

- 5.7** Detainees should not be held in separated conditions for excessive periods because of delays in transfer arrangements. (1.63)

Recommendations To the Home Office and centre manager

- 5.8** There should be a joint local safeguarding policy on the care of adults at risk of harm. The policy should include all providers working in the centre and explain how risk information is shared with Home Office caseworkers. (1.20)
- 5.9** Assessment, care in detention and teamwork (ACDT) documents should be completed in full and care plans should be tailored to the individual. Case reviews should include contribution or attendance by Home Office immigration enforcement staff. (1.30)

Recommendations To the centre manager

Arrival and early days in detention

- 5.10** The reception environment and procedures should be fit for purpose, ensuring that detainees' immediate vulnerabilities, needs and risks are assessed during a private interview with professional interpretation where required. (1.12)

Safeguarding

Safeguarding of vulnerable adults

- 5.11** A multidisciplinary committee, including health care staff, should meet frequently to consider the risks to and needs of adults at risk of harm. (1.21)

Self-harm and suicide prevention

- 5.12** The safer custody meeting should review all cases involving self-harm, violence or bullying, and discuss quality checks of safer custody documentation to learn lessons. (1.31)

Safeguarding children

- 5.13** There should be an up-to-date safeguarding children policy and all staff should have up-to-date safeguarding children training. (1.36)

Personal safety

- 5.14** Allegations of bullying and violent incidents should be fully investigated and actions should be followed up thoroughly. (1.43)

Security and freedom of movement

- 5.15** Detainees should not be subject to routine rub-down and room searches. (1.52, repeated recommendation 1.52)
- 5.16** Detainees should only be placed on closed visits on the basis of specific risks or intelligence. Their cases should be reviewed regularly and the restriction should be removed when no longer supported by the evidence. (1.53)
- 5.17** A centre-wide policy to manage substance misuse, including supply reduction action planning, should be developed. (1.54)

Use of force and single separation

- 5.18** All use of force incidents should be subject to a full recorded review process with lessons learned and disseminated to staff. (1.61)
- 5.19** Use of force data should be analysed thoroughly to ensure that trends are identified and appropriate action taken. (1.62)

Daily life

Detainee consultation, applications and redress

- 5.20** Detainee consultation should involve a wide cross-section of the population and individual updates should be provided for all generated actions. (2.20)
- 5.21** Responses to complaints should be timely. (2.21)

Residential services

- 5.22** The cultural kitchen should be deep-cleaned and monitored regularly by the centre to ensure that acceptable standards of hygiene are maintained. (2.27)
- 5.23** The cultural kitchen should have longer opening times and be effectively promoted, especially to women detainees. The reasons for the latter not using the facility should be investigated and action taken to encourage participation. (2.28)

Equality, diversity and faith

Strategic management

- 5.24** Equality policies, planning, monitoring, consultation and systems of redress should cover all protected groups. (2.32)

Protected characteristics

- 5.25** Professional telephone interpreting should be used for all interviews requiring accurate or confidential communication. (2.42)

Health services

Strategy, clinical governance and partnerships

- 5.26** Health staff should have access to an electronic medical record system to enable better use of data and technology and to enhance the quality and efficiency of the service. (2.62)
- 5.27** Detainees should be able to complain about health services through a well-advertised separate confidential health complaints system. (2.63)

Primary care and inpatient services

- 5.28** Nurses should have access to additional specialist training to support the delivery of best practice standards for the management of long-term conditions with evidence-based care plans. (2.70)

Substance use treatment

- 5.29** Detainees on opiate substitution treatment should receive prescribing informed by a local policy, based on current best practice, a comprehensive specialist assessment, and regular documented reviews and documented harm reduction. (2.82, repeated recommendation 2.88)

Oral health

- 5.30** Detainees should have timely access to dental services based on clinical need and to the full range of NHS equivalent treatment that can reasonably be delivered. This should not be delayed by a lack of escort staff. (2.92)

Activities

Fitness provision

- 5.31** Gymnasium staffing levels should ensure that detainees can access scheduled exercise activities throughout the week. (3.19)
- 5.32** Broken exercise equipment should be repaired and maintained in good working order. (3.20)

Visits and family contact

- 5.33** The centre should identify and monitor detainees with friends and family living far from the centre, and take steps to address their potential sense of isolation. (4.12)

Leaving the centre

- 5.34** Detainees should be informed of their transfer to another centre as soon as is reasonably practicable. (4.26)

Good practice

- 5.35** All detainees on ACDTs received a mental health assessment to ensure that risk and needs were fully considered. (1.32)
- 5.36** Detainee buddies were well embedded in the centre and their role was well understood by staff and detainees. They played an active role in helping to address detainee needs and supporting arrivals new to the centre. (1.44)
- 5.37** Detainees had good access to legal advice and representation. In our survey, 90% of detainees said they were legally represented and more than at other centres received visits from their solicitors. This helped to alleviate some of the stresses and anxieties faced by detainees. (1.72)
- 5.38** Relationships between staff and detainees were excellent and a key strength of the centre. This positive culture underpinned much of the centre's stability and helped alleviate detainees' distress and anxiety. (2.5)
- 5.39** Visitors could order meals from the kitchens to eat together with detainees. There were two dining tables in the room. This was particularly useful for families travelling long distances and helped to normalise the visits experience. (4.13)

Section 6. Appendices

Appendix I: Inspection team

Hindpal Singh Bhui	Team leader
Colin Carroll	Inspector
Deri Hughes-Roberts	Inspector
Tamara Pattinson	Inspector
Kam Sarai	Inspector
Maureen Jamieson	Health services inspector
Tania Osborne	Health services inspector
Catherine Haley	Healthcare Improvement Scotland
Andrew Brawley	Inspector, Education Scotland
Calum McCarthy	HM Inspectorate of Prisons for Scotland (Observer)
Joe Simmonds	Researcher
Catherine Shaw	Researcher
Laura Green	Researcher
Natalie-Anne Hall	Research associate

