

Report on a full announced inspection of

**Brook House Immigration
Removal Centre**

15 – 19 March 2010

by HM Chief Inspector of Prisons

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Introduction

Brook House immigration removal centre at Gatwick airport opened in March 2009. It is run by G4S and holds around 400 male detainees. New custodial establishments frequently experience early difficulties as staff and detainees get used to their new surroundings and each other. However, by the time of this first full announced inspection, a year after the centre opened, managers could be expected to have resolved teething problems. Instead, we were disturbed to find one of the least safe immigration detention facilities we have inspected, with deeply frustrated detainees and demoralised staff, some of whom lacked the necessary confidence to manage those in their care. At the time of the inspection, Brook House was an unsafe place.

Our surveys, interviews and observations all evidenced a degree of despair amongst detainees about safety at Brook House which we have rarely encountered. Bullying and violence were serious problems and – unusually for the immigration detention estate - drugs were a serious problem. Many detainees were ex-prisoners and a number compared their experience in Brook House negatively to that in prison.

There had been significant staff turnover, particularly following an outbreak of serious disorder the previous summer. While many staff tried hard to maintain order and control, many felt embattled and some lacked the confidence to manage bad behaviour. A number of staff reported feeling unsupported by managers, and detainees claimed that some staff were bullied by more difficult detainees. As a result, it appeared that management of detainees was more confrontational than we would expect. Use of force was high, separation was often used as a punishment, contrary to the Detention Centre Rules, and freedom of movement had been restricted in an attempt to combat violence.

Many safety procedures were not yet sufficiently robust. Reception was stark, room sharing risk assessments were inconsistent, first night procedures were inadequate, there was no formal induction, violence reduction arrangements were nascent, response to security intelligence was slow, dynamic security was weak and there was no drugs strategy. However, those at risk of self-harm were well cared for and there was access to UKBA staff in relation to immigration concerns.

Brook House had been built to typical category B prison standards and was noisy and austere. Superficially, relationships between most staff and detainees were reasonable, but interaction was limited and staff needed more support and training in working with detainees. There was no personal officer scheme, little confidence in the complaints system, a lack of forums in which detainees with limited English could raise concerns and obtain information, and too little use of translation services. Diversity structures were underdeveloped, but there was generally good faith provision. Healthcare was reasonable, although mental health services required development.

There had been limited investment in activity places as Brook House had been designed on the assumption that detainees would stay for only a short time before removal or release. In reality, many stayed for lengthy periods. There were insufficient activity and education places, and the breadth and depth of provision was particularly poor for those staying more than a few weeks. There was some paid work but there were long waiting lists. The library was adequate and the fitness suites were good, but there was no sports hall.

Welfare arrangements were in their infancy. There was good access to the internet, post and faxes but there were problems with the phones issued by the establishment. Visits

arrangements were generally good. There was no multi-disciplinary risk management of those about to be removed to minimise difficulties and distress. We found two oppressive holding rooms for detainees about to be removed and who were deemed recalcitrant: these lacked any formal governance and needed to be decommissioned immediately.

The challenges of opening a new immigration removal centre should not be under-estimated, particularly with inexperienced staff and challenging detainees, many of them ex-prisoners. The challenge at Brook House was significantly compounded by poor design which built in boredom by providing too little purposeful activity on the erroneous assumption that detainees would be staying only a few days. But none of this can excuse the fundamentally unsafe state of Brook House, which must be urgently addressed by G4S and UKBA. In particular, staff need more support and visible leadership, order and control must be restored to ensure safety, relationships and dynamic security must be improved, and steps must be taken to provide more activities and better welfare support.

Anne Owers
HM Chief Inspector of Prisons

June 2010

Fact page

Task of the establishment

Immigration removal centre for male detainees

Location

Gatwick Airport, West Sussex

Contractor

G4S

Number held

401 (12 March 2010)

Certified normal accommodation (CNA)

426

Operational capacity

426

Escort provider

G4S

Last inspection

Not applicable

Brief history

Brook House opened in March 2009 and is a purpose-built immigration removal centre with a prison design. The centre was designed to hold detainees for no more than 72 hours. The centre exclusively accommodates male detainees.

Description of residential units

The centre has four wings. Three wings have three landings and the fourth two landings. The ground floor of the fourth wing is used for removal from association and temporary confinement accommodation. There are four small outdoor areas for fresh air and exercise. There is no sports hall, but there are three fitness rooms.

Healthy establishment summary

Introduction

HE.1 The concept of a healthy prison was introduced in our thematic review *Suicide is Everyone's Concern* (1999). The healthy prison criteria have been modified to fit the inspection of removal centres. The criteria for removal centres 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 detainees are able to be purposefully occupied while they are in detention

Preparation for release – that detainees are able to keep in contact with the outside world and are prepared for their release, transfer or removal.

HE.2 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.

HE.3 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.

Safety

HE.4 There were a number of overnight moves and an inappropriate presumption towards handcuffing of detainees on escort. Room-sharing risk assessments were not always well understood or properly completed. First night procedures were inadequate. There was no formal induction. Most detainees reported feeling unsafe in the centre. There was a significant drugs problem, but no drug strategy. There was a high use of force and little systematic oversight by senior managers. Separation was often used

as a punishment, contrary to Detention Centre rules. There was a considerable problem with bullying and violence, but anti-bullying procedures were relatively new. There was a caring approach to those at risk of self-harm. The centre did not have an age dispute policy. There was insufficient legal advice to meet the need. The onsite UK Border Agency (UKBA) team was reasonably accessible. Rule 35 applications and replies were usually cursory. Outcomes for detainees against this healthy establishment test were poor.

- HE.5** There were many overnight movements into and out of the centre, and some detainees experienced unexplained and excessive moves in a short period of time. In our survey, nearly a fifth of detainees had been in six or more places of detention. There was an inappropriate presumption towards handcuffing of detainees going out on escort, including medical escort, even for some who could not walk unaided. This was demeaning and unnecessary.
- HE.6** Reception was a stark environment where detainees often had to wait many hours. There were few welcoming notices and nothing to occupy them except a television. With the exception of health care screening, interviews were not conducted in private. The area was used as a thoroughfare by staff because it was the most direct way into the centre.
- HE.7** All detainees were fingerprinted on arrival whether or not they had had fingerprints taken before. Room-sharing risk assessments had recently been introduced. They were not always completed and some staff did not understand the reasons for the process. There were no shower facilities in reception and detainees arriving overnight had no opportunity for a shower until the following morning.
- HE.8** In our survey, only a third of detainees and a fifth of non-English speaking detainees said they felt safe on their first night. There was no first night accommodation or first night interview and there was no system of overnight checks on detainees during their first night unless they were subject to raised awareness support plans (RASPs) or assessment, care in detention and teamwork (ACDT) procedures. Detainees received no formal induction and many said they had not received sufficient information about the centre. A translated compact and information in various languages contained some information that was out of date and inaccurate. People were given cordless (DECT - digital enhanced cordless technology) phones with credit on arrival to make a free call, but many phones did not work when tried.
- HE.9** There was a good level of intelligence from staff and there had been a rise in the number of security information reports (SIRs) in recent months. Dynamic security was weak and we saw little confident, positive interaction between staff and detainees on the wings. Freedom of movement across the wings had recently been restricted to combat the problem of bullying. It was unclear if this had improved levels of safety, as we saw some confrontations at wing doors as a result of the policy.
- HE.10** Drugs were a major concern in the centre. Some work had been done to prevent drug supply in liaison with the local police, but there was no drug strategy and we could not identify a systematic approach to the prevention of drug supply and use. SIRs for drugs were high, but search finds were relatively low. There were some long gaps between SIRs and subsequent action and sometimes no action at all was recorded. SIR information was collated and analysed, but did not result in monthly security objectives for staff.

- HE.11** There was a high level of spontaneous use of force in response to incidents on wings and in the separation unit. Planned uses of force videos showed good de-escalation and appropriate technique. However, paperwork showed some cases of clearly illegitimate practice which had not been picked up. There was rarely any documented review of use of force by senior managers, and no systematic review of use of force at senior management level.
- HE.12** The use of removal from association (RFA) was very high and many detainees were held for more than 24 hours. There was less, but still significant, use of temporary confinement for an average time approaching 24 hours. Separation was used on a daily basis as a punitive response to disruptive or non-compliant behaviour and not on the basis of assessed risk of harm in accordance with Detention Centre rules. There was no recorded authority from the duty director for separation. UKBA approval for extension of separation beyond 24 hours was documented in most, but not all, cases. Until 2010, UKBA had not been routinely informed of separations until the 24-hour renewal of authorisation was required. Detainees were regularly placed in RFA at the request of health care and separation was effectively being used as a modified form of inpatient facility, which was not appropriate. Recording was poor; the form to record regime elements was often not completed and the Independent Monitoring Board (IMB) was not always informed of detainees in the separation unit.
- HE.13** There had been five cases in the last year where detainees' ages were in dispute. Four were found to be children and released into the care of social services. There was no local age dispute policy and age dispute detainees were treated as adults and held on wings. Once a detainee was formally assessed as being a child, it was unclear whether he was moved to the RFA rooms or left on the units: different senior staff told us different things. There was no system to inform visits staff of detainees who might have been a risk to children. G4S security staff were concerned that police and probation were not always alerted when a detainee who was a risk to children was released.
- HE.14** Bullying and violence were serious problems. In our survey, almost 60% of detainees said they felt unsafe and similarly concerning findings were reported in the centre's own useful multilingual survey. There had been 105 recorded assaults in the previous six months, three-quarters of which were against staff. Our in-depth interviews produced the worst results ever seen in the IRC estate about levels of safety. Anti-bullying procedures were recent and had yet to become embedded. No detainees were subject to them during the inspection. The few bullying investigations we were provided with were of poor quality. Inadequate use was made of intelligence information to identify and manage the risk of violence and bullying.
- HE.15** There had been 35 self-harm incidents in the previous six months. Detainees who were subject to ACDT procedures were positive about the level of practical support they received from wing staff on a day-to-day basis. This was reflected in ACDT file entries. Reviews were well attended, but the actions specified in care maps were often too general. Some reasonable management information was available at the monthly safer community meetings, but there was little discussion of patterns and trends. There was some evidence from staff that vulnerable people were temporarily taken off ACDT monitoring at sending establishments to effect transfer. This was unacceptable and needed investigation by UKBA. Not all staff carried ligature knives at night despite instances of detainees harming themselves with ligatures. Some detainees at risk of self-harm and on constant or frequent observations were placed

in RFA for monitoring as there was no separate care suite. The purpose of the RASP system was not clear to staff.

- HE.16** Many detainees found it difficult to access legal advice and representation. The main resource was an unhelpful generic list of solicitors, most of whom were not willing to take on cases. Bail application forms were available in the library, but there were no formal links with Bail for Immigration Detainees. Weekly legal advice surgeries were provided by Refugee and Migrant Justice, but there was insufficient time to provide meaningful assistance. Access to legal texts was restricted because they were locked in a cupboard in the library and there were insufficient notices advising detainees on how to access them. Not all were up to date.
- HE.17** Caseworkers visited the centre regularly to help speed up casework, particularly in the most difficult cases, but a large proportion (17%) of detainees had been detained for more than six months. In the three worst cases, people had been held for more than three years solely under immigration powers. Ten Zimbabweans were detained despite suspension of enforced removals to that country. The on-site UKBA team saw detainees within 48 hours of arrival and were responsive to detainee requests. They monitored monthly reviews of detention, a number of which were overdue or failed adequately to detail progress. Bail summaries were not always served on detainees. A log of Rule 35 applications was kept in health care and the UKBA office. Not all had been responded to within time limits and, with few exceptions, most applications and replies were cursory.

Respect

HE.18 The living accommodation was noisy and institutional. Superficially, staff-detainee relationships were reasonable, but there was limited positive interaction between staff and detainees. Many staff lacked the confidence to manage and care for the population. Diversity structures were underdeveloped and detainees with disabilities were not effectively identified. Not enough was done to communicate systematically with detainees who did not speak fluent English. Faith provision was generally good. There was little confidence in the complaints system and no quality checking. Health care provision was reasonable overall, but mental health provision did not meet the need. Food lacked variety and the quality was variable. Outcomes for detainees against this healthy establishment test were not sufficiently good.

HE.19 There was little evidence of effective and sustained work to soften the institutional environment. The noisy prison units seemed to raise tension and stress and we received numerous complaints about the disruptive effect of late night arrivals and departures. The single biggest detainee concern was poor ventilation and inability to open windows for fresh air, particularly at night. This was especially problematic given poor enforcement of the no smoking policy. The communal shower areas were poorly screened and did not provide enough privacy. There were no toilet seats, which was unhygienic and degrading. The association areas were too small for the number of detainees. A well intentioned attempt to permit detainees better sight of television sets had resulted in widespread and unsafe wiring. The courtyards were bare and had no seating or anything else to make them more welcoming.

HE.20 Laundry arrangements were adequate and replacement clothing was available where necessary. Theft of personal property was a significant issue and the problem was

exacerbated by the number of faulty lockers and lost keys. Communal areas were generally clean, but most rooms were untidy and many were dirty. Detainees had the means to clean their rooms, but were not encouraged and supported by staff to do so.

- HE.21** In our survey, less than 40% of detainees said they had a member of staff to turn to if they had a problem and only half said most staff treated them with respect, both significantly worse than the IRC comparators. We observed some good relationships between staff and detainees, but limited positive interaction. The staff group was still relatively inexperienced and some staff clearly lacked the confidence to manage and care for the population. There was no staff mentoring scheme to support inexperienced detainee custody officers and no personal officer scheme to support detainees. History sheets were not being completed and staff often had little knowledge of detainees unless they came to attention as a result of poor behaviour or particular vulnerability.
- HE.22** The race relations officer had been allocated insufficient time for the role and there was limited strategic oversight of broader diversity issues. The bi-monthly committee doubled as a consultation group, had limited attendance and did not routinely cover all major aspects of diversity. There was some basic nationality monitoring, but little evidence of it being discussed and acted upon. Apart from some meetings with Chinese detainees, there had been few other groups with interpreters that could have helped to identify unmet needs, keep abreast of detainee issues and address emerging tensions. Until a recent drive to encourage use of telephone interpretation, there had been surprisingly little use of it. There were few racist incident complaints, but they were taken seriously and reasonably well investigated. There had been some cultural events and celebrations, which were appreciated by detainees. There was under-recording of detainees with disabilities and no disability liaison officer. There was no systematic means of assessing and caring for those with disabilities. Some evacuation plans were in place, but there were no care plans.
- HE.23** Most detainees were positive about chaplaincy provision. They had good access to religious services and there were a large number of pastoral visitors. The chaplaincy team was well integrated into the life of the centre. The chapel and mosque were too small for purpose, but adequate arrangements had been made to deal with the overflow.
- HE.24** There was confusion about the incentives scheme and evidence of inappropriate sanctions. It was not officially in use pending a national UKBA review. However, breaches of rules still resulted in warnings from some staff and sometimes resulted in a night in separation. Those separated for behavioural reasons were often inappropriately barred from access to work for a subsequent period.
- HE.25** Complaint forms in at least eight languages were available on all residential units, but Independent Monitoring Board forms could only be obtained by request from wing offices. There was little confidence in the complaints system. There were some long delays in replies to complaints, which were often unhelpful and likely to frustrate. There was no analysis of trends and no quality control. There was a lack of focus on informal resolution, and we saw detainees referred to the formal system with little attempt to deal with the presenting problems.
- HE.26** With the significant exception of mental health services, health care was of reasonable quality. Clinical governance arrangements were good. There was no

current health needs assessment to help scope the need for services, but mental health care was clearly inadequate. There was only one mental health nurse and a visiting psychiatrist was able to see few people. There was no counselling service and custody officers did not receive mental health awareness training. There were no day care services and the centre had no capacity to provide an adequate environment for those with serious physical and mental health needs. There were some weaknesses in pharmacy arrangements. Dental assessments and minor treatments were provided weekly with onward referrals to a community dental practice if required; detainees were seen within two weeks of initial referral.

- HE.27** There were no specialist services for the management of drug users, but a limited detoxification procedure was available. One of the GPs had completed appropriate training, but there were no substance use specialist or dual diagnosis nurses. Smoking cessation courses were offered to detainees, but there was little attendance and a lack of promotion.
- HE.28** The food was of variable quality and lacked variety. The evening meal was served before 6.30pm. There had been some efforts to have themed food events. Cross-contamination remained a problem and there was no utensil marking system. Detainees had their own plates and bowls, but had to wash them in the basins in their rooms, which was unhygienic. There was insufficient communal seating for detainees wanting to eat together. Although shop prices were reasonable, the range of goods was too limited for the population.

Activities

- HE.29** There were insufficient activity spaces for the population. Education was very limited, although teaching was reasonable. There were a few paid work roles and long waiting lists. The library was accessible, but management systems were poor. There were some well equipped fitness rooms, but no sports hall. Outcomes for detainees against this healthy establishment test were not sufficiently good.
- HE.30** Only a fifth of detainees in our survey said there was enough to do to fill their time, significantly below the IRC comparator. Apart from some work, there was very little to occupy detainees in the centre for more than a short time. There was a reasonable range of recreational activity. Access to the internet was good, although some legitimate websites were blocked. There was rudimentary monitoring of attendance at activities. Detainees were locked in their rooms from 9pm, which was too restrictive for the population.
- HE.31** There was insufficient paid work for the population. Only 12.5% of detainees were in employment and detainees could wait for up to 10 weeks for a place. Some of the available roles were mundane, but over half presented some interest or challenge. Little training was available to detainees undertaking work, but those in the kitchen or serveries received a basic induction. UKBA vetoed some appointments to work, which inappropriately mixed centre and UKBA roles.
- HE.32** Very few detainees were engaged in education. There was enough provision for up to 30 detainees at any one time, delivered in two classrooms. The teachers were capable and appropriately qualified. Arts and crafts was a popular activity and

managed well by an experienced tutor, although materials were limited. There was no self-assessment process and teachers did not receive sufficient professional support.

HE.33 The library had good opening hours and provided books in an appropriate range of languages. A number of books were also made available to those in the separation unit. However, there were insufficient dictionaries and a narrow range of foreign language newspapers. The library management system was inadequate and stock control was poor. Staffing arrangements were poor and the detainee custody officers managing the library were untrained.

HE.34 There were three easily accessible and well equipped cardiovascular fitness rooms, which were popular with detainees. Staff supervision of these rooms was inadequate. There were no recorded gym inductions and no systems to provide a positive health care assessment for detainees' fitness for gym. Only one member of gym staff was appropriately qualified. There was no sports hall, but outdoor areas next to wings were used well for team games and competitions.

Preparation for release

HE.35 Welfare provision was new and yet to become established. The visits area was relatively small, but comfortable. There were some reported delays in starting visits. There were some problems with the DECT phone system, but there was generally good access to the internet, post and faxes. There was no systematic pre-release assistance for detainees and no multidisciplinary risk management process. Two unsuitable discharge holding rooms were not subject to any governance. Outcomes for detainees against this healthy establishment test were not sufficiently good.

HE.36 A welfare officer was appointed the week before the inspection and it was too early to evaluate the success of this much needed resource. The Gatwick Detainee Welfare Group (GDWG) was providing some assistance to detainees. However, while staff based at the centre had made efforts to enlist the help of this group, GDWG was not permitted by UKBA nationally to provide surgeries for advice and support to detainees. The welfare officer did not have time to systematically contact either new arrivals or those approaching release or removal dates.

HE.37 The layout and atmosphere of the visits room was informal and fairly relaxed, and visits staff were respectful. However, the area was small for the population and weekend visits were often fully booked. Booking staff in the visitors' centre made efforts to accommodate those needing a visit at short notice because of an impending removal. The GDWG provided visitors for a number of detainees who would not otherwise have received them. A number of detainees and visitors complained of delayed visits while a member of staff was found to provide an escort.

HE.38 The DECT phone system was good in principle, but the phones frequently did not work. This was compounded by uneven mobile phone signal strength. The mail and fax systems appeared to be working reasonably well. There was generally good internet access.

HE.39 There was no evidence of multidisciplinary risk management for those being released or removed. There was no systematic pre-release support. This had led directly to some confrontations with detainees at the point of removal because basic welfare

needs and property issues had not been addressed at an earlier stage. Two small, windowless and seatless holding rooms in the detainee discharge area lacked any form of governance and were an entirely inappropriate environment in which to hold detainees. There was no financial support for onward travel from the destination airport in the country to which detainees were being removed.