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 2015, early days support and induction were good. Levels of violence were low. Some efforts had been made to understand the particular needs of women. There was good support for those at risk of self-harm. Security was generally proportionate but detainees were routinely handcuffed for outside appointments, regardless of individual risk. Levels of use of force were low but not enough had been done to learn lessons from incidents. Use of separation was not excessive, but some detainees were held for long periods. Detainees had good access to legal advice and representation. The quality of Rule 35 initial reports was variable and it was unclear why some people, including a torture survivor, had been detained at all. The on-site Home Office team was efficient and diligent. Outcomes for detainees were good against this healthy establishment test.

Main recommendations

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

Not achieved (Main recommendation repeated, S37)

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

Partially achieved

Recommendations

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

Achieved

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

Not achieved (Recommendation repeated, 1.11)

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

Partially achieved

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

Partially achieved

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

Not achieved

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

Not achieved

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

Not achieved

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

Not achieved

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

Not achieved

Detainees should not be subject to routine rub-down and room searches. (1.52)

Not achieved (Recommendation repeated 1.52)

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

Partially achieved

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

No longer relevant

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

Not achieved

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

Not achieved

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

Not achieved

Respect

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

At the last inspection in 2015, accommodation was generally reasonable, but some refurbishment was needed and cleanliness was variable. Staff–detainee relationships were generally very good and there was a strong culture of decency and respect in the centre. The needs of diverse groups were well met and faith provision was good. Complaints were managed well. Health services were good. The quality of the food provided was good and the shop sold a wide range of items. Outcomes for detainees were good against this healthy establishment test.

Recommendations

All accommodation and showers should be clean, free of mould and adequately furnished and fit for purpose. (2.7)

Not achieved

More single and double rooms should be made available, particularly for women. (2.8)

Not achieved

Equality policies, planning, monitoring and consultation should cover all protected groups. (2.21)

Not achieved

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

Not achieved

All clinical environments should comply with infection control standards. (2.51)

Achieved

Health services staff should have access to a full range of pertinent policies and procedures that accurately reflect the environment. (2.52)

Achieved

All near misses and adverse incidents should be reported through the provider's adverse incident reporting system, and learning from them should be shared with staff and inform service delivery. (2.53)

Achieved

All health services staff should have access to relevant professional development, including life-long conditions, and receive regular documented clinical supervision. (2.54)

Partially achieved

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

Achieved

All stock medication supplied by the external pharmacy should meet current legislative and licensing requirements. (2.69)

No longer relevant

Prescribers should use a prescribing formulary which meets National Institute for Health and Care Excellence standards to inform safe, consistent prescribing. (2.70)

Partially achieved

A pharmacist should visit the centre sufficiently regularly, and for an appropriate amount of time, to scrutinise the prescribing, use and storage of medicines, and offer detainees access to pharmacist medicine use review and advice clinics. (2.71)

Achieved

Medication administration should occur from a suitable facility in a private area. (2.72)

Achieved

X-rays should be developed on-site. (2.78)

No longer relevant

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

Not achieved (Recommendation repeated, 2.82)

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 2015, detainees had excellent freedom of movement around the centre and had access to a wide range of recreational activities, seven days a week. The information and learning centre was welcoming and well run. Education provision was generally good but some was at a very low level. Most detainees could work if they wanted to but there was a long waiting list. The library and fitness provision were very good. Outcomes for detainees were good against this healthy establishment test.

Recommendations

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

Not achieved

Detainees should not be prevented from working because they have been judged as non-compliant with the Home Office. (3.16)

Achieved

The centre should increase the range of job opportunities to help detainees acquire different sets of skills and certification. (3.17)

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 2015, welfare support had improved and was good. Visits arrangements were flexible and effective. Detainees had good access to various means of communication. All detainees, including those released or transferred, were given support and help before discharge. Information about destination countries was not systematically provided. Individual strategy meetings were convened for complex removals but were focused on effecting the removal rather than detainee welfare. Outcomes for detainees were good against this healthy establishment test.

Recommendations

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

Not achieved (Recommendation repeated, 4.19)

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

Achieved

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	4	0	0	4.9%
22 years to 29 years	19	5	0	29.3%
30 years to 39 years	24	3	0	32.9%
40 years to 49 years	19	2	0	25.6%
50 years to 59 years	6	0	0	7.3%
60 years to 69 years	0	0	0	0%
70 or over	0	0	0	0%
Total	72	10	0	100%

(ii) Nationality Please add further categories if necessary	No. of men	No. of women	No. of children	%
Afghanistan	1	0	0	1.2%
Algeria	1	0	0	1.2%
Albania	2	0	0	2.4%
Armenia	1	0	0	1.2%
Bangladesh	2	0	0	2.4%
Bulgaria	1	0	0	1.2%
Brazil	1	0	0	1.2%
China	15	2	0	20.7%
Egypt	1	0	0	1.2%
Ethiopia	1	1	0	2.4%
France	0	1	0	1.2%
Ghana	0	1	0	1.2%
Hong Kong	1	0	0	1.2%
India	3	1	0	4.9%
Iran	1	0	0	1.2%
Iraq	3	0	0	3.7%
Israel	1	0	0	1.2%
Jamaica	1	0	0	1.2%
Kuwait	1	0	0	1.2%
Latvia	1	0	0	1.2%
Lebanon	0	0	0	0.0%
Lithuania	2	0	0	2.4%
Malaysia	2	0	0	2.4%
Namibia	0	1	0	1.2%
Nigeria	0	1	0	1.2%
Norway	1	0	0	1.2%
Oman	0	0	0	0%

Pakistan	5	0	0	6.1%
Poland	2	0	0	2.4%
Panama	1	0	0	1.2%
Romania	3	2	0	6.1%
Slovakia	0	0	0	0%
Sudan	6	0	0	7.3%
Tunisia	2	0	0	2.4%
Turkey	2	0	0	2.4%
Ukraine	1	0	0	1.2%
United States of America	1	0	0	1.2%
Vietnam	6	0	0	7.3%
Total	72	10	0	100%

(iii) Religion/belief Please add further categories if necessary	No. of men	No. of women	No. of children	%
Buddhist	8	1	0	11%
Roman Catholic	12	0	0	14.6%
Orthodox	2	1	0	3.7%
Other Christian religion	8	4	0	14.6%
Hindu	1	0	0	1.2%
Muslim	27	1	0	34.1%
Sikh	2	1	0	3.7%
Agnostic/atheist	0	0	0	0.0%
Druid	1	0	0	1.2%
No religion	11	2	0	15.9%
Spiritualist	0	0	0	0.0%
Sabbatarian	0	0	0	0.0%
Rastafarian	0	0	0	0.0%
Tao	0	0	0	0.0%
Evangelist	0	0	0	0.0%
Total	72	10	0	100%

(iv) Length of time in detention in this centre	No. of men	No. of women	No. of children	%
%Less than 1 week	12	4	0	19.5%
1 to 2 weeks	16	1	0	20.7%
2 to 4 weeks	14	4	0	22%
1 to 2 months	9	1	0	12.2%
2 to 4 months	11	0	0	13.4%
4 to 6 months	5	0	0	6.0%
6 to 8 months	2	0	0	2.4%
8 to 10 months	2	0	0	2.4%
More than 10 months (please note the longest length of time)	1 The current longest stay is 440 days as of 16/07/18	0	0	1.2%
Total	72	10	0	100%

(v) Detainees' last location before detention in this centre	No. of men	No. of women	No. of children	%
Community	11	2	0	15.9%
Another IRC	19		0	23.2%
A short-term holding facility (e.g. at a port or reporting centre)	2	2	0	4.9%
Police station	28	4	0	39%
Prison	12	2	0	17.1%
Total	72	10	0	100%

Appendix IV: Summary of detainee survey responses

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

Sampling

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

Detainees are made aware that participation in the survey is voluntary; detainees who decline to participate are not replaced within the sample.

Survey response

At the time of the survey on 3 July 2018 the detainee population at Dungavel House immigration removal centre (IRC) was 77. Using the method described above, questionnaires were distributed to all detainees.

We received a total of 58 completed questionnaires, a response rate of 75%. Three respondents declined to complete a questionnaire and 16 questionnaires were not returned.

¹⁰ 95% confidence interval with a sampling error of 7%. The formula assumes a 65% response rate and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

Returned language	Number of completed survey returns
English	27 (47%)
Chinese	10 (17%)
Vietnamese	6 (10%)
Arabic	4 (7%)
Kurdish	2 (3%)
Urdu	2 (3%)
Bengali	1 (2%)
Pashtu	1 (2%)
Polish	1 (2%)
Punjabi	1 (2%)
Russian	1 (2%)
Tamil	1 (2%)
Turkish	1 (2%)
Total	58 (100%)

Presentation of survey results and analyses

Over the following pages we present the survey results for Dungavel 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 significant¹¹ differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in detainees' background details.

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

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

The following comparative analyses are presented:

- The current survey responses from Dungavel 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 Dungavel House IRC in 2018 compared with the responses of detainees surveyed at Dungavel House IRC in 2015.
- A comparison within the 2018 survey between the responses of non-English speaking detainees with English speaking detainees.

¹¹ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. In order to appropriately adjust p-values in light of multiple testing, $p < 0.01$ was considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

Survey summary

Section I: About you

Q1	Are you male or female?	
	Male	50 (93%)
	Female.....	4 (7%)
Q2	What is your age?	
	Under 18	0 (0%)
	18-21	9 (16%)
	22-29	12 (21%)
	30-39	20 (35%)
	40-49	13 (23%)
	50-59	2 (4%)
	60-69	0 (0%)
	70 or over.....	1 (2%)
Q3	What region are you from? (Please tick only one.)	
	Africa	8 (14%)
	North America.....	0 (0%)
	South America.....	0 (0%)
	Indian subcontinent (India, Pakistan, Bangladesh, Sri Lanka)	13 (23%)
	China	11 (20%)
	Other Asia.....	11 (20%)
	Caribbean	1 (2%)
	Europe.....	7 (13%)
	Middle East	5 (9%)
Q4	Do you understand spoken English?	
	Yes	38 (70%)
	No.....	16 (30%)
Q5	Do you understand written English?	
	Yes	32 (56%)
	No.....	25 (44%)
Q6	What would you classify, if any, as your religious group?	
	None.....	6 (11%)
	Church of England	1 (2%)
	Catholic	6 (11%)
	Protestant.....	4 (7%)
	Other Christian denomination	6 (11%)
	Buddhist	1 (2%)
	Hindu	4 (7%)
	Jewish	0 (0%)
	Muslim	23 (43%)
	Sikh.....	3 (6%)
Q7	Do you have a disability?	
	Yes	5 (9%)
	No.....	51 (91%)