Main recommendations

- HE.40 All forms of separation should be subject to appropriate governance and be for the shortest period possible.
- HE.41 The anti-bullying strategy should be fully implemented and closely monitored by the safer community group.
- HE.42 Staff supervision in the shop area, stairways and any other communal area where bullying or violence is identified, should be sufficient to deal with the problem.
- HE.43 Managers should draw up and implement a policy on drug supply reduction, including clear guidance and briefing for visits staff.
- HE.44 Detainee custody officers should be supported to develop positive relationships with detainees in their care, and all new and inexperienced staff should have mentors as part of a formal mentoring scheme.
- HE.45 Weekly group meetings should be convened with detainees to identify unmet need, inform detainees of relevant issues and keep abreast of concerns. These should use professional interpreters wherever necessary.
- HE.46 Detainees should have access to primary, secondary and specialist mental health services which meet the needs of the centre population.
- HE.47 The volume and range of education provision should significantly increase and its structure and planning meet the needs of all detainees.
- HE.48 A full and widely advertised welfare service should be provided seven days a week and should provide systematic pre-release or removal assessment and support for detainees.

Section 1: Arrival in detention

Expected outcomes:

Escort staff ensure the well being and respectful treatment of detainees under escort. On arrival, detainees are treated with respect and care and are able to receive information about the centre in a language and format that they understand.

Escort vans and transfers

- 1.1 Detainees were often subjected to frequent moves around the detention estate with little notice or explanation. Many of these transfers took place overnight which increased detainees' stress and disorientation. Escort vans were clean and detainees reported respectful treatment from escorting staff, but many arrived after long journeys with no recorded comfort breaks. Detainees arriving from police stations rarely arrived with police custody records. All detainees were routinely handcuffed for medical escorts.
- 1.2 Over the previous three months, there had been an average of 293 receptions a month, of which approximately 45% were from another IRC, 36% from prison, 13% from a short-term holding facility and 4% from a police station. Over the same period, there had been an average of 290 discharges a month. Approximately 64% of detainees were removed, 18% were bailed or temporarily admitted, 15% were transferred to another IRC and the remainder were returned to prison or police custody or did not return to Brook House after an interview.
- 1.3 We reviewed a sample of detainee records, including IS91 authorities to detain, which gave their detention history. Some detainees had experienced numerous moves around the detention estate. We found examples of detainees being in three centres in four days or being moved five times in six months. In our survey, 18% of detainees said that they had been held in six or more places of detention.
- 1.4 Staff and detainees told us that detainees were given little notice or explanation of planned transfers between centres. Movement orders were usually received the day before, but detainees were often not informed of the move until the day of transfer. On many movement orders, the only explanation was 'to move you to a centre with more suitable facilities', but detainees were given no explanation as to why the new centre was more suitable.
- 1.5 Detainees told us that they were frequently not informed of their destination on transfer and did not have the opportunity to tell their family or legal advisers of their transfer until arrival. There was no information in the discharge area about other centres and even the basic information cards produced by the UK Border Agency (UKBA) giving location and contact details of immigration removal centres (IRCs) were not available at Brook House. In our survey, one detainee commented: 'The fact that a detainee is not told where to, or why they're being transferred is mentally distressing in itself.'
- 1.6 The reception area was open 24 hours a day and many detainees arriving from other IRCs, short-term holding facilities and police stations, or moving to other centres, were transferred in the early hours of the morning, which they told us was particularly disorientating.
- 1.7 Managers at Brook House described good communication with G4S escort staff over arrangements for charter flight escorts. However, they said that other escort staff did not

always contact the centre in advance to advise of an estimated time of arrival and details of who they were bringing to the centre.

- 1.8 Inspected escort vehicles were all clean and equipped with hygiene packs and refreshments, including water, a range of sandwiches and dry snack packs. We observed polite and respectful interactions between detainees and escorting staff. In our survey, 52% of detainees said that they were treated well or very well by escorting staff, similar to the comparator. In our focus groups, some detainees described long journeys without comfort breaks, although others said they had been given breaks on request. Many escorting records showed that comfort breaks had been offered after two and a half hours, but were declined by the detainee, resulting in journeys of up to six hours without a break.
- 1.9 Detainees arriving from prison usually arrived with their prison records. Reception staff checked the records for a cell-sharing risk assessment, but did not check the records for other risk information. The core record and any security file were passed to the security department.
- 1.10 Most detainees coming from police custody did not arrive with copies of the police custody records. We found two examples where this had happened, both of which described the detainees' mood and behaviour during their time in custody and details of medication prescribed to them. This was important in informing the risk assessment and health care screen and illustrated the necessity for these records to be transferred with the detainee.
- 1.11 All detainees were handcuffed for medical escorts. Despite a nominal risk assessment, there was an assumption that all detainees held at Brook House were high risk. Two detainees with disabilities could only walk with the aid of crutches. They had both lost limbs and did not have prosthetic limbs. Nevertheless, both were handcuffed to an officer when they were taken to hospital for a medical appointment.

Recommendations

- 1.12 Detainees should routinely be told of any transfer in advance and given details of reasons for transfer and information about their destination. They should not be subject to successive unexplained moves around the detention estate.
- 1.13 Detainees should not be transferred between centres overnight.
- 1.14 Escorting staff should contact the receiving centre to provide them with an estimated arrival time and details of who they are escorting.
- 1.15 Copies of police custody records should be attached to the IS91 when a detainee is transferred from police custody.
- 1.16 Detainees should only be handcuffed if there is specific information indicating substantial risk.

Reception

- 1.17 Reception was divided into two areas, one for detainees arriving at the centre and one for detainees being discharged. The environment in both was harsh and unwelcoming. All detainees had their fingerprints taken even if this had been done before. Staff were polite and courteous, but did not actively engage with detainees and there was little to occupy detainees

during the sometimes lengthy waiting times. There were no showering facilities and interviews were not conducted privately. Telephone interpretation was not always used where it would have been appropriate.

- 1.18 The arrivals area in reception consisted of a line of desks divided into booths by a series of padded partitions, a waiting room with a toilet and a searching room equipped with a portal and a livescan fingerprint unit. On arrival, detainees were locked in the austere and unwelcoming waiting room. The walls were painted grey and the notices that were displayed were mostly warnings against bad behaviour rather than positive messages about the centre and its facilities. There was uncomfortable fixed plastic seating around the edge of the room. There was a television in the corner of the room, but there were no newspapers, magazines or books in English or any other language and no information booklets or displays except for some UKBA leaflets. We were told that a DVD with information about the centre was available, but this was not shown to detainees at any time during the inspection.
- 1.19 There was no drinks vending machine or facilities for making hot and cold drinks in the waiting room. Although most detainees were offered a drink on arrival, they were not offered additional drinks at regular intervals and the only source of drinking water was the tap in the toilet area.
- 1.20 Reception staff spoke to detainees politely and respectfully, but we noted that they made little effort to engage with detainees other than to carry out the assigned tasks of searching and interviewing. Detainees were locked in the waiting room for long periods without being checked by staff. The waiting room had no call button or instructions on what detainees should do if they wanted to attract the attention of staff. In our survey and focus groups, detainees complained of long waits in reception and we observed detainees spending more than three hours there with no obvious reason for a delay.
- 1.21 Detainees were searched and had their fingerprints taken using livescan or wet prints if livescan was not working. All detainees were fingerprinted on arrival regardless of whether their prints were already on record. Many detainees told us that they had been fingerprinted many times and in some cases their records showed that they had been fingerprinted at a previous IRC.
- 1.22 There was no private interview space except for health care screening. Detainees were interviewed and their property searched at the desks in the main reception area. The partitions between the desks were not sound proof and detainees could be overheard by other detainees and staff in the area. The reception area was used as a thoroughfare by staff entering or leaving the main block, which added to the lack of privacy and noise. Staff said that they would use telephone interpretation services to interview detainees who did not speak English, but we observed occasions when telephone interpretation was not used despite an obvious need.
- 1.23 A room-sharing risk assessment had recently been introduced, but staff did not always complete it and some staff did not seem to understand the reasons for the assessment.
- 1.24 The interviewing techniques of some staff were poor. We observed detainees being asked: 'you have no thoughts of self-harm, do you?' and 'you look like a strong-minded person, how is your mood?' In the latter case, police custody records indicated that the detainee had been in sufficient distress the day before for the forensic medical examiner to prescribe sedative medication.
- 1.25 As part of the reception interview, detainees were asked to read and sign a compact which contained the standards of behaviour expected of detainees and the rules concerning the use of the internet, together with information on how they could expect to be treated in the centre.

- 1.26 Detainees were given a copy of the compact and a booklet containing information about the centre, which was not written in plain English. This had the misleading title 'Detainee House Rules' and contained some incorrect or out-of-date information. The booklet, which was available in 20 languages, contained information about both Brook House and the nearby Tinsley House, which was confusing. During the inspection, we noted that an Albanian detainee was given a copy of the booklet in English, although he was unable to read English.
- 1.27 A second booklet called 'Activities at Brook House' contained some basic information in a clear and colourful format about activities in the centre and the daily routine. We found one copy of this booklet in English in the waiting area outside the health screening rooms, but it was not routinely issued to detainees in reception and we did not see any copies in different languages.
- 1.28 There were no shower facilities in the reception area. Detainees arriving during the day were able to use shower facilities once they had been moved to their living accommodation, but those arriving overnight had to wait until the following morning. In our survey, 42% of detainees said that they were able to have a shower on the day of their arrival, which was significantly worse than the comparator of 63%.
- 1.29 Detainees with insufficient clean clothing were offered replacement clothing. The centre had a good range of clothes available in different sizes, including some light fleeces. However, there were no warm or waterproof coats for use in the centre or on discharge.
- 1.30 Detainees were not routinely offered a free telephone call in reception, but were given a DECT phone with £3 credit. They were able to keep their own mobile telephone as long as it fitted UKBA criteria (see section on preparation for removal and release).
- 1.31 When reception staff had completed the booking-in process, detainees were moved to a second waiting area adjacent to three health care screening rooms to await an initial screening interview with health care staff. This area had seating, a television and some notice boards giving information about health care services and activities in the centre. Again, there were no newspapers, books or magazines in English or any other language.
- 1.32 There was a small kitchen next to the waiting area where staff could make detainees hot or cold drinks and reheat a selection of chilled meals provided by the kitchen from the previous day's menu. The meals were appropriately stored in a fridge and the temperature of the meals was checked after reheating. In our survey, 79% of detainees indicated that they had been given something to eat on the day of their arrival, which was significantly higher than the comparator of 72%.
- 1.33 The detainee discharge area consisted of two large waiting rooms, each with a single toilet. Both the rooms were completely bare except for some fixed seating. There were no pictures or posters on the walls and no television or reading materials to keep detainees occupied. During the inspection, four detainees were held in one of these waiting rooms for over three hours prior to removal on a charter flight. They were only offered a drink once and were not offered any food despite the fact that the midday meal was served in the centre during this time.
- 1.34 Use of two small unfurnished holding rooms in the discharge area was not monitored or governed by any policy (see section on preparation for release).

Recommendations

- 1.35 The waiting rooms in reception and discharge should be made more welcoming and should contain books, newspapers and magazines in a range of languages.
- 1.36 Detainees should be offered hot and cold drinks on arrival and at regular intervals, and have free access to drinking water.
- 1.37 Detainees should not be locked in an unsupervised waiting room.
- 1.38 Detainees should not have their fingerprints taken in reception if UKBA already have their prints on record.
- 1.39 All detainees should be interviewed in private in reception.
- 1.40 Detainees who do not speak English fluently should be interviewed with the use of telephone interpretation.
- 1.41 Staff should receive training and guidance on interviewing techniques and completion of the first night and room-sharing risk assessments, which should be completed for all detainees.
- 1.42 Detainees should be able to have a shower in reception on arrival.

First night and induction

- 1.43 First night arrangements were inadequate. There was no dedicated first night unit and no first night interview with residential staff. There were no first night rooms. Detainees in our survey felt less safe on their first night than the IRC comparator and overnight checks on new arrivals were not recorded. There was no formal induction programme and little use of telephone interpretation.
- 1.44 There were no designated first night rooms. Detainees were allocated to their accommodation on the basis of spaces in the centre, which could be on any of the four residential units. Staff on the units did not complete a first night interview with detainees to assess their risk to themselves or to find out if they had any immediate needs or concerns. In our survey, 77% of detainees indicated that they had had problems when they first arrived. Only 14% of these said that they had received any help or support from a member of staff in dealing with their problems within the first 24 hours, which was significantly worse than the comparator of 35%.
- 1.45 Night staff were briefed on the names and locations of detainees who had arrived in the previous 24 hours. There was no system of routine checks on detainees during their first night. Some night staff we spoke to indicated that they introduced themselves to new detainees when they arrived on duty and checked on them three or four times overnight. Other staff were less clear about how often they should check on new arrivals unless they were subject to ACDT (assessment, care in detention and teamwork) or RASP (raised awareness support plan). Any checks were not recorded.

- 1.46 In our survey, 35% of detainees stated that they felt safe on their first night, which was significantly worse than the comparator of 52%. For non-English speakers, the figure was even lower, at 22%.
- 1.47 There was no formal induction programme for detainees. On the back of the first night in detention form, there was a tick box checklist of information for wing staff to tell detainees during their first 24 hours. It included basic information about mealtimes, the facilities available on the wing and how to make a medical request or a complaint. Many detainees we spoke to could not recall receiving even this basic information. Staff we spoke to said that if the detainee did not understand English, they would try to find another detainee to give them the information rather than use telephone interpretation (see recommendation 1.40). In our survey, a detainee commented: 'They don't give you any induction. They just put you on the wing and leave you to learn things and find stuff on your own.'

Recommendations

- 1.48 There should be designated first night rooms.
- 1.49 Detainees should be interviewed by staff on arrival in their first night accommodation to assess their risk and immediate needs.
- 1.50 All detainees should be checked at least twice on their first night. These checks should be recorded.
- 1.51 All detainees should receive a comprehensive induction and clear written information explaining the facilities and routine of the centre in a language they can understand. The same information should be provided in audio or video formats for detainees who are unable to read.

Section 2: Environment and relationships

Residential units

Expected outcomes:

Detainees are held in decent conditions in an environment that is safe and well maintained.

Family accommodation is child friendly.

2.1 The rooms were well equipped, but most of them were very untidy. Little had been done to soften the environment and the decoration was functional and austere. The ventilation was poor and the shower areas were insufficiently screened. The association areas were too small. The noise created by the routine arrival and departure of detainees during the night was disruptive for those living on the units. Many detainees did not feel safe in the residential areas. There was insufficient follow up of points raised during detainee consultation meetings. Laundry arrangements were adequate and replacement clothing was available. Problems remained with the safe storage of property. Communal areas were clean, but most of the rooms were very untidy and many were dirty.

Accommodation and facilities

2.2 There were four residential wings A, B, C and D, each consisting of three landings designed to category B prison specifications. The 19 removal from association (RFA) and temporary confinement (TC) rooms were located on the bottom landing adjacent to B wing. All the other rooms were designed to be shared by two detainees. A rudimentary room-share risk assessment process had recently been introduced (see section on reception) and, at the time of the inspection, four detainees had been assessed as requiring separate accommodation and housed singly.

2.3 The heating and lighting in the rooms were operated centrally and these arrangements worked efficiently. The rooms were well equipped with wooden beds, tables and plastic chairs. The bed linen and mattresses were fairly new and of good quality. Each room had a basin with hot and cold water and a kettle. The water was suitable for drinking. Some rooms had curtains, but some had been removed from the windows to screen the toilet area (see hygiene section).

2.4 The daily fabric checks by staff were cursory and had very little effect. Most rooms were untidy, with rubbish and personal possessions strewn across surfaces. The flat screen televisions had been securely located in housings above the entrance to the room, but this made it difficult for detainees to see the screens. The televisions had been removed from their housings to resolve the problem and detainees had put them in a variety of places at a lower level. This had resulted in a mass of wires criss-crossing each room, which presented obvious hazards.

2.5 The decoration of the rooms was beginning to show signs of wear and tear. There were no offensive posters on display, but some people had written on walls, and some offensive graffiti was visible. The decoration of the communal areas was stark and consisted mainly of two different colours of paint. There was very little material to humanise the environment, which had a sterile atmosphere. Notice boards in all the residential areas displayed information about the centre regime, but most of this, including the fire evacuation signs, was only in English.

- 2.6 There were insufficient table spaces for all detainees to eat communally (see section on services). There was a range of recreational activities, including table tennis, pool and table football. Limited space on the wings meant that the association area was frequently very crowded. Each wing had its own exercise area, which consisted of a plain yard with no seating.
- 2.7 The most common complaint about residential areas was the poor ventilation. The centre was a sealed building and detainees could not open the windows. Several told us that they were suffering from headaches because of a lack of fresh air in their rooms. The no smoking policy in the communal areas was not strictly enforced and this exacerbated the problem of poor ventilation.
- 2.8 There was one room for a disabled person on the ground floor in each of the four wings. These rooms were the same size as the double rooms. They contained various aids and adaptations to assist detainees with physical disabilities, including a shower which they could use sitting down. Call bells were not easily accessible as they were too high for some disabled detainees to reach easily (see section on diversity).
- 2.9 The centre had been inspected in July 2009 by the Crown Premises Inspection Group. They found that the passive and active fire safety features were of a high standard and that the standard and management of fire safety on the premises was good. A number of recommendations had been made to improve standards further and we were told that most of these had already been implemented.
- 2.10 Each room contained a call bell which activated a buzzer and a light outside the room door and in the staff office. These arrangements appeared to work efficiently and we observed call bells being answered promptly. If a bell was not answered after three minutes, a back-up system triggered a further alert in the central control area.
- 2.11 We received a large number of complaints from detainees about the noise levels at night, which was also reflected in the centre's own safety survey. They said that arrivals and departures frequently took place around midnight and disrupted their sleep. This was exacerbated by the generally high noise levels in the residential units because of a lack of soft furnishing.
- 2.12 Consultation meetings were held monthly and there was usually a detainee representative from each residential area. Meetings were chaired by the Deputy Director and were well attended by staff from a range of areas including health care, Aramark, the UKBA team and the Independent Monitoring Board. Detainees raised topics such as problems with ventilation and food. Minutes of the consultation committee were displayed in each of the residential areas. The minutes indicated that replies to the queries raised by detainees generally consisted of explanations about why things could not change and there was little evidence that they were followed through.

Clothing and possessions

- 2.13 Each detainee had a 20 kilo limit for their personal property. Detainees were able to wear their own clothing and most did so. Additional clothing could be handed in by visitors. There was a clothing store in the reception area, which contained a wide range of new tracksuits, trousers, t-shirts, underwear and footwear. There were some light fleeces but no waterproof coats. Detainees who had inadequate clothing could submit a request for more items to the wing team leader who assessed each case on its merits. This procedure seemed to work effectively and we came across a number of detainees who had been assisted in this way.

- 2.14 All detainees had locker space under their beds. We received a large number of complaints about missing property from detainees who said that the lockers were not always secure. We were told by staff that initially there had been some design difficulties with the lockers and they had not been sufficiently robust. Modification work had been carried out to upgrade the locks. Despite this, there were still difficulties with lockers breaking and delays in their repair. We were informed that in a few cases detainees had been compensated for the loss of their property while at the centre.
- 2.15 Each of the wings had its own laundry, which contained sufficient, serviceable washers, dryers and ironing equipment. Detainees were able to use these facilities to clean their own clothing and had access to the laundries all day. They could obtain washing powder free of charge from the staff office. There was no rota or queuing system, but the informal arrangements appeared to work well. The laundries were in reasonable order and well used.
- 2.16 Bed linen was washed each week and whenever a detainee departed by a member of the contract cleaning staff who used the wing laundry for this purpose. Any pillows or duvets which needing laundering were sent for cleaning outside the establishment. A store of replacement mattresses was held on site.