Section 2: Immigration detention

Q8	When being detained, were you told the reasons why in a language you could understand?	
	Yes	44 (83%)
	No	9 (17%)
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	36 (69%)
	Three to five	15 (29%)
	Six or more	1 (2%)
Q10	How long have you been detained in this centre?	
	Less than 1 week	11 (20%)
	More than 1 week less than 1 month	20 (36%)
	More than 1 month less than 3 months	7 (13%)
	More than 3 months less than 6 months	12 (21%)
	More than 6 months less than 9 months	5 (9%)
	More than 9 months less than 12 months	0 (0%)
	More than 12 months	1 (2%)

Section 3: Transfers and escorts

Q11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	
	Yes	27 (49%)
	No	18 (33%)
	Do not remember	10 (18%)
Q12	How long did you spend in the escort vehicle to get to this centre on your most recent journey?	
	Less than one hour	7 (13%)
	One to two hours	12 (21%)
	Two to four hours	6 (11%)
	More than four hours	29 (52%)
	Do not remember	2 (4%)
Q13	How did you feel you were treated by the escort staff?	
	Very well	15 (27%)
	Well	20 (36%)
	Neither	14 (25%)
	Badly	4 (7%)
	Very badly	1 (2%)
	Do not remember	2 (4%)

Section 4: Reception and first night

Q14	Were you seen by a member of healthcare staff in reception?	
	Yes	51 (89%)
	No	4 (7%)
	Do not remember	2 (4%)
Q15	When you were searched in reception, was this carried out in a sensitive way?	
	Yes	31 (55%)
	No	14 (25%)
	Do not remember/ Not applicable	11 (20%)

Q16	Overall, how well did you feel you were treated by staff in reception?	
	Very well.....	11 (20%)
	Well.....	26 (46%)
	Neither.....	12 (21%)
	Badly.....	3 (5%)
	Very badly.....	1 (2%)
	Do not remember.....	3 (5%)
Q17	On your day of arrival did you receive information about what was going to happen to you?	
	Yes.....	28 (52%)
	No.....	20 (37%)
	Do not remember.....	6 (11%)
Q18	On your day of arrival did you receive information about what support was available to you in this centre?	
	Yes.....	29 (51%)
	No.....	22 (39%)
	Do not remember.....	6 (11%)
Q19	Was any of this information given to you in a translated form?	
	Do not need translated material.....	24 (47%)
	Yes.....	8 (16%)
	No.....	19 (37%)
Q20	On your day of arrival did you get the opportunity to change into clean clothing?	
	Yes.....	46 (82%)
	No.....	7 (13%)
	Do not remember.....	3 (5%)
Q21	Did you feel safe on your first night here?	
	Yes.....	30 (55%)
	No.....	22 (40%)
	Do not remember.....	3 (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.....	22 (46%)
	Loss of property.....	1 (2%)
	Contacting family.....	10 (21%)
	Access to legal advice.....	7 (15%)
	Feeling depressed or suicidal.....	16 (33%)
	Health problems.....	8 (17%)
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.....	22 (45%)
	Yes.....	11 (22%)
	No.....	16 (33%)

Section 5: Legal rights and immigration

Q24	Do you have a lawyer?	
	Do not need one.....	2 (3%)
	Yes.....	52 (90%)
	No.....	4 (7%)

Q25	Do you get free legal advice?	
	<i>Do not need legal advice</i>	6 (11%)
	<i>Yes</i>	42 (78%)
	<i>No</i>	6 (11%)
Q26	Can you contact your lawyer easily?	
	<i>Yes</i>	43 (74%)
	<i>No</i>	9 (16%)
	<i>Do not know/ Not applicable</i>	6 (10%)
Q27	Have you had a visit from your lawyer?	
	<i>Do not have one</i>	6 (11%)
	<i>Yes</i>	41 (73%)
	<i>No</i>	9 (16%)
Q28	Can you get legal books in the library?	
	<i>Yes</i>	30 (54%)
	<i>No</i>	12 (21%)
	<i>Do not know/ Not applicable</i>	14 (25%)
Q29	How easy or difficult is it for you to obtain bail information?	
	<i>Very easy</i>	6 (11%)
	<i>Easy</i>	14 (26%)
	<i>Neither</i>	7 (13%)
	<i>Difficult</i>	5 (9%)
	<i>Very difficult</i>	16 (30%)
	<i>Not applicable</i>	6 (11%)
Q30	Can you get access to official information reports on your country?	
	<i>Yes</i>	21 (40%)
	<i>No</i>	19 (36%)
	<i>Do not know/ Not applicable</i>	13 (25%)
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>	13 (24%)
	<i>Very easy</i>	9 (16%)
	<i>Easy</i>	11 (20%)
	<i>Neither</i>	9 (16%)
	<i>Difficult</i>	7 (13%)
	<i>Very difficult</i>	6 (11%)

Section 6: Respectful detention

Q32	Can you clean your clothes easily?	
	<i>Yes</i>	52 (95%)
	<i>No</i>	3 (5%)
Q33	Are you normally able to have a shower every day?	
	<i>Yes</i>	53 (96%)
	<i>No</i>	2 (4%)
Q34	Is it normally quiet enough for you to be able to relax or sleep in your room at night time?	
	<i>Yes</i>	39 (71%)
	<i>No</i>	16 (29%)

Q35	Can you normally get access to your property held by staff at the centre if you need to?	
	Yes	33 (59%)
	No.....	11 (20%)
	Do not know.....	12 (21%)
Q36	What is the food like here?	
	Very good.....	7 (13%)
	Good.....	11 (20%)
	Neither.....	15 (27%)
	Bad.....	11 (20%)
	Very bad.....	11 (20%)
Q37	Does the shop sell a wide enough range of goods to meet your needs?	
	Have not bought anything yet.....	7 (14%)
	Yes.....	32 (65%)
	No.....	10 (20%)
Q38	Do you feel that your religious beliefs are respected?	
	Yes.....	45 (83%)
	No.....	3 (6%)
	Not applicable.....	6 (11%)
Q39	Are you able to speak to a religious leader of your faith in private if you want to?	
	Yes.....	22 (43%)
	No.....	11 (22%)
	Do not know/ Not applicable.....	18 (35%)
Q40	How easy or difficult is it to get a complaint form?	
	Very easy.....	8 (16%)
	Easy.....	14 (27%)
	Neither.....	5 (10%)
	Difficult.....	2 (4%)
	Very difficult.....	0 (0%)
	Do not know.....	22 (43%)
Q41	Have you made a complaint since you have been at this centre?	
	Yes.....	9 (17%)
	No.....	30 (56%)
	Do not know how to.....	15 (28%)
Q42	If yes, do you feel complaints are sorted out fairly?	
	Yes.....	3 (6%)
	No.....	5 (9%)
	Not made a complaint.....	45 (85%)

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.....	45 (83%)
	No.....	9 (17%)
Q44	Do most staff at the centre treat you with respect?	
	Yes.....	47 (89%)
	No.....	6 (11%)

Q45 Have any members of staff physically restrained you (C and R) in the last six months?
 Yes 4 (8%)
 No..... 46 (92%)

Q46 Have you spent a night in the separation/isolation unit in the last six months?
 Yes 6 (12%)
 No..... 44 (88%)

Section 8: Safety

Q47 Do you feel unsafe in this centre?
 Yes 21 (41%)
 No..... 30 (59%)

Q48 Has another detainee or group of detainees victimised (insulted or assaulted) you here?
 Yes 7 (15%)
 No..... 40 (85%)

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.)

Physical abuse (being hit, kicked or assaulted)	2 (4%)
Because of your nationality.....	3 (6%)
Having your property taken.....	2 (4%)
Drugs.....	2 (4%)
Because you have a disability	1 (2%)
Because of your religion/religious beliefs	3 (6%)

Q50 Has a member of staff or group of staff victimised (insulted or assaulted) you here?
 Yes 3 (8%)
 No..... 35 (92%)

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.)

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

Q52 If you have been victimised by detainees or staff, did you report it?
 Yes 3 (9%)
 No..... 2 (6%)
 Not been victimised..... 29 (85%)

Q53 Have you ever felt threatened or intimidated by another detainee/group of detainees in here?
 Yes 1 (3%)
 No..... 37 (97%)

Q54 Have you ever felt threatened or intimidated by a member of staff in here?
 Yes 1 (2%)
 No..... 40 (98%)

Section 9: Healthcare

Q56	Is health information available in your own language?	
	Yes	25 (49%)
	No.....	6 (12%)
	Do not know.....	20 (39%)
Q57	Is a qualified interpreter available if you need one during healthcare assessments?	
	Do not need an interpreter/ Do not know.....	20 (44%)
	Yes.....	11 (24%)
	No.....	14 (31%)
Q58	Are you currently taking medication?	
	Yes	27 (55%)
	No.....	22 (45%)
Q59	What do you think of the overall quality of the healthcare here?	
	Have not been to healthcare.....	4 (8%)
	Very good.....	9 (18%)
	Good.....	14 (27%)
	Neither.....	13 (25%)
	Bad.....	7 (14%)
	Very bad.....	4 (8%)

Section 10: Activities

Q60	Are you doing any education here?	
	Yes	12 (24%)
	No.....	39 (76%)
Q61	Is the education helpful?	
	Not doing any education.....	39 (76%)
	Yes.....	12 (24%)
	No.....	0 (0%)
Q62	Can you work here if you want to?	
	Do not want to work	11 (22%)
	Yes.....	30 (60%)
	No.....	9 (18%)
Q63	Is there enough to do here to fill your time?	
	Yes.....	23 (50%)
	No.....	23 (50%)
Q64	How easy or difficult is it to go to the library?	
	Do not know/ Do not want to go.....	2 (4%)
	Very easy.....	23 (47%)
	Easy.....	21 (43%)
	Neither.....	3 (6%)
	Difficult.....	0 (0%)
	Very difficult.....	0 (0%)

Q65	How easy or difficult is it to go to the gym?	
	<i>Do not know/ Do not want to go</i>	5 (10%)
	<i>Very easy</i>	20 (40%)
	<i>Easy</i>	20 (40%)
	<i>Neither</i>	3 (6%)
	<i>Difficult</i>	2 (4%)
	<i>Very difficult</i>	0 (0%)

Section 11: Keeping in touch with family and friends

Q66	How easy or difficult is it to use the phone?	
	<i>Do not know/ Have not tried</i>	3 (6%)
	<i>Very easy</i>	18 (35%)
	<i>Easy</i>	14 (27%)
	<i>Neither</i>	8 (16%)
	<i>Difficult</i>	7 (14%)
	<i>Very difficult</i>	1 (2%)

Q67	Have you had any problems with sending or receiving mail?	
	<i>Yes</i>	9 (18%)
	<i>No</i>	26 (51%)
	<i>Do not know</i>	16 (31%)

Q68	Have you had a visit since you have been here from your family or friends?	
	<i>Yes</i>	20 (40%)
	<i>No</i>	30 (60%)

Q69	How did staff in the visits area treat you?	
	<i>Not had any visits</i>	18 (35%)
	<i>Very well</i>	16 (31%)
	<i>Well</i>	10 (19%)
	<i>Neither</i>	8 (15%)
	<i>Badly</i>	0 (0%)
	<i>Very Badly</i>	0 (0%)

Section 12: Resettlement

Q70	Do you feel that any member of staff has helped you to prepare for your release?	
	<i>Yes</i>	7 (15%)
	<i>No</i>	41 (85%)

Appendix V: Summary of detainee interviews

Every detainee in Dungavel House was offered a confidential individual interview with an inspector, and a total of 16 detainees asked to be interviewed. One did not keep any of the appointments offered for interview. We interviewed 15 detainees (18% of the population), comprising 14 men and one woman. One man did not answer the full range of questions asked as he wanted to discuss a single concern. We also issued an invitation to 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 9-10 July. 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.