Hygiene

- 2.17 Contractors' staff cleaned the communal areas every morning. They also cleaned any empty rooms before they were occupied again. They did not clean rooms occupied by detainees. Detainees had access to cleaning materials, including mops and brushes, and were able to use them whenever they wished. In practice, this seldom occurred and most of the rooms we entered were dirty and untidy. It was common to find discarded food and rubbish in the rooms. Detainees seemed to lack motivation to maintain a clean living environment and staff did not encourage or support them to achieve this.
- 2.18 Access to showers was very good and 96% of respondents to our survey said they could take a shower every day, which was significantly better than the comparator of 92%. The showers were located on the main residential landings. Screening was inadequate and did not provide detainees with enough privacy. There were no baths and we received a complaint from a disabled detainee about this. Although he was living in a room which had aids and adaptations, he said that he still found it difficult to use the shower and would have found it easier to maintain his personal hygiene if he had had the opportunity to use a bath.
- 2.19 Apart from the metal fittings in the RFA and TC areas, each of the rooms in the main living areas contained hard resin toilets, which were made in one piece and did not have seats. This was unhygienic and unpleasant.
- 2.20 There were no communal toilets. We received a considerable number of complaints about this from detainees who found it degrading to have to share a toilet in their room with someone else present. They did not have the option of using communal toilets on the wings and the screening for the toilets was inadequate. In many cases detainees had made their own ad hoc arrangements, using sellotape and curtain material.
- 2.21 On arrival, each detainee was provided with a hygiene pack containing soap, deodorant, comb, shampoo, flannel and a shaving stick. Disposable razors were issued on receipt of the detainee's ID card. Replacement items were provided to detainees on request.

Recommendations

- 2.22 Daily fabric checks should be rigorous to preserve security and maintain adequate standards of hygiene, safety and decency.
- 2.23 The living environment should be softened with, for example, the introduction of plants, soft furnishing and art work.
- 2.24 Information notices should be displayed in a wide range of languages.
- 2.25 There should be adequate space on the wings for detainees to participate in recreational activities.
- 2.26 Seating should be installed in the exercise yards.
- 2.27 All rooms should be adequately ventilated.
- 2.28 The smoking policy should be enforced.
- 2.29 Soundproofing should be introduced on the residential units.
- 2.30 Consultative meetings should result in resolution of legitimate issues raised by detainees.
- 2.31 Detainees should be able to store their property safely.
- 2.32 Detainees should be encouraged and helped to keep rooms clean and tidy.
- 2.33 The showers should be adequately screened.
- 2.34 Detainees should have the option of taking a bath.
- 2.35 All toilets should have seats and should be screened so that detainees are afforded complete privacy.

Staff-detainee relationships

Expected outcomes:

Detainees are treated respectfully by all staff, with proper regard for the uncertainty of their situation and their cultural and ethnic backgrounds. Positive relationships act as the basis for dynamic security and detainees are encouraged to take responsibility for their own actions and decisions.

- 2.36 There was limited positive interaction between detainees and the largely inexperienced staff group. Many staff lacked the confidence to manage the population appropriately and there was no staff mentoring scheme. Unit managers were not sufficiently visible on some units. History sheets were not completed and staff had little knowledge of most detainees. There was no personal officer scheme.

- 2.37 In our survey, only 39% of detainees said they had a member of staff to turn to if they had a problem, which was significantly worse than the comparator of 57%. Fifty-two percent said that most staff treated them with respect, which was also significantly worse than the comparator of 70%. The situation was worse for non-English speakers and only 18% of this group said they had a member of staff to turn to if they had a problem. There was insufficient use of professional interpreting services and few regular group meetings were held to enhance communication with detainees (see main recommendations).
- 2.38 Staff-detainee relationships appeared to be substantially affected by the anger and frustration of detainees held for lengthy periods in a noisy prison environment. The atmosphere on the units was often tense and we saw a number of confrontations with staff. In our group interviews, a number of detainees told us that some staff were effectively bullied by some detainees and lacked the confidence to manage the population. While we observed some good interactions between staff and detainees, we saw more examples of distanced and wary interactions. In our in-depth interviews, comments included: *'Staff seem scared and when they do step in, which is rare, they're not effective. You can see they are afraid.'*; *'They don't care in the same way as in prison – they don't seem to take it seriously. They wander around not really knowing what to do.'*
- 2.39 The staff group was still relatively inexperienced and a large number had left during the previous year following a disturbance, although we were told that staff turnover had stabilised since then. There was no formal staff mentoring scheme to support inexperienced detainee custody officers (see main recommendations). The presence of managers varied between the units. While some spent long periods in wing offices, others were seen much less often and were not available to support staff and speak to detainees.
- 2.40 There was no personal officer scheme to support detainees. History sheets on the computerised system were not being completed. Staff often had little knowledge of detainees unless they came to attention as a result of poor behaviour or particular vulnerability such as self-harm, risk or mental health difficulties.

Recommendations

- 2.41 **Wing managers should be based on the wings to help support staff and speak to detainees.**
- 2.42 **A personal or care officer scheme should be implemented.**
- 2.43 **History sheet entries should be regular and substantial, building a meaningful picture of detainees.**

Section 3: Casework

Legal rights

Expected outcomes:

Detainees are able to obtain expert legal advice and representation from within the centre. They can receive visits and communications from their representatives without difficulty to progress their cases efficiently.

- 3.1 The Detention Duty Advice Surgery was insufficient to meet the population's needs. Accessing legal advice and representation outside the centre was difficult. There was little advice and information on bail applications. Detainees who had legal representatives were able to contact them easily. Access to legal text books and country of origin reports was poor. There was no information on how to complain about legal representatives.
- 3.2 In our survey, 60% of detainees said that they had a legal representative. Forty-three percent of detainees with representatives had received a visit from them, which was significantly lower than the comparator of 54%.
- 3.3 There was insufficient onsite legal advice and representation. Refugee and Migrant Justice (RMJ) held a Detention Duty Advice Surgery every Friday. Notices advertising the surgery were displayed throughout the centre. Detainees could sign up for the surgery on a list in the library. Between 15 and 20 detainees put their names down each week, but RMJ only had capacity to see 12 detainees for half-hour advice slots and were unable to represent detainees substantively after the initial half-hour advice. Legal representatives complained that detainee custody officers (DCOs) were late in escorting detainees to legal visits rooms.
- 3.4 Other than RMJ's advice surgery, it was difficult for detainees to acquire legal advice. There was an unhelpful generic list of legal representatives in the library, which was lengthy and did not distinguish firms willing to travel to the centre and provide representation. Despite good internet access for detainees, the Community Legal Advice website, which provided contact details of legal representatives, was not advertised.
- 3.5 In our survey, 17% of detainees said it was easy to obtain information about bail, which was significantly worse than the comparator of 28%. Temporary admission, bail and accommodation application forms were available in the library. Detainees were not advised of their bail rights during the UKBA induction. There were no formal links with Bail for Immigration Detainees (BID) and there was no information promoting its services apart from one small notice with BID's contact details. There were no copies of BID's 'Notebook on Bail' in any of the four languages in which it had been published. Most bail hearings were heard by video link, which appeared to work well. Detainees were allowed a 10 to 20 minute pre-hearing conference with their legal representative.
- 3.6 Detainees could easily contact their legal representatives by phone, fax and email. They were allowed to retain mobile phones without cameras or recording equipment. Those without their own phone could keep digital enhanced cordless technology (DECT) telephones. Reception for both types of telephone was sometimes problematic. Detainees had good access to two fax machines in the library, although some did not know how they operated. They could copy documents using the fax machines in the library although these machines were unsuitable for

copying large bundles of legal documents. Only the three computers in the library were installed with Word. The computers in the IT rooms did not have Word or any alternative word processing software. This could have caused problems for detainees representing themselves or facing imminent removal. Detainees could communicate with their legal representatives by internet-based email accounts, although at least one such service was blocked. There was no booking system for the use of the library computers.

- 3.7 Access to up-to-date legal textbooks was poor. In our survey, 16% of detainees said they had access to legal books, significantly worse than the comparator of 27%. There were a few legal text books in the library, but these were locked in a cupboard and some were out of date. Apart from one small notice on the outside of the cupboard, there was no information directing detainees to the legal books.
- 3.8 Access to country of origin information reports was poor. In our survey, only 7% of detainees reported being able to access official information reports, which was significantly worse than the comparator of 17%. There were no hard copies of the Country of Origin Information Service reports in the library. Moreover, internet access to these reports was blocked by a message stating: '*Management has deemed that access to this web page is inappropriate at this time.*' Other legal websites were blocked. For example, information on unlawful detention provided by the Immigration Advisory Service could not be accessed which could have impeded detainees' right to a fair hearing on their asylum issues (see section on activities).
- 3.9 There was no information on how to complain about legal representatives. There were no notices or complaint forms for the Office of the Immigration Service Commissioner or the Legal Complaints Service. The DCO on duty in the library did not know how detainees could complain about their legal representatives.

Recommendations

- 3.10 In consultation with the Legal Services Commission, the centre should ensure adequate access to legal advice, representation and bail applications.
- 3.11 Important websites, such as Community Legal Advice and Bail for Immigration Detainees, should be advertised.
- 3.12 Detainees should be reminded of their bail rights and given a bail application form during their UKBA induction to the centre.
- 3.13 Hard copies of BID's 'Handbook on Bail' should be available in English and other languages.
- 3.14 The stock of legal text books should be updated and made readily available to detainees.
- 3.15 Country of Origin Information Service reports should be available in hard copies and electronically.
- 3.16 Notices explaining how to complain about legal representatives should be displayed and Office of the Immigration Services Commissioner and Legal Complaints Service complaint forms should be freely available to detainees.

Housekeeping points

- 3.17 Notices explaining how to use the fax machines should be displayed in the library.
- 3.18 Word or compatible word processing software should be installed on the computers in the IT room.

Immigration casework

Expected outcomes:

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

- 3.19 Some detainees were held for long periods with little prospect of imminent removal. Cumulative periods of detention were not routinely recorded by UKBA. The onsite immigration team was supplemented by visiting case owners from the Criminal Casework Directorate (CCD) and was responsive to detainee requests. Monthly reviews of detention and responses to Rule 35 applications were not always provided on time. Bail summaries were not always served. Rule 35 responses were often perfunctory. Confidential correspondence from a solicitor was found on a detainee's file.
- 3.20 In our in-depth safety interviews, the greatest concern for detainees was uncertainty associated with immigration matters. Seventeen percent of detainees had been held for more than six months. The total length of cumulative detention was not routinely collated by UKBA, but details of the five longest periods of cumulative detention were provided for inspectors. Three detainees had been held for more than three years. A further two had been detained for more than two years and nine months. Despite the suspension of enforced removals to Harare, ten Zimbabweans were held at the centre, and one had been in detention for three years and four months. Seventeen Somalis were detained notwithstanding the severe problems of removal to Somalia. A stateless detainee was also being held.
- 3.21 A detainee who had been held for more than three years was involved in a nationality dispute with UKBA. The detainee claimed to be from the USA, but UKBA recorded his nationality as Zimbabwean. A chief immigration officer interviewed the detainee in November 2009 after three years in detention and noted: *'The subject was very compliant and helpful and gave me lots of details about his life in the USA. He knows nothing about Zimbabwe and I am inclined to believe him.'* The detainee had recently returned from hospital with suspected TB and was using crutches. He had two daughters in the UK. Despite the excessive length of his detention, health issues, compliance and family ties in the UK, the detainee remained in the centre.
- 3.22 The onsite UKBA team consisted of 10 staff. This team was complemented by two visiting case owners from the CCD who each attended the centre for two and a half days a week. The CCD case owners had the authority to conduct certain types of work that the local staff were unable to do, including emergency travel document interviews, screening interviews and substantive asylum interviews. This recent development had helped to progress cases. The most complex cases were handled by the CCD's documentation and investigations team. Local UKBA staff were instructed not to see these detainees.

- 3.23 On-site UKBA staff inducted all detainees within 48 hours of arrival at the centre. Detainees could subsequently ask to see a member of team if they had a query about their immigration status. UKBA staff were diligent in trying to see detainees within 48 hours of a request being made. Despite this, in our survey, only 4% of detainees said it was easy or very easy to see immigration staff against a comparator of 24%.
- 3.24 In our survey, significantly more detainees than the comparator stated that they received their monthly reviews of detention (IS151Fs). The on-site UKBA team systematically monitored receipt of reviews and at the start of our inspection 28 were overdue. They made efforts to chase the outstanding reviews from case owners. The initial review often contained detailed reasons for detention, but subsequent reviews often repeated the same reasons without detailing progress in the case.
- 3.25 The authority to detain (IS91) accompanied detainees to the centre and a copy was placed on the local UKBA file. In one instance, the date on the IS91 did not correspond with the current period of detention. The detainee's latest IS91 had not accompanied the detainee to the centre and he was being held under an old IS91, which could have meant that the detention was unlawful.
- 3.26 Bail summaries were not always served on detainees, but sent only to legal representatives. Those that were served were provided on time. The immigration judge's reasons for refusing bail were not always given to the detainee.
- 3.27 Both UKBA and health care kept a log of Rule 35 applications. There were 25 applications for the year to date. Few applications were responded to within the required two days. In one case, the reply took two weeks. In torture cases, the detainee's allegation was merely conveyed in the application with no clinical evidence to support the allegation. The application often consisted of only one line. The health care team did not document any scarring or give an opinion as to whether the scarring was consistent with the alleged method of torture. UKBA replies were often cursory, sometimes consisting of a single sentence.
- 3.28 Two letters from a solicitor to a detainee were found on an UKBA file, despite being clearly marked private and confidential. The letters had been sent to the detainee while he was detained at a different removal centre. Detention centre rule 27(4) prohibits the opening of detainee's correspondence except in exceptional circumstances.

Recommendations

- 3.29 Cumulative periods of detention should be routinely collated by UKBA.
- 3.30 Where there is no prospect of a detainee being removed, the UKBA caseworker should specifically address any continued detention as a matter of law and fact.
- 3.31 Monthly review letters should be timely and reflect a balanced consideration of all factors relevant to continuing detention. In particular, the review letter should state the reasons if there has been a lack of progress since the previous letter.
- 3.32 UKBA should adopt a national policy that bail summaries are issued by caseworkers to all detainees, whether they are legally represented or not, at least one day before the hearing.

- 3.33 If an allegation of torture is made, health care staff should document and describe any scarring.
- 3.34 All legal correspondence addressed to a detainee arriving through the on-site immigration team should be passed directly to the detainee without being read or copied by immigration staff.

Good practice

- 3.35 *The on-site presence of Criminal Casework Directorate case owners enabled cases to progress more speedily and afforded detainees access to staff with authority to make casework decisions.*
- 3.36 *The monthly review database helped UKBA staff keep track of late IS151Fs and caseworkers were systematically chased.*

Section 4: Duty of care

Expected outcomes:

The centre exercises a duty of care to protect detainees from risk of harm. It provides safe accommodation and a safe physical environment.

4.1 Bullying was widespread and was a very serious problem within the centre. Staff dealt with it ineffectively. A bullying strategy had recently been introduced, but had not been fully implemented, and efforts to address the problem had so far been unsuccessful. There was a reasonably well coordinated approach towards detainees who were at risk of suicide and self-harm. Staff provided good day-to-day physical care and support to vulnerable detainees. Available management data were not used effectively to improve practice. The facilities for those who required constant supervision were unsuitable. There was no care suite or formal peer support. Raised awareness support procedures were not always well understood by staff.

Bullying

4.2 An anti-bullying strategy had been produced in February 2010 covering both Brook House and the nearby Tinsley House IRC. It was based on a traditional three-stage approach towards bullying. Level one consisted of monitoring, level two more active engagement with the perpetrator and level three could result in the perpetrator being transferred out. Key elements of the strategy, such as supervision and detection, establishing and maintaining an anti-bullying climate, and providing support for the victim, still had to be put in place. The document was therefore more a statement of intent that had yet to be implemented.

4.3 A safer community group (SCG), which covered Tinsley House and Brook House, met monthly and bullying was a standard agenda item. This forum had been poorly attended until October 2009. The meetings since November 2009 had involved a much wider range of staff. They were chaired by the deputy director of Brook House and included all staff directly involved in this area of work, such as the safer detention manager and the ACDT (assessment, care in detention and teamwork) coordinator, as well as representatives from health care, the Independent Monitoring Board (IMB) and UKBA. Only basic statistical information relating to bullying was produced for these meetings and consisted of the number of detainees who had been identified as 'potential bullies', and the number identified as 'confirmed bullies'. Brief pen pictures were provided of each of the cases to complement the statistics. Records indicated that between March and December 2009, 12 detainees had been subject to level one monitoring. No detainee had yet been subject to level two or level three of the strategy. At the time of the inspection, no detainee was subject to the bullying strategy.

4.4 There was little evidence that any patterns or trends in relation to bullying were being analysed. There was no evidence that information relating to security or complaints was being cross-referenced where bullying might have been an issue.

4.5 Staff whom we spoke to about bullying said that it often took place around the shop where the level of staff supervision had been increased. It was clear from our own observations that this area remained a bullying hotspot. Indeed, we received a number of reports that begging also occurred around the shop, which indicated that staff supervision there remained inadequate. There were eight CCTV cameras on each residential landing, which were constantly monitored by staff in a central control area. Despite this level of surveillance, there were still blind spots, such as on the stairways where incidents often took place. A restriction on inter-wing

movement had been introduced to reduce bullying, but its effectiveness was far from clear (see section on rules of the centre).

- 4.6 An internal survey of detainees on a range of different safety issues was conducted in December 2009 and the responses collated by a G4S source outside the centre. The return rate was low. Nevertheless, the survey provided useful information about the nature and extent of bullying and the findings were broadly in line with the results of our own survey. This showed that significantly more detainees felt unsafe and victimised at Brook House than they did at comparable establishments. In our survey, 68% of detainees said that they had felt unsafe at some time, significantly worse than the comparator of 42%, and 59% (against a comparator of 39%) said that they currently felt unsafe. Forty-four per cent said that they had been victimised by other detainees and 37% said they had been insulted or assaulted by a member of staff, again both significantly worse than the comparators.
- 4.7 This bleak and concerning picture was reinforced by the results of our in-depth safety interviews which produced the worst results that we have seen. In addition to immigration uncertainty, lack of confidence in staff, aggression from other detainees and a lack of staff response to fights were highlighted. They reflected a high level of frustration and fear of aggressive behaviour among detainees, and a lack of confidence in staff to protect them or to manage difficult situations. There had been 75 recorded assaults against staff and 30 against detainees in the previous six months.
- 4.8 Detainee reports reflected our observations about the lack of experience and confidence in the staff group to challenge the difficult behaviour presented by some detainees. This weakness highlighted the need for staff to receive training and management support so that they could deal with bullying more effectively (see main recommendation HE.44 and recommendation 2.42).
- 4.9 The lead role in implementing the bullying strategy had been devolved to the ACDT coordinator, who was a front-line manager. She had begun this task by recruiting staff on each of the residential wings who had indicated an interest in this area of work. They had each undergone some basic training in relation to bullying. This model of working was still very much in the early stages of development. It was intended that the wing representatives would become the coordinator's 'eyes and ears' on the wings, raising awareness among colleagues and passing on information centrally in relation to bullying. There were notice boards in each of the residential areas with photographs of staff in the safer community team. Posters raising awareness about the consequences of bullying had been displayed in the residential areas.
- 4.10 The few bullying investigations that we were shown were poor. Enquiries carried out were not thorough and victims were not always interviewed.

Suicide and self-harm

- 4.11 A policy document covering suicide and self-harm prevention had been produced in December 2008 to cover both Brook House and Tinsley House. It described the process to be followed if a detainee was identified as vulnerable and specified the responsibilities of the staff involved. Most of the ACDT (assessment, care in detention and teamwork) work was carried out by the ACDT coordinator, who monitored all active cases. The coordinator allocated each case to one of the team leaders, who were front-line wing managers. They had received training to chair the ACDT reviews.