Key themes from 15 detainee interviews

Safety

Nearly all detainees felt the centre was safe.

Most detainees said that they had not seen any physical conflicts in the centre and, if they had, staff had intervened quickly to deal with them. All but one detainee felt physically safe in the centre. However, several qualified this by saying that they still felt unsafe because of the insecurity engendered by detention, especially the lack of a time limit and the fact that other detainees were stressed and sometimes angry about their situations. Two detainees said they had been hit by other detainees. One man who had self-harmed said he was unhappy about being detained and his family situation, but was very positive about how staff had managed him during a difficult time: 'Staff do everything to help, do [the] maximum to help but I still feel unsafe'.

No detainees had seen drug use in the centre. No detainees said they had seen any member of staff behaving inappropriately. Nearly all said they felt confident about complaining if they had a problem.

Respectful treatment

All detainees felt that staff treated them well or reasonably well.

Detainees were generally very positive about the friendliness of staff and the respect that they showed towards them. The main issue that a few detainees raised was lack of use of interpretation in reception, which hindered their ability to communicate concerns to staff. A few detainees said they had very little contact with staff but were not concerned about this.

All detainees said that other detainees were respectful to each other all or most of the time.

Health

Most detainees said their physical and mental health needs were met in Dungavel.

A number of detainees said they had difficulty sleeping and were in low mood as a result of detention. All but three were content with health services. Of the three men who were not content, one wanted to see the dentist more quickly. The second man said that the centre's health care staff were good but that he had to wait for a very long time for an operation at an outside hospital, during which time he felt his health was deteriorating. The third detainee did not feel that staff had taken him seriously enough when he requested a Rule 35 assessment.

Main negative and positive areas identified by detainees

Main negatives and priority areas for improvement

Lack of time limit / stress of indefinite detention

Lack of activities

Crowded rooms

Run-down centre and poor cleanliness

Main positives

Open air

No drugs

A quiet centre

Decent staff

Regular football and gym (although sometimes cancelled)

Cultural kitchen

Good shop with many products

Appendix VI: Summary of staff interviews and survey

Seventeen interviews were completed with randomly selected detainee custody officers (10), detainee operational managers (2), health care staff (2) and Home Office staff (3). All staff were in detainee contact roles and were interviewed from 4-5 July 2018. This equated to 24% of uniformed staff, 18% of health care staff and 75% of Home Office staff. Most interviewees had been at the centre for several years including some from its opening in 2001. In addition, 30 staff (approximately 40%) 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 survey and interview responses, and the findings are reported together. 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 17 staff interviews and 30 staff survey responses

Safety

Most staff thought that safety was good.

Most staff said the centre was reasonably safe, largely because of positive relationships between staff and detainees. Some groups, such as ex-prisoners, were reported to have increased unrest in the centre but this fluctuated. There were no ‘no go’ areas, but staff highlighted inadequate CCTV coverage and blind spots in the centre.

Staff empathised with detainees spending their first night in the centre, especially those who had never been in custody. They described detainees’ impressions of entering the centre as ‘daunting’ or ‘awful’. Night time arrival, fences and razor wire, and the remote location of the centre were all said to affect detainees’ first impressions. As a result of this, all GEO staff said they worked hard to reassure detainees and make them feel safe. One officer said, ‘I try to put myself into that person’s shoes’.

Staff believed that women were held safely. They had sufficient safeguards in place to protect them from unwanted attention.

No staff said they had seen excessive use of force or illegal behaviour.

No-one reported concerns about abuse, illegal behaviour or the excessive use of force by staff. One officer said he thought escorts had been sloppy in their application of restraint techniques when transferring a detainee from the centre. Staff emphasised that force was rarely used and only as a very last resort. They all emphasised that they would talk to detainees for a long time to get them to comply. In our survey, staff were particularly clear about their willingness to challenge colleagues they felt were behaving inappropriately towards detainees or each other. One gave an example of challenging someone who was perceived by another member of staff as being intimidating towards them, and reaching a resolution that was satisfactory to all parties, with an apology and undertaking to amend tone and language in future.

One member of staff wrote in our survey that they thought there was a small minority of colleagues who were rude and lacked empathy for detainees, unlike the majority who had detainee welfare to the fore. This member of staff felt that detainees would identify these staff.

Staff were usually confident to whistle-blow and raise concerns about vulnerable detainees.

Home Office staff were very aware of whistle-blowing procedures and knew they could phone a hotline or disclose by email. Details were clearly displayed on their intranet. GEO staff were more vague about whistle-blowing procedures and a small number of staff said they would not use the formal whistle-blowing procedures as they lacked confidence in remote GEO senior managers. However, all staff said they would report any mistreatment they saw to centre managers and expressed confidence in their approach.

GEO staff had not heard of the national referral mechanism (NRM), but said that they would report potential victims of trafficking or modern slavery to their line manager and the Home Office. They had a reasonably good grasp of the importance of highlighting concerns. The Home Office staff all had a good understanding of the NRM and the adults at risk policy. All knew how to make a referral.