- 4.12 A significant part of the agenda for monthly SCG meetings related to ACDT (see section on bullying). A representative from the Samaritans had recently started to attend the meetings. Statistical information relating to suicide and self-harm and pen pictures of every current ACDT case were presented at the meetings. There was little evidence that this material was analysed to identify any relevant patterns or trends. No detainees from Brook House had yet attended the SCG meetings.
- 4.13 There had been 35 incidents of self-harm at the centre over the previous six-month period. The number of open ACDT cases had recently reduced from an average of 21 each month until the end of 2009 to about 12 since the beginning of 2010. The majority of self-harm incidents involved scratching, cutting and use of ligatures. We were concerned to find that not all staff carried ligature knives. In a few cases, detainees had apparently been taken off ACDT procedures by sending establishments because they thought that transfers would otherwise not be accepted by Brook House. This lack of care for the needs of vulnerable detainees was unacceptable.
- 4.14 We spoke to most of the detainees subject to ACDT procedures. The majority attributed their difficulties to immigration problems, which made it difficult for detention staff to alleviate their anxieties. Despite this, detainees were consistently positive about the level of practical support which they received from some wing staff. All of those we spoke to said that they had support from staff.
- 4.15 Written contributions made to the ACDT files were often sensitive and discerning. The initial assessments in the files were of a good standard. Case reviews were well attended, with wing staff and representatives from health care usually present. However, the actions specified in care maps were often too general and did not focus sufficiently on individuals' particular needs.
- 4.16 Detainees placed on a constant watch were always located in the RFA (removal from association) area. The main function of the RFA was to house detainees who had breached discipline and detainees placed there often presented behaviour which was noisy and disruptive. It was therefore an entirely unsuitable environment for detainees who were vulnerable and at risk of self-harm. Centre managers recognised this problem and had submitted a bid to UKBA to create separate accommodation where vulnerable detainees could be looked after properly.
- 4.17 Since the beginning of 2010, eight detainees had been placed on raised awareness support plans (RASPs), which were used if detainees needed a little extra support. Most of the RASP cases concerned detainees who were not eating or appeared to be 'low in mood'. One of the eight cases had been upgraded to the level of an ACDT case. The RASP procedure seemed to provide a helpful and proportionate approach to providing extra monitoring and support. However, not all staff were clear about the purpose of the RASP process, particularly in relation to its links with the ACDT procedure.
- 4.18 We noted that detainees sometimes provided informal support to other vulnerable detainees. This happened particularly when people were from the same country or culture. However, there was no organised peer support scheme to provide additional support to detainees who were unwilling or unable to accept help from staff.

Recommendations

- 4.19 **Victims of bullying should have an individual plan to offer them appropriate support.**

- 4.20 A safety survey should be carried out annually and the results used to inform the anti-bullying strategy.
- 4.21 Relevant data on bullying and violence should be systematically collated, analysed and presented to the safer community group. Trends should be investigated.
- 4.22 Bullying investigations should be systematic, thorough and quality checked and include interviews with victims.
- 4.23 The SCG meeting should monitor incidents of self-harm, analyse and respond to any emerging trends, and reflect on any lessons that can be learned from serious incidents of self-harm.
- 4.24 Detainees should be encouraged and supported to attend the SCG meetings.
- 4.25 Objectives set in the care plans should be individualised.
- 4.26 All staff should carry ligature knives.
- 4.27 UKBA should investigate reports that detainees have been taken off ACDT simply to effect transfer, and ensure that this practice ceases.
- 4.28 A care suite for detainees at risk of self-harm should be established.
- 4.29 The role of the RASP procedure should be made clear to all staff.
- 4.30 A formal peer support scheme for vulnerable detainees should be introduced.

Childcare and child protection

Expected outcomes:

Children are detained only in exceptional circumstances and then only for a few days. Children are well cared for, properly protected in a safe environment and receive suitable education. All managers and staff safeguard and promote the welfare of children, as do any services provided by other bodies.

- 4.31 In the previous year, four detainees had been age assessed as minors after being admitted to the centre. There were no child protection or age dispute policies specific to the centre. All G4S staff were Criminal Records Bureau (CRB) checked to enhanced level and about 20% had received training on safeguarding children. Visits staff were not systematically informed of detainees who were a risk to children.
- 4.32 There had been five cases in the previous year where detainees' ages had been in dispute. Four were found to be children and released into the care of social services. Three of the four were age assessed by West Sussex social services and the fourth was found to be a minor by a judge. UKBA staff kept a log of age dispute cases where a social services age assessment had taken place.
- 4.33 There was no specific G4S age dispute policy. G4S treated age dispute cases as adults. Once detainees were assessed as minors, there was confusion as to where they should be held.

Some senior managers informed us that they remained on the wings, while others reported that children were taken to the RFA rooms until local social services collected them.

- 4.34 The G4S safer detention and children's services manager was responsible for child protection issues in the centre and at the neighbouring Tinsley House IRC. A safeguarding and welfare of children policy had been drafted, but not finalised. The safer detention and children's services manager attended the local safeguarding children board (LSCB).
- 4.35 All G4S staff had been checked to CRB enhanced level. Staff who had recently joined and were awaiting checks were not allowed contact with detainees. All on-site UKBA staff had completed the Keeping Children Safe e-learning course. Only 19 out of approximately 100 G4S staff had received safeguarding children training. The most recent cohort of recruits had undergone the training during their six-week accreditation course, but other staff had yet to receive any such training. The LSCB was in the process of approving a new two-hour training package.
- 4.36 The centre held 52 detainees (20% of the total population) who were subject to multi-agency public protection arrangements (MAPPA), some of whom were known sex offenders. Despite this, there was no mechanism in the visits hall to alert staff to detainees who were a potential risk to children. Senior members of staff confirmed that they were unaware of detainees who were a risk to children. Security staff raised concerns that police and offender managers were not always alerted when detainees who were a risk to children were released on temporary admission or bail.

Recommendations

- 4.37 A child protection and age dispute policy should be published in consultation with the local safeguarding children board.
- 4.38 All G4S staff should receive training in safeguarding children.
- 4.39 Visits staff should be alerted to any detainees who pose a risk to children.
- 4.40 UKBA should ensure that the police and offender managers are informed when a detainee who is a risk to children is released from detention.

Diversity

Expected outcomes:

There is understanding of the diverse backgrounds of detainees and different cultural norms. Detainees are not discriminated against on the basis of their race, nationality, gender, religion, disability or sexual orientation, and there is positive promotion and understanding of diversity.

- 4.41 Some diversity policies and procedures were underdeveloped. Issues of disability, sexuality and age had not been adequately addressed and not all diversity strands had a lead. There were few consultation meetings with detainees. Some cultural festivals had been celebrated. Use of the telephone interpreting service by staff had recently improved. Racist incident complaints were properly investigated. There were personal evacuation plans, but no care plans. Reasonable adjustments had been made for some people with disabilities.

- 4.42 The coordinating chaplain was also the race relations liaison officer (RRLO), and he had insufficient time for the role. There was a religious observance/race relations communication policy. There was no time-limited action plan to assist implementation and little attention to broader diversity issues such as sexual orientation and older detainees.
- 4.43 Bi-monthly religious and cultural affairs committee (RCAC) meetings were chaired by the RRLO and also attended by some detainees, IMB members, health care and catering staff, and the deputy director. The meetings doubled as a consultation group, and there was little evidence of strategic thinking. Not all major aspects of diversity were covered in the meetings. Detainees attended the first part of the meeting to raise any issues or concerns. Minutes for the previous three months showed recurring issues that had not been resolved. Detainees complained to us that the meetings were poorly advertised.
- 4.44 A diversity report was published monthly. The report provided basic statistics on nationality, age, disability and religion of detainees in the centre. ACDT, RFA, use of force, paid work, activities and complaints were analysed by nationality, but there was little evidence of this information being discussed and acted upon in the RCAC meetings.
- 4.45 In our survey, significantly more detainees than the comparator reported victimisation by staff and other detainees on the basis of cultural origin and nationality. Non-English speakers reported the worst experiences. For example, significantly fewer non-English speakers (32%) than English speakers (56%) reported being treated well or very well by escort staff and 36% compared with 52% by reception staff. Significantly more non-English speakers (80%) than English speakers (66%) reported feeling unsafe.
- 4.46 There were some cultural events and celebrations. For example, the Vietnamese festival of Tet and the Chinese New Year were celebrated and valued by detainees.
- 4.47 Until recently, there had been little use of telephone interpreting by G4S staff. A leaflet promoting telephone interpreting had recently been sent to the home addresses of all G4S staff. This had successfully increased usage in the previous month. Apart from occasional meetings with Chinese detainees, there were no detainee consultation groups using interpretation that could help to establish or allay concerns.
- 4.48 There were few racist incident complaints: four in 2009 and two to date in 2010. Detainees could complain using the standard UKBA complaints form which was available in different languages on the wings. All racist incident complaints were recorded in G4S' racist incident report log. The complaints were taken seriously and generally well investigated, although witnesses were not always interviewed. For example, a detainee had accused a detainee custody officer (DCO) of being aggressive. The incident had been witnessed by a second DCO, who had not been interviewed. Investigations were conducted within two to three weeks. CCTV footage was reviewed where necessary. Records of interviews with those involved were made.
- 4.49 There was no disability liaison officer and under-recording of detainees with disabilities. The centre had identified two detainees with disabilities, but 17% of respondents in our survey said they had a disability. There were no systems to assess and care for those with disabilities. There were some personal emergency and evacuation plans (PEEPs) but no care plans. DCOs were aware of PEEPs and could easily locate them in the wing offices.
- 4.50 Reasonable adjustments were made for some disabled detainees. Two detainees with only one leg were held on A wing, one of whom was located in a room which was adapted to meet his needs. There were grab rails in the shower/toilet area, but no shower mat on the floor. A

raised seat had been placed over the toilet and another seat in the shower. There was only one emergency call bell located by the door, which was approximately five feet from the floor. The second detainee was, by choice, located in a shared room without modifications for his disability. The room did not have a shower, toilet seat or grab rails. The detainee did not want to move from his current room as he was comfortable with his room-mate and others on the wing. The showers, mosque, chapel, IT room, library and shop were all located above the ground floor. Neither detainee said they used the lift. One reported that he would rather manage the stairs on his own than ask a DCO as it took too long to find a DCO to give him access to the lifts.

- 4.51 UKBA issued a monthly review of detention letter in large print for detainees with impaired vision. The library did not stock any easy read material (see section on activities).

Recommendations

- 4.52 A policy should be developed to include all strands of diversity, including the needs of older, gay and transgendered detainees. It should be accompanied by an action plan to ensure implementation.
- 4.53 Diversity monitoring should allow trends to be analysed over time and be routinely discussed at RCAC meetings.
- 4.54 RCAC meetings should be advertised to detainees, and include strategic discussion of diversity issues. Action points should be systematically followed up.
- 4.55 Detainees with disabilities should be identified and have their needs assessed at the earliest possible stage. There should be care plans for all disabled detainees.
- 4.56 Call bells in adapted rooms should be easily accessible.
- 4.57 Detainees with mobility problems should be supported by staff to use the lifts.
- 4.58 The library should stock some easy read materials for detainees with visual impairments.

Faith

Expected outcomes:

All detainees are able to practise their religion fully and in safety. The faith team plays a full part in the life of the centre and contributes to detainees' overall care, support and release plans.

- 4.59 There was a well resourced and active religious affairs team. All the major religions were catered for and detainees had good access to religious activities. The chapel and mosque were too small for demand, but provision had been made to accommodate the respective services.

- 4.60 In our survey, significantly fewer detainees than the comparator said that their religious beliefs were respected. However, in our group sessions, detainees were positive about the work of the chaplaincy and we observed a good overall level of service. The largest religious groups were Muslims (44%), Christians (39%) and Buddhists (7%).

- 4.61 The manager of religious affairs was a Christian chaplain and the religious affairs team was well resourced. Regular religious visitors included three Muslim chaplains, Roman Catholic, Hindu, Buddhist and Sikh chaplains, and Chinese and Iranian speaking Christian chaplains. The religious affairs manager had contacts with other ministers who could be called upon when needed. For example, a Baha'i minister had visited the centre to see a detainee on request. Religious minister forum meetings were held in the centre to discuss faith issues. In addition to the ministers, six pastoral visitors attended the centre each week and provided support to detainees on the wings. Logs indicated that there had been more than 450 pastoral visitor conversations with detainees in February alone.
- 4.62 The chapel, mosque and multi-faith room were open every day for prayer and study. There were three Christian services a day, one of which focused on bible study. Sikh, Hindu and Muslim prayers were held weekly. The chapel and mosque were not big enough to accommodate all detainees during Sunday services and Friday prayers. Christian services were therefore held in the visits hall on Sundays. As the visits hall was in use on Fridays and no alternative accommodation was available, Muslim prayers were held in the mosque, multi-faith room and the corridor between. A PA system ensured that the Muslim chaplain could be heard by detainees. He confirmed this was a satisfactory solution and no detainees complained about the arrangements. Sikhs, Buddhists and Hindus used the multi-faith room, where they each had a cabinet with religious iconography. The concertina doors on the cabinets could be closed when the room was used by those of different faiths. There were adequate resources to provide for the population's religious needs, including sufficient Bibles, Qur'ans and prayer mats.
- 4.63 Notices were displayed around the centre alerting detainees to the various religious services. A monthly list of major religious festivals and holy days was also displayed.
- 4.64 G4S made efforts to provide for Muslim detainees during Ramadan. Hot boxes were purchased to keep detainees' evening meals warm. Detainees were provided with a meal in the morning and evening.
- 4.65 G4S staff called on the religious affairs team in times of crisis, for example bereavement or enforced removals. The religious affairs manager confirmed that his team were involved in times of crisis for detainees.

Section 5: Health services

Expected outcomes:

Health services are provided at least to the standard of the National Health Service, include the promotion of well being as well as the prevention and treatment of illness, and recognise the specific needs of detainees as displaced persons who may have experienced trauma.

5.1 The health care team provided services to both Brook House and Tinsley House. The nursing team was enthusiastic and professional and there was a good standard of general care. Clinical governance was good. Although detainees had good overall access to health care services, there was a paucity of mental health support. There were few nurse-led clinics. Pharmacy services were generally satisfactory, but arrangements for administering medicines were not sufficiently private. There was no medicines and therapeutics committee.

General

- 5.2 Health care services were provided jointly to Brook House and Tinsley House by Saxonbrook Medical. The company managed a local primary care practice and the senior partner made a significant contribution to the management of the health care services at Brook House. There was no current health needs assessment, but one had very recently been commissioned using the expertise of the NHS West Sussex Primary Care Trust (PCT). A lead nurse manager headed the nursing team and had an active clinical role at Brook House, while overseeing the nurse management of Tinsley House. The lead nurse manager attended daily operational meetings, but responsibility for strategic management was retained by the lead GP who was the chair of the Health care Steering Group for IRCs, attended contract management and clinical governance meetings and was developing closer relationships with NHS West Sussex PCT. There were good working relationships within the team, but information sharing and professional development were hindered by a lack of devolvement of responsibilities.
- 5.3 Detainees had good access to health care services, which were delivered in an environment which respected their need for privacy during consultations. The rooms were well decorated and provided a comfortable and calm environment for the treatment and care of detainees. The health care centre was located centrally on the first floor and accessible by lifts if required. There were two rooms for treatment and consultation, a large administration office, a waiting area and pharmacy. No provision had been made in the building design for a patient toilet, which was a significant shortcoming. All rooms in the health care centre were clean, organised and well equipped. Adequate measures were taken to ensure the control of infection.
- 5.4 The waiting area provided enough seating for patients and a good display of information about the services and health promotion literature. All information was provided in a wide range of languages. The pharmacy was reached through a door off the waiting area and this proximity did not allow sufficient privacy for detainees receiving medications. There were three health care rooms in reception, two of which were used as offices and storage facilities. One of the rooms was used solely for initial health care screening with the option of using another of the offices for screening when the throughput of new detainees was high.
- 5.5 There was evidence of substance use in the centre, but there were no specialist services for the management of users. One of the GPs had completed RCGP1 training, but there were no substance use specialist nurses or dual diagnosis nurses. Limited detoxification was available for detainees with mild use, but such detainees were unlikely to be allocated to the facility.

Smoking cessation courses were offered to detainees, but there was only a very small attendance.

Clinical governance

- 5.6 Clinical governance arrangements for the health care centre were good. Meetings were attended by the lead GP. The staff skill mix was adequate for the needs of the population and could be improved with investment in the specialist professional development of members of the nursing team. A small bank of five nurses was used to cover vacancies and absence of staff, but many of the full-time staff were working long hours.
- 5.7 The lead nurse manager had been employed at Tinsley House for some years and brought his skills and knowledge of IRCs to the creation of services at Brook House. He was supported by three senior registered general nurses, five nurses, including two mental health nurses, one of whom was absent at the time of the inspection. There were two health care assistants with administrative and clinical roles and two vacancies. Two nurses were available each night.
- 5.8 Detainees had access to health care services for 24 hours each day, including weekends. Links had been made with the local community to acquire specialist medical equipment and occupational therapy aids when required. At the time of the inspection, the IRC had two detainees, each with a lower limb amputation. One of the detainees was accommodated in a room with adaptations, but the facilities were inadequate to meet his basic needs (see section on diversity). The skill mix of staff was complemented by outside specialists who delivered sexual health, podiatry and physiotherapy clinics in the centre. Some communicable disease and chronic disease clinics were provided by nursing staff, but no nurses had gained any specialist qualifications to deliver an enhanced service. Efforts were being made to access e-learning programmes. All staff had up-to-date professional registration and mandatory training which was well organised and recorded. There was no policy for clinical supervision and we were informed that this was managed informally on occasions.
- 5.9 Six GPs from the same contracted local practice provided a daily clinic, including at weekends. The out-of-hours on-call service was provided by the same group. We were told that detainees could seek a second medical opinion, but no information was displayed to inform them of this option. Dental services were provided by a local practice for the assessment and treatment of urgent cases. Pharmacy services were arranged with a local supplier, but there were no arrangements for a pharmacist to visit the IRC or to be involved in the administration of medicines.
- 5.10 Resuscitation equipment for emergency care was located in the health care centre. The kit included an automated defibrillator and was checked on a weekly basis. It was noted that the defibrillator battery should be checked daily. Mandatory training in basic life support, including the use of defibrillators, was delivered and all staff were in date.
- 5.11 Clinical records were managed electronically using the 'CrossCare' information system, which recorded and stored patient details and treatment events effectively, as well as data retrieval for reports. All paper records were scanned into the system and archived in lockable cabinets in one of the medical rooms in reception. Information-sharing protocols ensured the safe and appropriate exchange of health care details with the patient's consent. Clinical records were only accessible to health care staff and stored in accordance with the Data Protection Act and Caldicott principles. The health care rooms in reception and internal doors in the health care centre were secured using health care suite keys. There were three doors to the health care centre from the main corridor with general security locks.

- 5.12 A comprehensive range of clinical policies had been developed, which were available in electronic and paper forms. The policies adhered to National Institute for Health and Clinical Excellence guidelines and NHS frameworks where appropriate and included the management of communicable diseases. Health care staff attended detainee consultative groups, but there was no dedicated health care forum for detainees. Detainees were aware of how to make a complaint about health care and there had been approximately 20 complaints over the previous year. The lead GP sent a personal letter in response to all complaints which was sensitive and constructive, detailing actions taken.

Primary care

- 5.13 Detainees received initial screening in the health care room in reception through an effective electronic tool which included a separate measure for anxiety and depression. We observed a number of detainees being screened and all were managed thoroughly and with sensitivity to their clinical, psychosocial and mental health needs. Good use was made of the telephone interpreting service supported by a range of other language translation tools. Information was provided about health care services in a range of different languages. Health care staff were sensitive to the needs of detainees who might have been subject to torture and the screening process included questions to elicit any allegations of torture and signs of trauma. A register of Detention Centre Rule 35 documentation was retained in the health care centre and replies from the UK Border Agency had improved in the six months prior to our inspection. However, health care staff had received very limited training in the recognition and assessment of alleged victims of torture. Work with the University of Cumbria to develop a course had recently started. There was no routine secondary screening process, but all detainees were given the opportunity to be seen by a GP the following day.
- 5.14 A good selection of health promotion material was available in the health care centre in a range of languages appropriate to the population. These included leaflets and booklets on smoking cessation, diabetes, depression and stress, relaxation exercises, TB, HIV and AIDS. There was no equivalent literature on the wings. A very limited range of internal nurse-led clinics was available to detainees, in particular a chronic disease clinic that was delivered on Saturdays. None of the nursing staff had received higher professional training in specialist skills, but there was much enthusiasm among the team for its development. Detainees were provided with booster vaccinations and continued immunisation. Condoms were freely available in the health care waiting area.
- 5.15 A number of visiting specialists provided clinics at the health care centre when required, including an optician, podiatrist and physiotherapist. Good links had been established with the local chest clinic, with nurses providing advice for cases of TB. It had recently been arranged that nurses from the local genitourinary clinic would see patients at the centre. This was considered a significant development following historical problems with HIV patients' attendance at the clinic. Escort arrangements for outside hospital appointments had been improved from one to three a day and we found no evidence of extended waiting times nor an unreasonable level of cancellations. When possible, contact was made with the detainee's previous GP and a prison clinical record was obtained if appropriate.
- 5.16 Detainees had access to primary care services at open clinics at 9.30am and 2.30pm each day. GP clinics were delivered between 10am and noon each day and, following attendance at a nurse triage clinic, detainees were seen by a GP on the same day or at the latest the following day. Nurses had not received specialist training in triage skills, but a good range of triage algorithms had recently been introduced to ensure accurate and consistent treatment. Patients who required additional care or isolation were accommodated in the removal from

association area. Although this was not a desirable option, it did provide an alternative to transferring a patient with short-term problems. A protocol was used for detainees refusing food. The IRC did not accept detainees with enduring mental health problems and those patients newly diagnosed and requiring hospital care in a secure unit were moved expeditiously.