Respectful treatment

A focus on detainee welfare and good relationships were considered the main strengths of the centre.

GEO staff spoke at length about the emphasis they placed on detainee welfare and prided themselves on caring about and supporting detainees. All of those interviewed said they enjoyed their jobs, primarily because of the good relationships they had with detainees and with their colleagues. A small number of newer staff commented on how it could be hard to fit in with those staff who had been there for a long time. Staff spoke positively of interacting with detainees. For example, different GEO staff said, 'We spend hours talking to them', 'We get to know them as individuals and they start to trust us', 'We like to show them Scottish hospitality'.

In our survey, all staff were positive about the way that their health care colleagues treated detainees, and most were positive about the way that Home Office staff treated detainees. A few said that Home Office staff could be harsh or lack compassion in the way that they communicated.

A strong theme in our survey responses was enjoyment taken from working with detainees from different countries and cultures, and being able to support people through difficult times in their lives. One member of staff wrote at some length about 'the gratification taken from being able to make a difference to people's lives and well-being during a time of uncertainty and sometimes distress ... I find that time spent with people on an individual basis can bring great comfort and clarity [and help the individual] feel supported and dignified through difficult times.'

Low staffing numbers and lack of investment were considered the key weaknesses.

The biggest complaint of GEO and Home Office staff was low staffing numbers, which meant people being asked to perform several roles, which they found stressful and frustrating. GEO staff said that many of their colleagues left when Dungavel was threatened with closure and had never been replaced, although some said that more detainee custody officers were being recruited. One member of staff wrote in our survey, 'By far the most difficult part of working within Dungavel is the daily battle we all endure due to the lack of staff, resources and investment'. The blame for this was apportioned to the senior levels of GEO, not to local managers. The centre manager was strongly supported in the comments made by staff.

Some GEO staff complained about officers not being based on the units. In the past there was a small office on each unit which was always staffed but now units were covered by patrol officers. They felt this had led to a lack of ownership on residential units, which were dirtier, and that this had undermined dynamic security because they had fewer conversations with detainees.

Main comparator and comparator to last time



Detainee survey responses: Dungavel 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