- 5.17 Health care staff were informed the night before a detainee was due to be released, removed or transferred. Detainees were given the opportunity to attend a pre-release clinic that was held each week. On the day of release the detainee was given a copy of their clinical record during their time in detention, outlining any care or treatment provided. A supply of medication was given when required and a note made of any outstanding hospital appointments. There was no provision for malaria prophylaxis for detainees being removed to countries with a known risk.

Pharmacy

- 5.18 The pharmacy room was in good order. Medicines were stored in locked metal cupboards and cabinets. Two blisters of tablets were found loose in one of the cabinets, which were subsequently destroyed. Internal and external medications were stored separately, as were stock medications and named patient medications. There were a large number of stock medications which were no longer being used, as named patient medications could now be obtained from the external pharmacy provider. Alert labels were found on medications indicating date checks, but there were no records of when they had been carried out.
- 5.19 The GPs had until recently been providing all medications under supervision on an in-house basis. Recent good practice advice had been given to the doctors recommending that a pharmacist be involved in the supply, so a significant number of the medicines were now dispensed by a local pharmacy and delivered to the centre. There were standard operating procedures and other written procedures, but they had not been updated to reflect the change in medicines procurement.
- 5.20 A local pharmacy supplied named patient medications, but they did not play an active role in the centre, and the pharmacist did not visit. There were consequently no pharmacy-led clinics for detainees. Administrations were recorded on a printed sheet until the end of the session and then entered on the computer record by the nurse. The annotations on the printed sheet were quite basic.
- 5.21 Thermolabile products were stored in a refrigerator and the minimum/maximum temperature of this was recorded on a daily basis, although there were a few gaps. The temperatures recorded were within the 2-8 degrees range.
- 5.22 There was an up-to-date British National Formulary in the doctor's office, but not in the pharmacy room. Medications were administered by nursing staff three times a day through a hatch in the pharmacy room door. The hatch was secured by two insubstantial bolts when not in use. The nursing staff said that officers were usually, but not always, present during administration of medication. There was no privacy hood or floor markings and patient confidentiality could not be assured. All detainees receiving supervised supply attended for administration, except those who had been segregated, or were unable physically to get to the health care area. A trolley was available for administrations on the wings, or, if it was a small amount, the nurses carried it. Most detainees having treatment had their medication in possession. There was a procedure for risk assessments, which were usually carried out by

nursing staff and electronically recorded. In-possession medication was supplied for discharge or court, although there was no formal written procedure for this.

- 5.23 There was no list of special sick medications at the time of the inspection, as most items were prescribed by the doctor. There was an extensive range of patient group directions, but these were awaiting approval and training of the nursing staff. Small envelopes of two paracetamol tablets had been prepared from a larger pack, and issued to the wings for handing out by officers. The smaller packs did not contain the expiry date or batch number.
- 5.24 Prescribing appeared appropriate to the population, although it was believed that about half the detainees were on some form of medication. The ordering of repeat medications was managed effectively using the computer system.
- 5.25 There was no medicines and therapeutics committee at the centre. The doctors had access to prescribing data through the computer system and said that they went through it on an ad hoc basis. The pharmacist was not involved in the analysis of prescribing data. A prescribing formulary was available which had last been reviewed about a year before our inspection.
- 5.26 Prescriptions were generated by the centre's computer system. Electronic prescriptions were used for medication to be dispensed from stock and paper prescriptions for supply from the external pharmacy. Paper prescriptions were faxed through to the pharmacy and, if they arrived before 4.30pm, the medications were usually delivered to the centre the same day. The original prescriptions were then sent through to the pharmacy. The centre did not have any controlled drugs requiring safe custody, but said they had recently obtained a licence for possible future use.

Dentistry

- 5.27 Dental services were adequate. A local dental practice conducted assessment clinics in one of the medical rooms in reception on a weekly basis. Minor and temporary dental treatments were performed on site and any further treatment referred to the local practice where detainees were seen within two weeks of referral. There was very limited dental health promotion.

Inpatient care

- 5.28 There were no facilities for the management of detainees requiring inpatient care and no day care facilities.

Secondary care

- 5.29 Outside hospital appointments were managed by one of the health care assistants with some data collated by the lead GP. Detainees waiting for appointments were seen within the national waiting target time and improved provision of escorts had reduced the number of cancellations to a minimum. Patients waiting to attend appointments were put on a medical hold.

Mental health

- 5.30 There was funding for two full-time mental health nurses, but at the time of the inspection there was only one, who was permanently on night duty, resulting in an inadequate level of support

for detainees with mental health problems. The caseload had been about 25 per nurse, but with the potentially prolonged absence of one of the nurses, the remaining nurse had to manage the whole caseload. A psychiatrist provided a clinic on Saturdays and saw up to four patients a week. He was also available for urgent referrals if required.

- 5.31 There was an open referral system, but there were no mental health meetings and no access to counselling services for detainees. Contact was made with previous care providers when appropriate. Detainees with enduring mental health problems were not sent to the centre and none was managed using the care programme approach. Detainees who developed severe mental health problems were transferred, including to secure mental health units. There had been three such transfers over the previous year, all of which had been effected expeditiously. There was no programme of mental health awareness training for either custody staff or health care professionals.

Recommendations

- 5.32 A health needs assessment should be completed as soon as possible, identifying the training needs of health care staff and the mental health needs of detainees.
- 5.33 The lead nurse manager should be more actively involved in the management of the health care centre and the development of all health care staff.
- 5.34 The health care centre should be provided with a toilet for the use of detainees being examined or treated.
- 5.35 The security of the pharmacy room and administration hatch should be reviewed.
- 5.36 Greater emphasis should be given to the recruitment of nursing staff, with priority for mental health nurses.
- 5.37 Adequate facilities should be provided for the management of detainees with disabilities who need enhanced care.
- 5.38 Nursing staff should be suitably qualified to deliver specialist clinics.
- 5.39 Clinical supervision should be provided for all professional health care staff.
- 5.40 Automated emergency defibrillator batteries should be checked daily.
- 5.41 All doors to the health care centre should be secured with a separate health care suite key.
- 5.42 The pharmacist should be supported to take a more active role within the centre, especially with regard to prescribing review and analysis.
- 5.43 Detainees should have access to a dedicated health care forum.
- 5.44 All health care staff should be trained in the recognition and treatment of victims of torture.
- 5.45 Health care staff should be informed at the earliest opportunity of a detainee's pending release, transfer or removal.

- 5.46 Detainees should be given a supply of anti-malarial drugs when removed to a country with a known risk of malaria.
- 5.47 Regular out-of-date checks should be carried out on all medicines and records kept.
- 5.48 The use of patient named medication should be encouraged where practicable.
- 5.49 There should be standard procedures to cover the current arrangements for pharmacy service provision and delivery of medication to detainees. These should be formally agreed through the medicines and therapeutics committee.
- 5.50 A medicines and therapeutics committee should meet at least four times a year. Meetings should have clear terms of reference and all relevant stakeholders should attend.
- 5.51 The system of relying on faxed prescriptions should be subject to audit.
- 5.52 Detainees should have access to counselling services.
- 5.53 Mental health awareness training should be provided for all custody staff.

Housekeeping points

- 5.54 Detainees should be clearly informed about the option to seek a second medical opinion.
- 5.55 Loose tablets and tablet foils should not be held in stock.

Section 6: Activities

Expected outcomes:

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

6.1 The centre did not provide sufficient activities to meet the needs of most detainees, particularly those held for extended periods. The number of paid work roles was not sufficient for the size of the population. Waiting lists for work were long. The range and quantity of education was very limited and not planned effectively to develop detainees' skills. Recreational facilities were reasonable and access to the internet and emailing was good. Detainees used some facilities in the library extensively, but its management and the range of media stocked were poor. Detainees had good access to sporting and physical exercise, but facilities were limited and supervision of sports and PE was inadequate. The centre had no means of establishing how well activities met the needs of individuals and groups. Detainees' freedom of movement around the centre was restricted and they were locked in their rooms too early in the evening.

Learning and skills and work

- 6.2 The centre did not provide sufficient activities to provide physical and mental stimulation and alleviate boredom. In our survey, only 19% of detainees said there was enough to fill their time, which was significantly worse than the comparator of 40%. The nature of the provision was not appropriate for the increasing number of detainees remaining at the centre for prolonged periods.
- 6.3 The centre provided a reasonable range of recreational facilities in residential wings, each of which had a pool table, table football, an electronic games console and table tennis table, and a range of board games. Detainees' rooms were equipped with multi-channel television and DVD playback. The centre screened films recently released on DVD through two of the television channels. Popular competitions, including bingo, pool and dominoes, regularly took place in the residential wings. These were largely organised by detainees under the oversight of the activities team leader and offered small cash prizes. There was a modest calendar of events to mark festivals such as the Chinese New Year. During the inspection, the centre hosted a very well attended two-day music workshop provided by Music in Detention which detainees engaged in with enjoyment. There were plans for future events of this kind.
- 6.4 Detainees had good access to the internet. Two rooms in the common activity area were equipped with a total of 34 computers, which were accessible to detainees for morning, afternoon and evening sessions seven days a week for internet browsing and emailing, as well as common applications such as word processing. All the machines were frequently in use. There were basic measures to monitor and control internet use. An officer supervised one room and monitored usage overall through a screen displaying what each detainee was viewing. Computer software appropriately blocked access to material which the centre or the UK Border Agency (UKBA) judged unsuitable, including pornography and social networking sites. However, some legitimate websites, such as legal websites and UKBA country of origin information, were inappropriately blocked (see section on legal rights). Officers often supported detainees needing immediate help during sessions, but the centre did not offer structured training. Most hardware was of a good standard, but the one available printer was not sufficient to meet demand.

- 6.5 Detainees were unlocked on their wing for up to 13 hours a day. They could visit the communal activity areas for nine and a quarter hours of this time, but only on production of their identity card to enter and leave. Detainees were not allowed to visit other wings, apart from controlled access to outdoor association areas for sporting activity. The 11-hour period that detainees were confined to their rooms was longer than in most other IRCs, and the lock-up time of 9pm each evening was inappropriately early.
- 6.6 The centre did not provide sufficient paid work. The 52 places only catered for 12.5% of the population. The average working time was 20 hours a week, but the variation in hours between jobs was great. While some consisted of mundane and repetitive tasks, over half presented an appropriate degree of interest or challenge. The centre rarely offered training for work, although detainees working in kitchens or serving food received basic, non-accredited training from the catering contractor.
- 6.7 The number of detainees on waiting lists for work was high and, at up to 10 weeks, the wait was long. Recruitment procedures allowed UKBA to veto individual applications for reasons such as non co-operation with the agency. This inappropriately muddled the roles of the centre and UKBA. Promotion of paid work was confined to information on noticeboards in the wings. These notices and the work agreements detainees had to sign were not translated into other languages.

Education

- 6.8 The centre did not provide sufficient education to meet the needs of detainees. In our survey, only 11% of detainees reported taking part in education, which was significantly worse than the comparator of 30%. The 20 sessions totalling 62 hours a week over five weekdays and four evenings were far too few to meet the needs of the sizeable detainee population. The range of education was not sufficient to meet the needs of detainees remaining for significant periods at the centre. At the time of the inspection, 45% of detainees had been held at the centre for more than four months.
- 6.9 Education provision was arranged flexibly so that detainees could join at any time. Detainees were free to attend and leave individual sessions when they wished and tutors managed this well. However, planning to meet the needs of individuals and groups of detainees was not sufficiently structured to develop and sustain learning. The centre did not offer any short units of study leading to internal or external accreditation of learning.
- 6.10 The centre had usefully broadened the subjects it offered in response to detainee feedback, but the addition of a weekly session in each of four modern foreign languages and in numeracy had reduced classes in English for speakers of other languages (ESOL) from 10 to five sessions a week. Arts and crafts continued to run for 10 sessions a week. A chaplain provided two evening music sessions.
- 6.11 The centre had only two classrooms dedicated to education use, each with capacity for about 15 detainees. During the inspection, classrooms were never full. The centre employed only two tutors and arrangements to provide cover for planned or unplanned staff absence were weak.
- 6.12 The enthusiastic education coordinator who taught ESOL, modern foreign languages and numeracy was well qualified and experienced for the role. ESOL classes took place in a bright, simply furnished room with attractive and pertinent wall displays. Sessions were reasonably well attended and detainees praised the coordinator highly. Sessions engaged detainees well and they received good individual help. Detainees valued additional work to complete outside

class time. An initial assessment to identify their level of English and their needs was very basic. Sessions relied too heavily on detainees completing individual worksheets, with little systematic development of their speaking skills. Resources were limited, but generally suitable.

- 6.13 Arts and crafts were popular, with sometimes as many as 12 detainees attending sessions during the day, but fewer in the evenings. Tuition was well informed, with sufficient technical instruction to enable detainees to initiate and complete short projects. Detainees engaged well and commented very favourably on the calm atmosphere, the skills of the tutor and the welcome diversion from worries about their situation. However, the range of activities and opportunities to work in different media were narrow, reflecting the meagre resources available. Classroom space was limited and furniture was inappropriate.
- 6.14 Monitoring of detainees' participation in activity was rudimentary. Reports identified the total number of attendees at each activity by nationality, but not the proportion of each nationality that these totals represented or how long detainees had remained at sessions. The centre did not collate and analyse data to identify patterns of participation by individuals or groups and plan effectively to ensure that provision was suitably inclusive. The centre's race awareness committee received the collated data monthly, but had not made any recommendations to managers responsible for activities (see section on diversity).
- 6.15 The centre had not developed adequate quality assurance arrangements for education or measures to ensure the quality of other aspects of work, learning and skills. Initiatives were limited and unsystematic. Results of an internal survey had led to recent additions to the education timetable and education was sometimes discussed at monthly detainee consultative meetings. Education staff had carried out occasional peer observations of learning sessions with their counterparts at Tinsley House IRC. A manager from G4S had recently visited to observe education classes and had provided some evaluative feedback on the quality and management of education. The subsequent report clearly identified the need for a self-assessment process and quality assurance framework, but no further action had followed. The education coordinator attended quarterly national meetings of IRC education managers to share good practice. The centre did not provide education staff with suitable professional support or development.

Library

- 6.16 Detainees had good access to the library which was situated in the communal activity area and open whenever detainees were permitted to leave their wings. The room was sufficiently spacious for the resources it contained and for the 25 or so detainees who used it at popular times. Detainees made extensive use of the library's two fax machines and three stand-alone computers. Some read newspapers and many met socially.
- 6.17 The library stocked books in an appropriate range of languages. At the time of the inspection, there were about 2,500 books in 30 languages, including English. There was a suitable range of newspapers in English. The centre had made appropriate arrangements to provide books to detainees held in removal from association.
- 6.18 In other respects, stock was poor and did not reflect the needs and diversity of detainees. The range of newspapers in languages other than English was narrow, representing six of the languages spoken in the centre. There were only seven dictionaries, covering five languages. These, along with a small selection of legal texts, were stored in a locked cupboard, which was not clearly marked. Open shelves contained no reference books or books for those learning to

read in English. The range of media was very limited. The library did not stock periodicals, CDs or DVDs.

- 6.19 Management of the library was weak. Book shelves were untidy and displays unimaginative. A rudimentary computer-based system recorded borrowings and when returns were due, but could not produce reports to monitor stock or patterns of borrowing. The centre did not record visits to the library and had no data to assess how effectively it met detainees' needs. Officers supervising day-to-day operation of the library had received minimal training for this role and their practice was sometimes inconsistent. No centre staff had had specialist training to manage the library.

Physical exercise

- 6.20 Detainees participated in a range of physical exercise despite limited facilities. The centre had well equipped cardiovascular fitness rooms, but no sports hall for team or other communal sporting activity. Although good use was made of outdoor association areas for games and competitions, they were cramped with unsuitable hard surfaces and were unusable in poor weather.
- 6.21 Detainees had good access to cardiovascular fitness training facilities. Three well equipped rooms situated in the communal activity areas were available for morning, afternoon and evening sessions every day. There was similar equipment on a landing in B wing. Cardiovascular training was popular with detainees, about 50 of whom made use of the equipment every day. In our survey, 72% of detainees said it was easy to go to the gym, which was significantly better than the comparator of 64%.
- 6.22 Detainees participated in a good range of outdoor sporting activity and competitions each day in the outdoor association areas, including football, cricket and volleyball. On most days up to four activities or competitions took place, with the more popular attracting up to 25 detainees at a time. Equipment and resources such as nets and balls were readily available. Under the oversight of the activities team leader, detainees designated as activity orderlies enthusiastically promoted and organised these activities.
- 6.23 Arrangements to ensure that detainees were ready to take part in physical exercise were inadequate. Detainees did not routinely receive an induction before using the cardiovascular equipment. Although health care staff assessed all detainees on their arrival at the centre, there was no mechanism to confirm to those responsible for fitness and sporting activities that individuals were fit to participate.
- 6.24 Measures to ensure the safe use of the cardiovascular equipment were inadequate. Staff rarely supervised the cardiovascular rooms. The activities team leader had suitable qualifications and experience to lead fitness and sporting activity. Other officers responsible for activities were largely untrained.
- 6.25 Recording of accidents and injuries sustained during PE and sport was not sufficiently thorough. The centre only recorded incidents requiring medical assessment. It did not record minor accidents or injuries systematically, or monitor records regularly to see whether changes to practice were needed to ensure the safety of detainees.
- 6.26 Monitoring of attendance at PE was incomplete. Records of detainees using cardiovascular rooms or participating in other sporting activity were not systematic. They gave an approximate

picture of the popularity of physical exercise, but did not identify the extent to which PE was inclusive of individuals or groups.

Recommendations

- 6.27 Internet security should not block legitimate websites, particularly those providing legal assistance and UKBA country of origin information.
- 6.28 The centre should offer structured training in using the internet and emailing to detainees unfamiliar with computers and ensure sufficient printing capacity to meet detainees' reasonable needs.
- 6.29 The centre should reduce the length of time detainees are confined to their rooms each day, institute later lock up and increase the time detainees are allowed in communal areas.
- 6.30 The centre should increase the volume of paid work available to detainees, accompanied by appropriate training for all work roles leading to internal or external accreditation.
- 6.31 Detainees' cooperation or failure to cooperate with UKBA should not affect the process of allocating paid work roles.
- 6.32 Appropriate arrangements should be made to ensure that detainees understand information about work roles, including any agreements they have to sign before starting work.
- 6.33 Detainees should have the opportunity to follow short units of study leading to internal or external accreditation.
- 6.34 Cover for planned or unplanned education staff absence should be routine and appropriate.
- 6.35 ESOL provision should prioritise the systematic development of detainees' speaking skills.
- 6.36 The range of arts and crafts activities and resources should significantly increase.
- 6.37 Effective monitoring of detainees' participation in activity, including education, visits to the library and PE, should form the basis for identifying patterns of participation by individuals or groups.
- 6.38 Thorough and systematic quality assurance, including regular self assessment, should apply to education and other activities.
- 6.39 Education staff should receive suitable professional support and development.
- 6.40 The library should stock and loan newspapers, periodicals, dictionaries, audio and video material which reflects the languages, cultures and interests of detainees.

- 6.41 Management of the library should ensure that monitoring of stock levels and borrowing is routine. Staff responsible for the management and operation of the library should be appropriately trained.
- 6.42 Detainees should routinely receive an appropriate induction before engaging in sporting and PE activity, with confirmation of their fitness to participate.
- 6.43 Appropriately trained staff should supervise all sporting and PE activity.
- 6.44 The centre should ensure systematic recording of all accidents and injuries sustained during PE and sporting activity, and monitor records to identify any necessary changes to practice.

Section 7: Rules and management of the centre

Expected outcomes:

Detainees feel secure in a predictable and ordered environment.