		Dungavel House IRC 2018	IRC comparator	Dungavel House IRC 2018	Dungavel House IRC 2015
	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		58	1,127	58	125
SECTION 1: General information					
1	Are you male?	93%	81%	93%	94%
2	Are you aged 21 years or under?	16%	7%	16%	7%
4	Do you understand spoken English?	70%	80%	70%	78%
5	Do you understand written English?	56%	75%	56%	74%
6	Are you Muslim?	43%	40%	43%	43%
7	Do you have a disability?	9%	13%	9%	14%
SECTION 2: Immigration detention					
8	When being detained, were you told the reasons why in a language you could understand?	83%	75%	83%	78%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	2%	6%	2%	8%
10	Have you been detained in this centre for more than one month?	45%	58%	45%	51%
SECTION 3: Transfers and escorts					
11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	49%	41%	49%	48%
12	Did you spend more than four hours in the escort van to get to this centre?	52%	26%	52%	54%
13	Were you treated well/very well by the escort staff?	63%	65%	63%	66%
SECTION 4: Reception and first night					
14	Were you seen by a member of health care staff in reception?	90%	87%	90%	94%
15	When you were searched in reception was this carried out in a sensitive way?	55%	62%	55%	78%
16	Were you treated well/very well by staff in reception?	66%	64%	66%	68%
17	Did you receive information about what was going to happen to you on your day of arrival?	52%	38%	52%	47%
18	Did you receive information about what support was available to you in this centre on your day of arrival?	51%	45%	51%	64%
For those who required information in a translated form:					
19	Was any of this information provided in a translated form?	30%	26%	30%	30%
20	Did you get the opportunity to change into clean clothing on your day of arrival?	82%	67%	82%	65%
21	Did you feel safe on your first night here?	55%	51%	55%	56%
22a	Did you have any problems when you first arrived?	54%	71%	54%	63%
22b	Did you have any problems with loss of transferred property when you first arrived?	2%	12%	2%	11%
22c	Did you have any problems contacting family when you first arrived?	21%	16%	21%	15%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	Dungavel House IRC 2018	IRC comparator	Dungavel House IRC 2018	Dungavel House IRC 2015
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 4: Reception and first night continued					
22d	Did you have any problems accessing legal advice when you first arrived?	15%	16%	15%	14%
22e	Did you have any problems with feeling depressed or suicidal when you first arrived?	33%	41%	33%	25%
22f	Did you have any health problems when you first arrived?	17%	35%	17%	24%
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?	41%	33%	41%	47%
SECTION 5: Legal rights and immigration					
24	Do you have a lawyer?	90%	72%	90%	89%
For those who have a lawyer:					
26	Can you contact your lawyer easily?	83%	75%	83%	85%
27	Have you had a visit from your lawyer?	82%	40%	82%	62%
25	Do you get free legal advice?	78%	41%	78%	65%
28	Can you get legal books in the library?	54%	47%	54%	56%
29	Is it easy/very easy for you to obtain bail information?	37%	32%	37%	37%
30	Can you get access to official information reports on your country?	40%	17%	40%	33%
31	Is it easy/very easy to see this centre's immigration staff when you want?	36%	28%	36%	37%
SECTION 6: Respectful detention					
32	Can you clean your clothes easily?	95%	80%	95%	92%
33	Are you normally able to have a shower every day?	96%	93%	96%	96%
34	Is it normally quiet enough for you to be able to sleep in your room at night?	71%	58%	71%	53%
35	Can you normally get access to your property held by staff at the centre, if you need to?	59%	47%	59%	47%
36	Is the food good/very good?	33%	29%	33%	44%
37	Does the shop sell a wide enough range of goods to meet your needs?	65%	41%	65%	50%
38	Do you feel that your religious beliefs are respected?	83%	76%	83%	79%
39	Are you able to speak to a religious leader of your own faith if you want to?	43%	55%	43%	32%
40	Is it easy/very easy to get a complaint form?	43%	51%	43%	46%
41	Have you made a complaint since you have been at this centre?	17%	23%	17%	25%
For those who have made a complaint:					
42	Do you feel complaints are sorted out fairly?	38%	25%	38%	39%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	Dungavel House IRC 2018	IRC comparator	Dungavel House IRC 2018	Dungavel House IRC 2015
	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?	83%	65%	83%	71%
44	Do most staff treat you with respect?	89%	75%	89%	75%
45	Have any members of staff physically restrained you in the last six months?	8%	9%	8%	12%
46	Have you spent a night in the segregation unit in the last six months?	12%	12%	12%	13%
SECTION 8: Safety					
47	Do you feel unsafe in this centre?	41%	39%	41%	27%
48	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	15%	22%	15%	12%
49a	Have you been hit, kicked or assaulted since you have been here? (By detainees)	4%	6%	4%	3%
49b	Have you been victimised because of your nationality since you have been here? (By detainees)	6%	6%	6%	3%
49c	Have you ever had your property taken since you have been here? (By detainees)	4%	3%	4%	3%
49d	Have you been victimised because of drugs since you have been here? (By detainees)	4%	4%	4%	1%
49e	Have you ever been victimised here because you have a disability? (By detainees)	2%	1%	2%	0%
49f	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	6%	3%	6%	0%
50	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	8%	17%	8%	15%
51a	Have you been hit, kicked or assaulted since you have been here? (By staff)	3%	3%	3%	1%
51b	Have you been victimised because of your nationality since you have been here? (By staff)	3%	6%	3%	4%
51c	Have you been victimised because of drugs since you have been here? (By staff)	3%	2%	3%	1%
51d	Have you ever been victimised here because you have a disability? (By staff)	3%	2%	3%	1%
51e	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	3%	2%	3%	1%
For those who have been victimised by detainees or staff:					
52	Did you report it?	60%	39%	60%	44%
53	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	3%	17%	3%	11%
54	Have you ever felt threatened or intimidated by a member of staff in here?	2%	13%	2%	8%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	Dungavel House IRC 2018	IRC comparator	Dungavel House IRC 2018	Dungavel House IRC 2015
	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?	49%	33%	49%	48%
57	Is a qualified interpreter available if you need one during health care assessments?	24%	21%	24%	26%
58	Are you currently taking medication?	55%	45%	55%	44%
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?	49%	36%	49%	57%
SECTION 10: Activities					
60	Are you doing any education here?	24%	18%	24%	19%
For those doing education here:					
61	Is the education helpful?	100%	95%	100%	100%
62	Can you work here if you want to?	60%	57%	60%	61%
63	Is there enough to do here to fill your time?	50%	50%	50%	52%
64	Is it easy/very easy to go to the library?	90%	78%	90%	81%
65	Is it easy/very easy to go to the gym?	80%	69%	80%	75%
SECTION 11: Keeping in touch with family and friends					
66	Is it easy/very easy to use the phone?	63%	66%	63%	64%
67	Have you had any problems with sending or receiving mail?	18%	22%	18%	17%
68	Have you had a visit since you have been in here from your family or friends?	40%	46%	40%	33%
For those who have had visits:					
69	Do you feel you are treated well/very well by staff in the visits area?	77%	71%	77%	81%
SECTION 12: Resettlement					
70	Has any member of staff helped you to prepare for your release?	15%	13%	15%	15%



Key questions (non-English speakers) Dungavel 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

		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		16	38
8	When being detained, were you told the reasons why in a language you could understand?	87%	82%
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?	50%	39%
11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	27%	58%
13	Were you treated well/very well by the escort staff?	33%	70%
16	Were you treated well/very well by staff in reception?	31%	81%
17	Did you receive information about what was going to happen to you on your day of arrival?	14%	64%
18	Did you receive information about what support was available to you on your day of arrival?	31%	60%
21	Did you feel safe on your first night here?	29%	60%
22	Did you have any problems when you first arrived?	55%	53%
24	Do you have a lawyer?	94%	90%
31	Is it easy/very easy to see the centre's immigration staff when you want?	13%	46%
32	Can you clean your clothes easily?	80%	100%
33	Are you normally able to have a shower every day?	100%	94%
40	Is it easy/very easy to get a complaint form?	36%	50%
41	Have you made a complaint since you have been at this centre?	20%	14%
43	Do you have a member of staff you can turn to for help if you have a problem?	80%	83%
44	Do most staff treat you with respect?	85%	89%
47	Do you feel unsafe in this centre?	64%	32%
48	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	17%	12%
50	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	0%	11%

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?	0%	0%
54	Have you ever felt threatened or intimidated by a member of staff in here?	0%	4%
56	Is health information available in your own language?	23%	59%
57	Is a qualified interpreter available if you need one during health care assessments?	25%	21%
60	Are you doing any education here?	14%	24%
62	Can you work here if you want to?	29%	74%
63	Is there enough to do here to fill your time?	38%	50%
64	Is it easy/very easy to go to the library?	93%	88%
65	Is it easy/very easy to go to the gym?	93%	75%
66	Is it easy/very easy to use the phone?	50%	67%
67	Have you had any problems with sending or receiving mail?	21%	18%
68	Have you had a visit since you have been in here from your family or friends?	21%	47%
70	Has any member of staff helped you to prepare for your release?	0%	19%