7.1 The centre rules were available in reception, but not elsewhere. A rule forbidding access to other wings had been introduced to reduce bullying, but its benefits were uncertain. Some staff lacked the confidence to insist on compliance with the rules. Physical security was good, dynamic security less so. Searching was proportionate. Communication on security matters and action following receipt of information needed improvement. The incentives scheme was no longer in use, although elements of it continued without consistent governance, and there was no use of positive commendations. Separation and exclusion from work were used as punishment. There was frequent use of force and systems to monitor it were inadequate. There were some examples of clearly illegitimate practice. Handcuffs were used routinely for hospital escorts. There was very frequent use of separation, sometimes for long periods and for inappropriate reasons. First-line managers authorised separation and there was inconsistent senior management involvement. The recorded regime was minimal and temporary confinement appeared to be overused. Speedier handling, management oversight of quality and analysis of trends were needed to improve the complaints process.

Rules of the centre

- 7.2 Rules of the centre were available in a wide range of languages in reception, where detainees signed to say that they understood them. No information about the rules was available anywhere else in the centre. Detainees we spoke to were not aware of any set rules, with the exception of not spitting on the floor, not going on to other wings (a new initiative) and having to be back on their wings by 9pm.
- 7.3 Breaches of rules resulted in a written warning recorded on the electronic case information system. The rules for the removal from association unit (RFA) were provided in English only and were explained verbally. There was no procedure for explaining them to non-English speakers.
- 7.4 Detainees reported punitive application of rules: the use of RFA was cited as an immediate response to wrongdoing. Detainees felt that the loss of access to other wings was a collective punishment. Managers explained that this had recently been introduced to stop inter-wing bullying. An officer was almost permanently stationed at the wing door to control access to and from the wing, depending on the possession of an appropriately coloured identity card. The centre had identified an increase in incidences of bullying since the imposition of the rule restricting movement.
- 7.5 Some staff were unwilling to enforce the rules of the establishment. They often resorted to the submission of a security incident report (SIR) rather than addressing matters directly. Staff we spoke to felt that there was little they could do to enforce centre rules because of the lack of any formal disciplinary procedures. This also reflected a lack of confidence in informal mechanisms of control, such as mutually respectful relationships (see section on staff-detainee relationships).

Security

- 7.6 Perimeter security and control of movement through external doors were good. The centre facilities were all accessible from within the main building. Dynamic security, however, was weak. Staff did not freely interact with detainees on the wings, generally remaining close to the wing office and sometimes locking themselves in. During the daily fabric checks observed on the wings, there was very little interaction.
- 7.7 Drugs and mobile phones were identified by managers as the major security concerns. A significant increase in SIRs reflected an increased awareness by staff of the importance of good intelligence contributions. Lengthy detention periods allowed staff to become more aware of those in their care. In 2010 to date there had been 495 SIRs, representing an average increase of 83% over March to December 2009. Response times to SIRs were poor: target searches were often carried out more than a week later, if at all.
- 7.8 There was some analysis of a range of data (including SIRs) at security meetings when targets were identified for the following month and policy changes made. However, the security objectives listed on the notice board in the gate area were dated August 2009.
- 7.9 Visits were reported as the primary route for drugs into the centre based on intelligence received. An initiative to deter drug trafficking outside the centre had been taken in partnership with the police, but there was no evidence of any similar work in the visitors' centre or the centre itself.
- 7.10 On one occasion during the inspection, there was only one officer on duty in the visits hall and no intelligence brief had been given before the start of visits. Staff did not enforce an advertised rule that furniture should not be moved.
- 7.11 The use of strip-searching was proportionate. There was no routine strip-searching of detainees by centre or escorting staff. Since the centre had opened, strip-searches had been carried out on seven occasions, three of which were in response to a self-harm risk when the detainee had declared that he had a blade or a lighter concealed. Permission was sought from the duty director to conduct a full search and a log maintained by the head of operations.
- 7.12 At a recent security meeting, it had been agreed and minuted that all detainees subject to targeted searches in relation to drug supply would be subject to strip-searches. During the inspection, none of the search teams we spoke to was aware of this.
- 7.13 Detainees in reception received a thorough rub-down search by escort staff before leaving the centre. The searches observed were professionally completed and detainees were treated respectfully, with an explanation of the reason for searching given in all cases.
- 7.14 Defensive weapons were not carried by any staff in the centre or by any of the escorting staff observed.

Rewards scheme

- 7.15 The rewards scheme had fallen into disuse pending the outcome of a national review by the UK Border Agency (UKBA). Some wing staff were not aware of the scheme, although middle managers still operated a system where new arrivals were put on standard level for 24 hours.

No detainee who had been in the centre for more than 24 hours was formally on the standard level.

- 7.16 Managers and staff reported that detainees who had received three or more warnings for poor behaviour were frequently separated for a period under Rule 40. The incentives policy explicitly stated that this lay outside the incentives scheme.
- 7.17 Staff made entries about detainees' behaviour on the online records system. All entries seen were negative, in the form of either informal comments or formal warnings.

Discipline

- 7.18 Several managers and staff expressed frustration that the restricted facilities, the layout of the buildings and the number of detainees living in close proximity created a situation in which it was difficult to motivate detainees to behave constructively.
- 7.19 It was clear from the pattern of usage that separation was frequently used as a form of punishment for those who infringed certain rules, and this was acknowledged by managers and staff. Non-compliant detainees were removed from association for one, two or three days as a punishment and not because of assessed risk and therefore not in strict accordance with the Detention Centre rules. In a minority of cases, irregular duration of separation and clear justification on the basis of risk showed that separation was being correctly used.
- 7.20 Further, detainees separated under Rule 40 for harmful or non-compliant behaviour were usually excluded from access to paid work for a variable period, according to the individual circumstances. This punitive link between separation and deprivation of work was not appropriate.

The use of force and single separation

- 7.21 The use of force had been at a consistently high level: it had been used 78 times in the previous six months. There had been 28 instances of the use of force in the six weeks preceding the inspection, eight of which were planned and 20 unplanned. This reflected a high level of spontaneous use of force in response to incidents on wings and in the separation unit. There was no signed assessment by a health care professional on a number of records of unplanned use of force when considerable violence had been involved. One of the recent planned interventions had not been filmed.
- 7.22 Use of force on planned interventions appeared from records to be generally in line with approved techniques. However, on a recent occasion a detainee had been moved from RFA (Rule 40) to temporary confinement (Rule 42) after urinating through his door. The officer's own record read: 'I entered first with the shield. A was standing up by the table and I hit him with the shield ...'. Another officer in the team had recorded that '(Officer N) used the shield to hold the detainee against the table in the room. Detainee folded his arms behind the shield'. The name of a medical practitioner present at the incident was entered on the record, but there was no comment. There was no recorded assessment by any manager, although the name of a team leader was typed on the form.
- 7.23 On the same day, the first officer had been involved in a further incident with another detainee, who had thrown excrement at three officers who entered his room with the lunch meal. The officer recorded: 'I entered with the shield, D was sitting on the bed so I pinned him to the bed while Officers A and B got locks on his arms.' Another officer recorded 'We entered room, Mr

N using shield to hold detainee in place on the bed...’ The names of a nurse and team leader were entered on the record, with no comment or assessment. These uses of a full-length Perspex shield as a weapon were clearly illegitimate as recorded.

- 7.24 There was very limited documented review by senior managers of individual uses of force. Use of force was not analysed, for example, by ethnicity or nationality, age or location.
- 7.25 Handcuffs were routinely used for hospital escorts, and managers accepted that there was a presumption that they would be used unless specific circumstances indicated otherwise.
- 7.26 The separation unit was large, with 13 rooms in the RFA section (Rule 40) and six in a temporary confinement (TC) (Rule 42) area. The rooms could be used interchangeably and the TC area was used as an overflow area for RFA. There was a high level of use of separation. In our survey, 25% of detainees reported that they had spent a night in the separation unit in the previous six months, which was significantly higher than the comparator of 14%. During the first two weeks of March 2010, 39 detainees had been held in the RFA unit: of whom 27 had been there for 24 hours or more. Six of these were detainees awaiting removal on charter flights who had been located in separation the previous evening to make the process of removal more straightforward. During this period, a detainee had been taken to a psychiatric institution after more than 80 days in separation for disturbed and disruptive behaviour.
- 7.27 It was not uncommon for new arrivals requiring a single or ground-floor room to be located initially in the separation unit in the absence of more suitable short-term accommodation. A detainee had recently arrived with two sprained ankles. He had been located in the separation unit because ‘no disabled or ground floor beds were available’. He was moved to a residential unit at 2.30pm the following day.
- 7.28 Separation was usually authorised by a first-line manager and the duty senior manager informed without delay. Until the beginning of 2010, UKBA had not been routinely informed of separations until the 24-hour renewal was required. The requirement for a UKBA manager to give written authorisation of separation beyond the first 24-hour period was fulfilled in most, but not all, cases. The reasons for separation were given in a sheet which was translated into 10 languages, with the facility to tick one of 14 reasons which included health care and risk of self-harm.
- 7.29 Detainees were frequently located in the RFA unit for observation and monitoring at the request of health care staff. It was inappropriate for detainees to be subject to a solitary regime because of their medical condition. In non-medical cases, no certification of fitness to detain was provided by a health care professional in advance of separation.
- 7.30 Each separation record included a sheet showing aspects of the regime such as ‘shower, exercise, medication, mail in, phone call, room clean’. In some cases, no entries had been made, and in the majority only shower and exercise were marked.
- 7.31 Temporary confinement under Rule 42 had been used 83 times in the previous six months, for an average of 22.35 hours. In some cases, detainees had been placed in TC for passive non-compliance.
- 7.32 The use of separation was monitored quantitatively at the monthly security meeting, but there was no analysis of use of separation by categories such as ethnicity, nationality, age and location.

Complaints

- 7.33 The number of complaints for the first two months of 2010 was 41% higher on average than 2009. The complaints procedure was complicated and lengthy. Complaints data were not collated and there was no interrogation of statistics to identify trends and hotspots. Responses were not quality checked by a senior manager. Analysis of November and December 2009 complaints revealed an average response time of 23 days, with property issues making up 50% of the complaints. Only three complaints had been made directly to UKBA over the previous 12 months. These had had an average response time of 11 days and had all been appropriately answered.
- 7.34 Staff in the wing offices attempted to solve areas of dispute and, if there was no swift resolution, told detainees to submit a complaint. Detainees reported having little faith that staff would resolve any issues that they might have.
- 7.35 Complaint forms were freely available on all units with the exception of the RFA unit, where they had to be requested from the wing office. Each residential unit had a secure post box for complaints, which was emptied daily. Information about how to make complaints was not available on units in languages other than English.
- 7.36 Complaints were sent from the centre to UKBA's Croydon office and returned to the director's personal assistant to allocate the complaint to an appropriate staff member. The required seven-day response period began at the time of this allocation rather than when the complaint was lodged. A short holding response was sent if there was no immediate substantive reply. In our survey, 8% of detainees who had made a complaint felt that their complaint had been sorted out fairly and 8% promptly, significantly worse than the respective comparators of 29% and 23%.
- 7.37 Application forms to the Independent Monitoring Board (IMB) were only available from reception and from wing offices, which were not always accessible to detainees, and several detainees were unsure how to contact the IMB. The IMB told us that they were discouraged from attending the RFA unit during the serving of meals. Photographs of the IMB members were displayed in residential units.

Recommendations

- 7.38 Rules of the centre, including those of the RFA, should be available to detainees in a range of languages on all residential units.
- 7.39 Senior management should evaluate the practice of restricting detainee movements to ensure that the reasons are valid.
- 7.40 Managers should support staff to ensure they address non-compliance with rules directly with the detainee(s) concerned.
- 7.41 Staff should be encouraged and supported by managers to interact with detainees to enhance the dynamic security of the centre.
- 7.42 Actions in response to security information should be taken quickly and appropriately.
- 7.43 The rewards scheme policy should be updated, published and implemented by staff.

- 7.44 Managers should encourage staff to record recognition of constructive behaviour by detainees, which should be reflected in the incentives scheme.
- 7.45 Exclusion from access to paid work should not be used as a punishment linked to separation.
- 7.46 Any detainee subject to anything other than very minimal contact amounting to use of force should receive a recorded assessment from a health care professional.
- 7.47 All planned uses of force should be filmed, and the film retained for a reasonable fixed period.
- 7.48 A senior manager should review and give a written assessment of all incidences of the use of force, taking appropriate action in the case of unsatisfactory practice.
- 7.49 Senior managers should regularly review the use of force, making use of analysis by categories such as ethnicity, nationality, age and location.
- 7.50 Handcuffs should be used only when justified by an individualised risk assessment.
- 7.51 If local managers judge that a detainee cannot safely be housed in Brook House for the foreseeable future other than in separation, UKBA should ensure that he is moved out into more suitable conditions as soon as possible.
- 7.52 Detainees should not be accommodated under Rule 40 conditions solely because a single or ground-floor room is required or solely because of medical requirements.
- 7.53 Separation should be authorised by a senior manager, or ratified by a senior manager as soon as possible when an immediate operational decision has been required.
- 7.54 All those located in the separation unit should first be certified as fit for separation by a health care professional.
- 7.55 Any period of separation exceeding 24 hours should be authorised in writing by a UKBA manager before expiry of that period.
- 7.56 The reasons for separation should be given to every separated detainee within two hours.
- 7.57 The full published regime should be provided and recorded for all those held in separation, with reasons indicated for any elements not delivered.
- 7.58 Temporary confinement should only be used for detainees who are violent or refractory, for as short a period as possible, and only for as long as such behaviour continues.
- 7.59 Regular meetings involving senior managers should review the use of separation, making use of analysis by key categories such as ethnicity, nationality, age and location.
- 7.60 Complaints should be monitored and reported in such a way that local managers, including UKBA managers, can track response performance and analyse any emerging trends.

- 7.61 A senior manager should quality check a percentage of complaints to ensure that responses are appropriate and respectful.
- 7.62 Information on how to make a complaint should be readily available in a range of languages on residential units.
- 7.63 Wing staff should make every effort to resolve detainees' concerns, making use of first-line managers where appropriate, before advising the use of complaint forms.
- 7.64 Complaint forms should be made freely available in the RFA unit.
- 7.65 Complaints should be answered within seven days of the detainee making the complaint.
- 7.66 Information on how to contact the IMB and IMB application forms should be available on all residential units, including the RFA unit, in a range of languages.
- 7.67 Members of the IMB should have free access to all parts of the centre at all times.

Housekeeping points

- 7.68 Security directives should be disseminated to the appropriate staff.
- 7.69 The security notice board in the gatehouse should be regularly updated.

Section 8: Services

Expected outcomes:

Services available to detainees allow them to live in a decent environment in which their everyday needs are met freely and without discrimination.

- 8.1 Detainees reported negatively in our survey and focus groups about the quality of food and the range of goods sold in the shop. The kitchen and servery areas were clean, but there were some concerns about cross-contamination of different foods at the point of service. There were insufficient tables and chairs on the residential units for all detainees to dine communally. Detainees had to wash their plates and cutlery in the basins in their rooms, which was unhygienic. Fortnightly themed days were appreciated by most detainees. Shop prices were reasonable, but the shop queue was inadequately supervised.
- 8.2 In our survey, 11% of detainees indicated that the food was good or very good, which was significantly worse than the comparator of 26%. The kitchen and shop were operated by an independent contractor, Aramark. Detainees were employed in the kitchen and in the residential wing serveries, but catering staff indicated that limits on the number of hours detainees worked made it difficult to involve them in cooking. Staff and detainees had been health screened to work with food and had received at least basic food hygiene and food safety training. We inspected the kitchen and wing serveries at different times of the day and always found them clean. The kitchen was well organised and food was appropriately stored.
- 8.3 There was a pre-select menu for detainees to choose their meals in advance. There were no pictures of the dishes, but the menu was annotated with coloured letters and symbols to identify items suitable for different diets. Detainee orderlies helped detainees to make their choices.
- 8.4 The menu operated on a four-week cycle with a choice of two meat or fish dishes and at least one vegetarian option at each meal. One of the meat options was always halal. In addition, the kitchen catered for special medical diets recommended by health care. Detainees could have fruit once a day and vegetables were served with the midday and evening meals. Potatoes and rice were served at each meal. Portions were generous, but some of the food we tasted was not visually appealing and lacked flavour.
- 8.5 There were themed days once a fortnight to celebrate the food of different cultures, including a curry night, Chinese night and Arabian night. These were popular with detainees and the Chinese night, which had coincided with Chinese New Year, had been particularly appreciated by the Chinese and Vietnamese detainees.
- 8.6 Breakfast was served at 8am and consisted of a boiled egg with cereal and toast. The midday meal was served between 12.30 and 1.30pm. During the inspection, we noted that the evening meal was served between 5.30 and 6.30pm, although the published timetable said 6 to 7pm. The gap between the last meal of the day and breakfast was more than 15 hours.
- 8.7 Meals were served from serveries on the residential wings. The food was transported from the kitchen in heated trolleys and the temperature was checked at the point of service. Detainees complained about cross-contamination of food, particularly halal and non-halal foods, and there were no separate utensils for serving halal or vegetarian products.

- 8.8 There were some fixed tables and chairs on the ground floor of each wing where detainees could eat communally, although there were insufficient places for all detainees and some had to eat in their rooms. Detainees had been issued with their own plastic plates and cutlery to reduce wastage, but were expected to wash them in the basins in their rooms, which was unhygienic.
- 8.9 The catering staff had carried out a food survey, but the response rate had been very low. Catering and the shop were a standing agenda item at detainee consultative meetings, but the minutes revealed limited discussion. There were examples of catering staff responding positively to requests, such as providing bananas once a week. Other issues, such as the cross-contamination of foods, had been raised on several occasions but remained a concern for detainees.
- 8.10 We were told that food comments books were available in the wing offices, but staff were unable to locate them on two of the wings and the books on other wings were located in the staff office and contained few comments.
- 8.11 In our survey, 15% of detainees said that the shop sold a wide enough range of goods to meet their needs, which was significantly worse than the comparator of 33%. This was reflected in our focus groups, where particularly Chinese, Vietnamese and Muslim detainees complained that the shop did not stock all the goods they would like. Muslim detainees noted a lack of non-alcoholic after shave, miswak toothbrushes and dates during Ramadan.
- 8.12 The shop only stocked items on the Aramark stock list and did not have the flexibility to purchase products locally. Detainees could buy fruit from the shop, which they appreciated. The shop stocked a range of essential toiletries and basic items, but these did not meet the wide diversity of cultures and tastes represented in the centre. The prices appeared comparable to prices in the community.
- 8.13 A pictorial price list was usually displayed outside the shop, but was not in place at the time of the inspection. The list was also available in a folder on the residential wings, but these were kept in a drawer in the wing office.
- 8.14 The centre had recently introduced a cashless system where detainees' money was credited to an account from which they could buy items using their ID card. This had the potential to prevent theft and bullying, but in reality the shop queue was inadequately supervised by custody officers and bullying and begging took place (see section on bullying). In one incident that we observed, a detainee presented another detainee's ID card to make a purchase. He was appropriately challenged by the member of Aramark staff in the shop, but when the situation became heated and custody officers failed to intervene, she was intimidated into giving the detainee the goods.
- 8.15 A service to enable detainees to order items from Argos had recently been introduced and the centre was awaiting delivery of the first order.

Recommendations

- 8.16 Detainees should be encouraged to assist in the preparation of menus and cooking of dishes, particularly on the themed days.
- 8.17 A pictorial menu should be displayed in residential areas.

- 8.18 Detainees should be provided with an additional snack and hot drink between the evening meal and breakfast.
- 8.19 There should be separate, clearly identifiable tools for serving halal and vegetarian food.
- 8.20 All detainees should be able to eat communally.
- 8.21 Detainees' plates and cutlery should be washed in the serveries or separate washing up facilities should be provided.
- 8.22 Food comments books should be freely available to detainees at the serveries and should be checked at least weekly by catering staff, who should respond to any comments made.
- 8.23 A catering committee, including broad detainee representation, should meet at least monthly to discuss catering and shop issues and the minutes of meetings should be acted upon.
- 8.24 In consultation with detainees, the shop should stock a wider range of goods to meet the cultural and religious needs of different nationalities and religions.
- 8.25 The shop queue should be supervised to prevent bullying, begging and fraud.

Section 9: Preparation for release

Expected outcomes:

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.

9.1 Welfare provision was in its infancy, and a welfare officer had only been in post since the week before the inspection. The involvement of the Gatwick Detainee Welfare Group and other external agencies was limited. Visits provision was reasonable, although the relatively small visits room restricted capacity. There was insufficient information for visitors. There was no toilet for detainees in the visits area and there were delays in the entry procedure. Mail, fax and internet provision were adequate, but the landline telephone system was unreliable and the mobile phone signal was variable. The discharge process lacked thorough preparation for high-risk and vulnerable detainees, and support for detainees awaiting removal and preparing for their situation after removal was inadequate. Two rooms designated for holding non-compliant detainees pending imminent removal were unsuitable for the purpose.

Welfare

- 9.2 There had been no dedicated welfare provision until the week preceding the inspection and wing staff had been left to pick up any issues. The new full-time welfare officer worked from Monday to Friday, with no weekend cover and no cover for leave. Managers planned to assess this level of provision after a few weeks. The officer was motivated and was building up a list of contacts and sources of legal advice. She was seeing up to 25 detainees each day who presented themselves at her office. She provided assistance in completing forms and writing letters, but the most common needs were recovery of property and access to legal advice. Telephone interpretation had not yet been used for welfare work.
- 9.3 The Gatwick Detainee Welfare Group had been helpful in recovering property from home addresses. However, UK Border Agency (UKBA) managers at national level had refused the group permission to provide advice and support surgeries.
- 9.4 The welfare officer had no involvement with new arrivals or with detainees preparing for imminent release or removal. At the time of the inspection, the welfare officer was fully occupied in responding to requests. This presented the risk that some detainees might not have the confidence or the necessary information to use the welfare service. In our detainee groups there was little awareness of the welfare service.
- 9.5 There were no supplies of clothing other than standard issue. The welfare officer was planning to provide (as in other centres) relatively smart second-hand clothes for formal occasions such as court appearances.

Visits

- 9.6 The layout and atmosphere of the visits hall was reasonably informal, with sufficiently comfortable free-standing furniture. There was a children's corner with a low table and chairs and toys for small children, and a large-screen wall-mounted monitor for showing DVDs. There was no toilet for detainee use in the visits area and detainees found it disruptive to have to

return to the wing to use the toilet during a visit. There were notices about the chaplaincy, anti-bullying, race relations and some immigration-related agencies, but little had been done to make the environment welcoming. There were four legal visits rooms and two videolink suites, which were being used increasingly for bail hearings. Refreshments were available from vending machines.

- 9.7 Detainees could receive visits between 2 and 5pm and 6 and 9pm. The booking system was flexible and booking staff were helpful. If a detainee was to be removed and there was a pressing compassionate need for a visit, this would be facilitated where possible even if the hall was fully booked. The visits room was not large and weekend visits sessions were often fully booked a week in advance. Staff supervising visits were civil and respectful towards visitors, rather than friendly and welcoming. In our survey, 53% of detainees said that they were treated well or very well by visits staff, which was significantly worse than the comparator of 68%.
- 9.8 Searching was proportionate. Lockers were provided in the visitors' centre for visitors to store items not permitted in the establishment, and detainees and visitors could bring documents with them to a visit. Reasonable physical contact was permitted and clear boundaries were drawn.
- 9.9 Several members of the Gatwick Detainee Welfare Group came regularly to meet detainees who did not otherwise receive visits. These visitors reported that they often had long waits before entry, but that staff were helpful. Staff and visitors alike reported that there was frequently a bottleneck in the search area, when groups of visitors had to wait in a holding room until a member of staff was available to bring them to the visits room. In our survey, a detainee commented: 'When you have a visitor you may be called on the tannoy. You then may hurry to the visiting counter only to find that your visitor is still outside. It may take ages for them to be allowed in.'
- 9.10 The visitors' centre outside the establishment, staffed by assistant custody officers, had an institutional feel, with fixed furniture in rows and little to humanise it. There were notices on the walls which focussed on instructions about behaviour and items that were not permitted. There were vending machines for drinks and snacks. No information leaflets were available for visitors. Staff were reasonably helpful. They had never used telephone interpretation and acknowledged that they had considerable difficulty in communicating with visitors of some nationalities. A suitable comments form, with a strong visual impact, was available, with a locked box so that comments could be made in confidence. A useful free bus service was provided to and from Gatwick airport rail station.

Telephones

- 9.11 There were no payphones in the centre and cordless telephones, known as DECT (digital enhanced cordless technology) phones, were issued. These were proving unreliable and there were insufficient telephones for every detainee. For a period during the week of the inspection, there was a technical fault in the system, which rendered all the telephones unusable. Detainees said that it was not uncommon for them to be out of action for significant periods. Detainees were able to retain their own mobile phones, if they did not have camera or internet capability, although the variable strength of signal in different parts of the centre caused problems. In our survey, 41% of detainees said that it was easy to receive incoming calls and 35% that it was easy to make outgoing calls, which was significantly worse than the respective comparators of 57% and 54%.

- 9.12 There was good access to the internet through the 40 terminals available for detainee use, despite some limitations on website availability (see legal rights and activities sections). There was also open access to a fax machine in the library for outward transmission, although several detainees found this difficult to use. Incoming faxes were received in the general administration office, logged and taken each hour to the relevant residential units. This system generally worked well.

Mail

- 9.13 Mail systems appeared to work efficiently and detainee complaints about specific delays had been effectively followed up. Nevertheless, our survey showed that 52% of detainees had had problems with sending or receiving mail, which was significantly worse than the comparator of 22%. In our survey, a detainee said: 'The money which is sent here always goes missing. I do not know who takes it and neither do I know where I can complain about it'. Another felt that 'Mail and faxes are being deliberately delayed in order to jeopardise your appeal so you run out of time'. We found no evidence of such action, but the perception clearly needed to be addressed.

Removal and release

- 9.14 There were no multidisciplinary risk management meetings to prepare for the removal of detainees at risk of self-harm or of causing harm to others. There was no other form of systematic pre-release assessment or support. There was evidence of this leading directly to some confrontations with detainees at the point of removal because basic welfare needs and property issues had not been addressed at an earlier stage. Until November 2009, there had been meetings of security, residential and safety senior managers to determine the need for and availability of separation rooms before removal, but this had been devolved to the duty operational first-line manager.
- 9.15 The discharge area contained two small, claustrophobic, windowless and unfurnished rooms, which were for use when a detainee was recalcitrant, violent or obstructive during the discharge process. They were unsuitable for confining detainees under any circumstances. We were told that they were rarely used. However, there was no log to show when the rooms had been used and the reasons. There was no policy, no instructions and no governance of their use.
- 9.16 Detainees being released were given rail warrants to destinations within the UK. They were also given a sheet with contact numbers of agencies which could provide support with housing, counselling, family tracing, substance misuse and mental and physical health. Care was taken to ensure that detainees had all their property, valuables and papers before departure and mail received after departure was forwarded.
- 9.17 There was no provision for onward travel from the destination airport in the country to which detainees were removed. One Afghan man destined for Kabul had been in the UK since 2000 and said that he had no contacts in Afghanistan and did not know where he would go when he arrived in Kabul. Another said that he had been in the UK for 40 years and had nowhere to go in Afghanistan and had not received help.
- 9.18 Discharging staff were thorough and helpful. However, the arrangements for charter flights were poor: three Afghan detainees were held in a locked room with no facilities for many hours, with occasional drinks but no food, although they did not board the coach for the airport until after 3pm. A detainee being removed on a charter flight to Afghanistan said that he had

only the clothes which he was wearing. He had other clothes at his residence in the UK, but he had no friends or family to bring these to him at the centre and had not been aware of any arrangements for recovering them. He was leaving with no other clothes, although there was a good supply of clothing available for issue in the discharge area. However, there was no shower-proof outdoor clothing. Nylon zip bags were issued to detainees with no suitcases of their own.

- 9.19 There was no consistent planning or onward transmission of information on removal to mitigate the risk of harm to the detainee, for example self-harm or mortal danger in the destination country. A detainee being removed to Somalia, who did not speak the language, was not able to access any information about the country because there were no relevant books available and appropriate internet sites were blocked.

Recommendations

- 9.20 The Gatwick Detainee Welfare Group should be enabled, under the terms of an appropriate agreement, to provide regular surgeries for support and advice, and further links should be established with a range of external support agencies.
- 9.21 Managers should encourage the use of telephone interpretation by those engaged in welfare work, and monitor the effectiveness of their communication with detainees of all nationalities.
- 9.22 Welfare staff should interview and assess all detainees on induction and all those about to be removed or released.
- 9.23 Suitable clothing should be available for loan or issue to detainees for occasions such as appearances in court.
- 9.24 A toilet should be available for detainee use in the visits area.
- 9.25 Managers should revise working practices to ensure that visitors are not unnecessarily delayed during the entry process.
- 9.26 The décor in the visits room and the visitors' centre should be brightened with displays appropriate to different ages and cultures.
- 9.27 Managers should monitor the use of the visits hall, through methods such as visitor surveys, to ensure that access and facilities are adequate.
- 9.28 An information booklet should be produced for visitors in a number of languages.
- 9.29 Managers should encourage and monitor use of telephone interpretation by visitors' centre staff to ensure that visitors have the necessary information.
- 9.30 All detainees should have sole use of a DECT phone at all times.
- 9.31 Managers should ensure that any underlying technical problems leading to intermittent failure of the DECT system are resolved.
- 9.32 Managers should research and implement the provision of a consistent mobile phone signal in all detainee areas.

- 9.33 Managers should institute regular checks on the timeliness of delivery of incoming mail and faxes.
- 9.34 Detainees being transferred into further detention should be given written reasons for this decision and information about the centre to which they are being transferred.
- 9.35 Multidisciplinary risk management meetings, including health care and welfare staff, should be held before the removal of high-risk or vulnerable detainees to consider their welfare.
- 9.36 The small holding rooms in the discharge area should be taken out of commission.
- 9.37 Detainees held for significant periods in the discharge area should be provided with meals at regular times, and with some basic reading matter and activity resources.
- 9.38 Removed detainees should receive assistance with travel from the airport of arrival to their final destination.
- 9.39 Shower-proof coats should be available for issue to departing detainees in case of need.
- 9.40 Published and online information about destination countries should be available to detainees.

Section 10: Recommendations, housekeeping and good practice

The following is a listing of 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.

Main recommendation To the chief executive, UKBA, and centre manager

- 10.1 The volume and range of education provision should significantly increase and its structure and planning meet the needs of all detainees. (HE.47)

Main recommendations To the centre manager

- 10.2 All forms of separation should be subject to appropriate governance and be for the shortest period possible. (HE.40)
- 10.3 The anti-bullying strategy should be fully implemented and closely monitored by the safer community group. (HE.41)
- 10.4 Staff supervision in the shop area, stairways and any other communal area where bullying or violence is identified, should be sufficient to deal with the problem. (HE.42)
- 10.5 Managers should draw up and implement a policy on drug supply reduction, including clear guidance and briefing for visits staff. (HE.43)
- 10.6 Detainee custody officers should be supported to develop positive relationships with detainees in their care, and all new and inexperienced staff should have mentors as part of a formal mentoring scheme. (HE.44)
- 10.7 Weekly group meetings should be convened with detainees to identify unmet need, inform detainees of relevant issues and keep abreast of concerns. These should use professional interpreters wherever necessary. (HE.45)
- 10.8 Detainees should have access to primary, secondary and specialist mental health services which meet the needs of the centre population. (HE.46)
- 10.9 A full and widely advertised welfare service should be provided seven days a week and should provide systematic pre-release or removal assessment and support for detainees. (HE.48)

Arrival in detention

- 10.10 Detainees should routinely be told of any transfer in advance and given details of reasons for transfer and information about their destination. They should not be subject to successive unexplained moves around the detention estate. (1.12)
- 10.11 Detainees should not be transferred between centres overnight. (1.13)

Reception

- 10.12 Detainees should not have their fingerprints taken in reception if UKBA already have their prints on record. (1.38)

Immigration casework

- 10.13 Cumulative periods of detention should be routinely collated by UKBA. (3.29)
- 10.14 Where there is no prospect of a detainee being removed, the UKBA caseworker should specifically address any continued detention as a matter of law and fact. (3.30)
- 10.15 Monthly review letters should be timely and reflect a balanced consideration of all factors relevant to continuing detention. In particular, the review letter should state the reasons if there has been a lack of progress since the previous letter. (3.31)
- 10.16 UKBA should adopt a national policy that bail summaries are issued by caseworkers to all detainees, whether they are legally represented or not, at least one day before the hearing. (3.32)
- 10.17 All legal correspondence addressed to a detainee arriving through the on-site immigration team should be passed directly to the detainee without being read or copied by immigration staff. (3.34)

Duty of care

- 10.18 UKBA should investigate reports that detainees have been taken off ACDT simply to effect transfer, and ensure that this practice ceases. (4.27)

Child care and child protection

- 10.19 UKBA should ensure that the police and offender managers are informed when a detainee who is a risk to children is released from detention. (4.40)

Activities

- 10.20 Detainees' cooperation or failure to cooperate with UKBA should not affect the process of allocating paid work roles. (6.31)

Recommendations

To the chief executive, UKBA and the centre manager

Rules and management of the centre

- 10.21 Handcuffs should be used only when justified by an individualised risk assessment. (7.50)
- 10.22 If local managers judge that a detainee cannot safely be housed in Brook House for the foreseeable future other than in separation, UKBA should ensure that he is moved out into more suitable conditions as soon as possible. (7.51)
- 10.23 Any period of separation exceeding 24 hours should be authorised in writing by a UKBA manager before expiry of that period. (7.55)
- 10.24 Complaints should be answered within seven days of the detainee making the complaint. (7.65)

Preparation for release

- 10.25 The Gatwick Detainee Welfare Group should be enabled, under the terms of an appropriate agreement, to provide regular surgeries for support and advice, and further links should be established with a range of external support agencies. (9.20)
- 10.26 Detainees being transferred into further detention should be given written reasons for this decision and information about the centre to which they are being transferred. (9.34)
- 10.27 Multidisciplinary risk management meetings, including health care and welfare staff, should be held before the removal of high-risk or vulnerable detainees to consider their welfare. (9.35)
- 10.28 Removed detainees should receive assistance with travel from the airport of arrival to their final destination. (9.38)

Recommendations

To the escort contractor

Arrival in detention

- 10.29 Escorting staff should contact the receiving centre to provide them with an estimated arrival time and details of who they are escorting. (1.14)
- 10.30 Copies of police custody records should be attached to the IS91 when a detainee is transferred from police custody. (1.15)

Recommendation

To the escort contractor and centre manager

Arrival in detention

- 10.31 Detainees should only be handcuffed if there is specific information indicating substantial risk. (1.16)

Reception

- 10.32 The waiting rooms in reception and discharge should be made more welcoming and should contain books, newspapers and magazines in a range of languages. (1.35)
- 10.33 Detainees should be offered hot and cold drinks on arrival and at regular intervals, and have free access to drinking water. (1.36)
- 10.34 Detainees should not be locked in an unsupervised waiting room. (1.37)
- 10.35 All detainees should be interviewed in private in reception. (1.39)
- 10.36 Detainees who do not speak English fluently should be interviewed with the use of telephone interpretation. (1.40)
- 10.37 Staff should receive training and guidance on interviewing techniques and completion of the first night and room-sharing risk assessments, which should be completed for all detainees. (1.41)
- 10.38 Detainees should be able to have a shower in reception on arrival. (1.42)

First night and induction

- 10.39 There should be designated first night rooms. (1.48)
- 10.40 Detainees should be interviewed by staff on arrival in their first night accommodation to assess their risk and immediate needs. (1.49)
- 10.41 All detainees should be checked at least twice on their first night. These checks should be recorded. (1.50)
- 10.42 All detainees should receive a comprehensive induction and clear written information explaining the facilities and routine of the centre in a language they can understand. The same information should be provided in audio or video formats for detainees who are unable to read. (1.51)

Residential units

- 10.43 Daily fabric checks should be rigorous to preserve security and maintain adequate standards of hygiene, safety and decency. (2.22)
- 10.44 The living environment should be softened with, for example, the introduction of plants, soft furnishing and art work. (2.23)
- 10.45 Information notices should be displayed in a wide range of languages. (2.24)
- 10.46 There should be adequate space on the wings for detainees to participate in recreational activities. (2.25)

- 10.47 Seating should be installed in the exercise yards. (2.26)
- 10.48 All rooms should be adequately ventilated. (2.27)
- 10.49 The smoking policy should be enforced. (2.28)
- 10.50 Soundproofing should be introduced on the residential units. (2.29)
- 10.51 Consultative meetings should result in resolution of legitimate issues raised by detainees. (2.30)
- 10.52 Detainees should be able to store their property safely. (2.31)
- 10.53 Detainees should be encouraged and helped to keep rooms clean and tidy. (2.32)
- 10.54 The showers should be adequately screened. (2.33)
- 10.55 Detainees should have the option of taking a bath. (2.34)
- 10.56 All toilets should have seats and should be screened so that detainees are afforded complete privacy. (2.35)

Staff-detainee relationships

- 10.57 Wing managers should be based on the wings to help support staff and speak to detainees. (2.41)
- 10.58 A personal or care officer scheme should be implemented. (2.42)
- 10.59 History sheet entries should be regular and substantial, building a meaningful picture of detainees. (2.43)

Legal rights

- 10.60 In consultation with the Legal Services Commission, the centre should ensure adequate access to legal advice, representation and bail applications. (3.10)
- 10.61 Important websites, such as Community Legal Advice and Bail for Immigration Detainees, should be advertised. (3.11)
- 10.62 Detainees should be reminded of their bail rights and given a bail application form during their UKBA induction to the centre. (3.12)
- 10.63 Hard copies of BID's 'Handbook on Bail' should be available in English and other languages. (3.13)
- 10.64 The stock of legal text books should be updated and made readily available to detainees. (3.14)
- 10.65 Country of Origin Information Service reports should be available in hard copies and electronically. (3.15)

- 10.66 Notices explaining how to complain about legal representatives should be displayed and Office of the Immigration Services Commissioner and Legal Complaints Service complaint forms should be freely available to detainees. (3.16)

Immigration casework

- 10.67 If an allegation of torture is made, health care staff should document and describe any scarring. (3.33)

Duty of care

- 10.68 Victims of bullying should have an individual plan to offer them appropriate support. (4.19)
- 10.69 A safety survey should be carried out annually and the results used to inform the anti-bullying strategy. (4.20)
- 10.70 Relevant data on bullying and violence should be systematically collated, analysed and presented to the safer community group. Trends should be investigated. (4.21)
- 10.71 Bullying investigations should be systematic, thorough and quality checked and include interviews with victims. (4.22)
- 10.72 The SCG meeting should monitor incidents of self-harm, analyse and respond to any emerging trends, and reflect on any lessons that can be learned from serious incidents of self-harm. (4.23)
- 10.73 Detainees should be encouraged and supported to attend the SCG meetings. (4.24)
- 10.74 Objectives set in the care plans should be individualised. (4.25)
- 10.75 All staff should carry ligature knives. (4.26)
- 10.76 A care suite for detainees at risk of self-harm should be established. (4.28)
- 10.77 The role of the RASP procedure should be made clear to all staff. (4.29)
- 10.78 A formal peer support scheme for vulnerable detainees should be introduced. (4.30)

Childcare and child protection

- 10.79 A child protection and age dispute policy should be published in consultation with the local safeguarding children board. (4.37)
- 10.80 All G4S staff should receive training in safeguarding children. (4.38)
- 10.81 Visits staff should be alerted to any detainees who pose a risk to children. (4.39)

Diversity

- 10.82 A policy should be developed to include all strands of diversity, including the needs of older, gay and transgendered detainees. It should be accompanied by an action plan to ensure implementation. (4.52)
- 10.83 Diversity monitoring should allow trends to be analysed over time and be routinely discussed at RCAC meetings. (4.53)
- 10.84 RCAC meetings should be advertised to detainees, and include strategic discussion of diversity issues. Action points should be systematically followed up. (4.54)
- 10.85 Detainees with disabilities should be identified and have their needs assessed at the earliest possible stage. There should be care plans for all disabled detainees. (4.55)
- 10.86 Call bells in adapted rooms should be easily accessible. (4.56)
- 10.87 Detainees with mobility problems should be supported by staff to use the lifts. (4.57)
- 10.88 The library should stock some easy read materials for detainees with visual impairments. (4.58)

Health services

- 10.89 A health needs assessment should be completed as soon as possible, identifying the training needs of health care staff and the mental health needs of detainees. (5.32)
- 10.90 The lead nurse manager should be more actively involved in the management of the health care centre and the development of all health care staff. (5.33)
- 10.91 The health care centre should be provided with a toilet for the use of detainees being examined or treated. (5.34)
- 10.92 The security of the pharmacy room and administration hatch should be reviewed. (5.35)
- 10.93 Greater emphasis should be given to the recruitment of nursing staff, with priority for mental health nurses. (5.36)
- 10.94 Adequate facilities should be provided for the management of detainees with disabilities who need enhanced care. (5.37)
- 10.95 Nursing staff should be suitably qualified to deliver specialist clinics. (5.38)
- 10.96 Clinical supervision should be provided for all professional health care staff. (5.39)
- 10.97 Automated emergency defibrillator batteries should be checked daily. (5.40)
- 10.98 All doors to the health care centre should be secured with a separate health care suite key. (5.41)

- 10.99 The pharmacist should be supported to take a more active role within the centre, especially with regard to prescribing review and analysis. (5.42)
- 10.100 Detainees should have access to a dedicated health care forum. (5.43)
- 10.101 All health care staff should be trained in the recognition and treatment of victims of torture. (5.44)
- 10.102 Health care staff should be informed at the earliest opportunity of a detainee's pending release, transfer or removal. (5.45)
- 10.103 Detainees should be given a supply of anti-malarial drugs when removed to a country with a known risk of malaria. (5.46)
- 10.104 Regular out-of-date checks should be carried out on all medicines and records kept. (5.47)
- 10.105 The use of patient named medication should be encouraged where practicable. (5.48)
- 10.106 There should be standard procedures to cover the current arrangements for pharmacy service provision and delivery of medication to detainees. These should be formally agreed through the medicines and therapeutics committee. (5.49)
- 10.107 A medicines and therapeutics committee should meet at least four times a year. Meetings should have clear terms of reference and all relevant stakeholders should attend. (5.50)
- 10.108 The system of relying on faxed prescriptions should be subject to audit. (5.51)
- 10.109 Detainees should have access to counselling services. (5.52)
- 10.110 Mental health awareness training should be provided for all custody staff. (5.53)

Activities

- 10.111 Internet security should not block legitimate websites, particularly those providing legal assistance and UKBA country of origin information. (6.27)
- 10.112 The centre should offer structured training in using the internet and emailing to detainees unfamiliar with computers and ensure sufficient printing capacity to meet detainees' reasonable needs. (6.28)
- 10.113 The centre should reduce the length of time detainees are confined to their rooms each day, institute later lock up and increase the time detainees are allowed in communal areas. (6.29)
- 10.114 The centre should increase the volume of paid work available to detainees, accompanied by appropriate training for all work roles leading to internal or external accreditation. (6.30)
- 10.115 Appropriate arrangements should be made to ensure that detainees understand information about work roles, including any agreements they have to sign before starting work. (6.32)
- 10.116 Detainees should have the opportunity to follow short units of study leading to internal or external accreditation. (6.33)

- 10.117 Cover for planned or unplanned education staff absence should be routine and appropriate. (6.34)
- 10.118 ESOL provision should prioritise the systematic development of detainees' speaking skills. (6.35)
- 10.119 The range of arts and crafts activities and resources should significantly increase. (6.36)
- 10.120 Effective monitoring of detainees' participation in activity, including education, visits to the library and PE, should form the basis for identifying patterns of participation by individuals or groups. (6.37)
- 10.121 Thorough and systematic quality assurance, including regular self assessment, should apply to education and other activities. (6.38)
- 10.122 Education staff should receive suitable professional support and development. (6.39)
- 10.123 The library should stock and loan newspapers, periodicals, dictionaries, audio and video material which reflects the languages, cultures and interests of detainees. (6.40)
- 10.124 Management of the library should ensure that monitoring of stock levels and borrowing is routine. Staff responsible for the management and operation of the library should be appropriately trained. (6.41)
- 10.125 Detainees should routinely receive an appropriate induction before engaging in sporting and PE activity, with confirmation of their fitness to participate. (6.42)
- 10.126 Appropriately trained staff should supervise all sporting and PE activity. (6.43)
- 10.127 The centre should ensure systematic recording of all accidents and injuries sustained during PE and sporting activity, and monitor records to identify any necessary changes to practice. (6.44)

Rules and management of the centre

- 10.128 Rules of the centre, including those of the RFA, should be available to detainees in a range of languages on all residential units. (7.38)
- 10.129 Senior management should evaluate the practice of restricting detainee movements to ensure that the reasons are valid. (7.39)
- 10.130 Managers should support staff to ensure they address non-compliance with rules directly with the detainee(s) concerned. (7.40)
- 10.131 Staff should be encouraged and supported by managers to interact with detainees to enhance the dynamic security of the centre. (7.41)
- 10.132 Actions in response to security information should be taken quickly and appropriately. (7.42)
- 10.133 The rewards scheme policy should be updated, published and implemented by staff. (7.43)
- 10.134 Managers should encourage staff to record recognition of constructive behaviour by detainees, which should be reflected in the incentives scheme. (7.44)

- 10.135 Exclusion from access to paid work should not be used as a punishment linked to separation. (7.45)
- 10.136 Any detainee subject to anything other than very minimal contact amounting to use of force should receive a recorded assessment from a health care professional. (7.46)
- 10.137 All planned uses of force should be filmed, and the film retained for a reasonable fixed period. (7.47)
- 10.138 A senior manager should review and give a written assessment of all incidences of the use of force, taking appropriate action in the case of unsatisfactory practice. (7.48)
- 10.139 Senior managers should regularly review the use of force, making use of analysis by categories such as ethnicity, nationality, age and location. (7.49)
- 10.140 Detainees should not be accommodated under Rule 40 conditions solely because a single or ground-floor room is required or solely because of medical requirements. (7.52)
- 10.141 Separation should be authorised by a senior manager, or ratified by a senior manager as soon as possible when an immediate operational decision has been required. (7.53)
- 10.142 All those located in the separation unit should first be certified as fit for separation by a health care professional. (7.54)
- 10.143 The reasons for separation should be given to every separated detainee within two hours. (7.56)
- 10.144 The full published regime should be provided and recorded for all those held in separation, with reasons indicated for any elements not delivered. (7.57)
- 10.145 Temporary confinement should only be used for detainees who are violent or refractory, for as short a period as possible, and only for as long as such behaviour continues. (7.58)
- 10.146 Regular meetings involving senior managers should review the use of separation, making use of analysis by key categories such as ethnicity, nationality, age and location. (7.59)
- 10.147 Complaints should be monitored and reported in such a way that local managers, including UKBA managers, can track response performance and analyse any emerging trends. (7.60)
- 10.148 A senior manager should quality check a percentage of complaints to ensure that responses are appropriate and respectful. (7.61)
- 10.149 Information on how to make a complaint should be readily available in a range of languages on residential units. (7.62)
- 10.150 Wing staff should make every effort to resolve detainees' concerns, making use of first-line managers where appropriate, before advising the use of complaint forms. (7.63)
- 10.151 Complaint forms should be made freely available in the RFA unit. (7.64)
- 10.152 Information on how to contact the IMB and IMB application forms should be available on all residential units, including the RFA unit, in a range of languages. (7.66)

10.153 Members of the IMB should have free access to all parts of the centre at all times. (7.67)

Services

10.154 Detainees should be encouraged to assist in the preparation of menus and cooking of dishes, particularly on the themed days. (8.16)

10.155 A pictorial menu should be displayed in residential areas. (8.17)

10.156 Detainees should be provided with an additional snack and hot drink between the evening meal and breakfast. (8.18)

10.157 There should be separate, clearly identifiable tools for serving halal and vegetarian food. (8.19)

10.158 All detainees should be able to eat communally. (8.20)

10.159 Detainees' plates and cutlery should be washed in the serveries or separate washing up facilities should be provided. (8.21)

10.160 Food comments books should be freely available to detainees at the serveries and should be checked at least weekly by catering staff, who should respond to any comments made. (8.22)

10.161 A catering committee, including broad detainee representation, should meet at least monthly to discuss catering and shop issues and the minutes of meetings should be acted upon. (8.23)

10.162 In consultation with detainees, the shop should stock a wider range of goods to meet the cultural and religious needs of different nationalities and religions. (8.24)

10.163 The shop queue should be supervised to prevent bullying, begging and fraud. (8.25)

Preparation for release

10.164 Managers should encourage the use of telephone interpretation by those engaged in welfare work, and monitor the effectiveness of their communication with detainees of all nationalities. (9.21)

10.165 Welfare staff should interview and assess all detainees on induction and all those about to be removed or released. (9.22)

10.166 Suitable clothing should be available for loan or issue to detainees for occasions such as appearances in court. (9.23)

10.167 A toilet should be available for detainee use in the visits area. (9.24)

10.168 Managers should revise working practices to ensure that visitors are not unnecessarily delayed during the entry process. (9.25)

10.169 The décor in the visits room and the visitors' centre should be brightened with displays appropriate to different ages and cultures. (9.26)

10.170 Managers should monitor the use of the visits hall, through methods such as visitor surveys, to ensure that access and facilities are adequate. (9.27)

- 10.171 An information booklet should be produced for visitors in a number of languages. (9.28)
- 10.172 Managers should encourage and monitor use of telephone interpretation by visitors' centre staff to ensure that visitors have the necessary information. (9.29)
- 10.173 All detainees should have sole use of a DECT phone at all times. (9.30)
- 10.174 Managers should ensure that any underlying technical problems leading to intermittent failure of the DECT system are resolved. (9.31)
- 10.175 Managers should research and implement the provision of a consistent mobile phone signal in all detainee areas. (9.32)
- 10.176 Managers should institute regular checks on the timeliness of delivery of incoming mail and faxes. (9.33)
- 10.177 The small holding rooms in the discharge area should be taken out of commission. (9.36)
- 10.178 Detainees held for significant periods in the discharge area should be provided with meals at regular times, and with some basic reading matter and activity resources. (9.37)
- 10.179 Shower-proof coats should be available for issue to departing detainees in case of need. (9.39)
- 10.180 Published and online information about destination countries should be available to detainees. (9.40)

Housekeeping points

Legal rights

- 10.181 Notices explaining how to use the fax machines should be displayed in the library. (3.17)
- 10.182 Word or compatible word processing software should be installed on the computers in the IT room. (3.18)

Health services

- 10.183 Detainees should be clearly informed about the option to seek a second medical opinion. (5.54)
- 10.184 Loose tablets and tablet foils should not be held in stock. (5.55)

Security

- 10.185 Security directives should be disseminated to the appropriate staff. (7.68)
- 10.186 The security notice board in the gatehouse should be regularly updated. (7.69)

Examples of good practice

Immigration casework

- 10.187 The on-site presence of Criminal Casework Directorate case owners enabled cases to progress more speedily and afforded detainees access to staff with authority to make casework decisions. (3.35)
- 10.188 The monthly review database helped UKBA staff keep track of late IS151Fs and caseworkers were systematically chased. (3.36)

Appendix I: Inspection team

Nigel Newcomen	Deputy Chief Inspector
Hindpal Singh Bhui	Team leader
Lucy Young	Inspector
Martin Kettle	Inspector
Ian MacFadyen	Inspector
Colin Carroll	Inspector
Paul Rowlands	Inspector
Kizza Musinguzi	Guest inspector
Mick Bowen	Health care inspector
Alastair Pearson	Ofsted inspector
Mike Skidmore	Researcher
Olayinka Macauley	Researcher
Tanya Norton	Observer, Association for the Prevention of Torture

Appendix II: Detainee population profile¹

(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	41	0	0	10.2
22 years to 29 years	147	0	0	36.6
30 years to 39 years	142	0	0	35.5
40 years to 49 years	52	0	0	13.0
50 years to 59 years	17	0	0	4.2
60 years to 69 years	2	0	0	0.5
70 or over	0	0	0	0
Total	401			100

(ii) Nationality Please add further categories if necessary	No. of men	No. of women	No. of children	%
Afghanistan	22	0	0	5.5
Albania	2	0	0	0.5
Algeria	26	0	0	6.5
Angola	3	0	0	0.7
Bangladesh	4	0	0	1.0
Belarus	1	0	0	0.2
Cameroon	1	0	0	0.2
China	29	0	0	7.2
Colombia	1	0	0	0.2
Congo (Brazzaville)	10	0	0	2.5
Congo Democratic Republic (Zaire)	3	0	0	0.7
Ecuador	0	0	0	0.0
Estonia	0	0	0	0.0
Georgia	0	0	0	0.0
Ghana	5	0	0	1.2
India	18	0	0	4.5
Iran	19	0	0	4.7
Iraq	15	0	0	3.7
Ivory Coast	0	0	0	0.0
Jamaica	45	0	0	11.3
Kenya	2	0	0	0.5
Kosovo	1	0	0	0.2
Latvia	1	0	0	0.2
Liberia	3	0	0	0.7
Lithuania	0	0	0	0.0
Malaysia	1	0	0	0.2

¹ Please note: the following figures were supplied by the establishment and any errors are the establishment's own

Moldova	0	0	0	0.0
Nigeria	34	0	0	8.5
Pakistan	10	0	0	2.5
Russia	0	0	0	0.0
Sierra Leone	9	0	0	2.2
Sri Lanka	6	0	0	1.5
Trinidad and Tobago	1	0	0	0.2
Turkey	3	0	0	0.7
Ukraine	1	0	0	0.2
Vietnam	24	0	0	6.0
Yugoslavia (FRY)	0	0	0	0.0
Zambia	0	0	0	0.0
Zimbabwe	10	0	0	2.5
Other (please state)	91	0	0	22.5
Total	401	0	0	00

(iv) Religion/belief Please add further categories if necessary	No. of men	No. of women	No. of children	%
Buddhist	21	0	0	5.2
Roman Catholic	15	0	0	3.7
Orthodox	0	0	0	0.0
Other Christian religion	107	0	0	26.7
Hindu	5	0	0	1.2
Muslim	119	0	0	29.7
Sikh	11	0	0	2.7
Agnostic/atheist	0	0	0	0.0
Unknown	2	0	0	0.5
Other (please state what)	121			30.2
Total	401	0	0	100

(v) Length of time in detention in this centre	No. of men	No. of women	No. of children	%
Less than 1 week	47	0	0	11.7
1 to 2 weeks	29	0	0	7.2
2 to 4 weeks	55	0	0	13.7
1 to 2 months	81	0	0	20.2
2 to 4 months	83	0	0	20.7
4 to 6 months	39	0	0	9.7
6 to 8 months	38	0	0	9.5
8 to 10 months	18	0	0	4.5
More than 10 months (please note the longest length of time)	11	0	0	2.7
Total	401	0	0	100

(vi) Detainees' last location before detention in this centre	No. of men	No. of women	No. of children	%
Community	8	0	0	2.2
Another IRC	160	0	0	44.7
A short-term holding facility (e.g. at a port or reporting centre)	46	0	0	12.8
Police station	14	0	0	3.9
Prison	130	0	0	36.3
Total	358	0	0	100

Appendix III: Safety and staff–detainee relationship interviews

Twenty detainees were approached by the research team to undertake structured interviews regarding issues of safety and staff detainee relationships at Brook House IRC. Individuals were randomly selected.

Location of interviews

Interviews were undertaken in a private interview room, and participation was voluntary. An interview schedule was used to maintain consistency; therefore all interviewees were asked the same questions. The interview schedule had two distinct sections, the first covering safety and the second staff detainee relationships.

The demographic information of interviewees is detailed below followed by the results from each section.

Demographic information

- The average length of time in detention was nearly 6 months and ranged from 3 days to 2 years and eleven months.
- Length of time at Brook House ranged from 3 days to 10 months. The average length of time spent at Brook House was approximately 3 months.
- For 18 interviewees, this was their first time in detention.
- Ages ranged from 21 to years, the average being 50 years of age.
- Three interviewees were Algerian, 3 Gambian, 2 Jamaican, 2 Chinese, 2 Ghanaian, 1 was Iraqi, 1 Turkish, 1 Congolese, 1 Nigerian, 1 American/Pakistani, 1 Zimbabwean, 1 Bangladeshi and 1 was from Malaysia.
- Of those interviewed 18 spoke English but only 10 spoke English as a first language. The two interviews with a non-English speaking detainee was facilitated by the presence of their associate who was able to act as translator.
- Ten interviewees identified their religion as Muslim, 7 as Christian, 2 as Buddhist, and 1 had no religion.
- One interviewee stated he had a disability.

Safety

All interviewees were asked to identify areas of concern with regards to safety within Brook House IRC, as well as rating the problem on a scale of 1-4 (1 = a little unsafe, to 4 = extremely unsafe). A 'seriousness score' was then calculated, by multiplying the number of individuals who thought the issue was a problem by the average rating score.

Scores highlighted in red indicate areas in which over 50% of respondents mentioned the area to be of concern.

	Yes, this is a problem (number of respondents)	Average rate (1 = a little unsafe, to 4 = extremely unsafe)	Seriousness score
Uncertainty/insecurity because of immigration case	15	3.6	54
Lack of confidence in staff	15	3.4	51
Response of staff with regards to fights/bullying in the centre	13	3.3	42.9
Lack of information about centre regime	11	3.6	39.6
Overcrowding	11	3.6	39.6
Aggressive body language of detainees	12	2.9	34.8
Layout of the centre	11	3	33
The way meals are served	10	3.3	33
Access to legal advice	9	3.6	32.4
Staff behaviour with detainees	11	2.7	29.7
Aggressive body language of staff	9	3.2	28.8
Healthcare facilities	8	3.25	26
Gang culture	7	3.5	24.5
Isolation (within the centre)	6	4	24
Number of staff on duty during the day	10	2.4	24
Availability of drugs	7	3.4	23.8
Lack of trust in staff	7	3.2	22.4
Existence of an illegal market	6	3.5	21
Response of staff to self harm incidents in the centre	6	3.5	21
Lack of communication with family/friends	4	3.75	15
Surveillance cameras	4	3.25	13
Lack of information in translation	3	4	12
Staff members giving favours in return for something	1	3	3

The top five issues were:

Uncertainty/insecurity because of immigration case
 Lack of confidence in staff
 Response of staff with regards to fights/bullying in the centre
 Lack of information about centre regime / Overcrowding
 Aggressive body language of detainees

Overall Rating

Interviewees were asked to give an overall rating for safety at Brook House IRC, with 1 being very bad and 4 being very good. **The average rating was 2.1.**

A breakdown of the scores given are shown in the table below:

1	2	3	4
7 (35%)	6 (30%)	2 (10%)	4 (20%)

* One detainee scored the centre 2.5 (5%)

Staff Detainee Relationships

All interviewees were asked to rate their relationship with staff for the following questions. For each question, a breakdown of responses is provided, as well as an average rating, where applicable.

Do you feel that staff are respectful towards you?

1 Completely	2	3	4 Not at all
6 (30%)	8 (40%)	3 (15%)	3 (15%)

The average rating was 2.1

How often are staff appropriate in their comments and attitudes to you?

1 Always	2	3	4 Never
7 (35%)	5 (25%)	6 (30%)	2 (10%)

The average rating was 2.1

How often do wing staff address you by your first name or by Mr?

1 Always	2	3	4 Never
9 (50%)	1 (6%)	3 (17%)	5 (28%)

* Two cases had missing data for this question

The average rating was 2.2

How often do wing staff knock before entering your room?

1 Always	2	3	4 Never
10 (50%)	4 (20%)	1 (5%)	5 (25%)

The average rating was 2

How helpful are staff generally with questions and day to day issues?

1 Very helpful	2	3	4 Not at all helpful
5 (29%)	5 (29%)	4 (24%)	3 (18%)

* Three cases had missing data for this question

The average rating was 2.2

How often are staff appropriate in their behaviour?

1 Always	2	3	4 Never
11 (58%)	6 (32%)	2 (11%)	0

* One case had missing data for this question

The average rating was 1.5

Do staff treat detainees fairly?

1 Completely	2	3	4 Not at all
5 (26%)	4 (21%)	5 (26%)	5 (26%)

* One case had missing data for this question

The average rating was 2.5

Would staff take it seriously if you were being victimised or bullied?

Yes	No	Depends who you approach
8 (40%)	6 (30%)	6 (30%)

How often do staff interact with you?

1 Always	2	3	4 Never
3 (15%)	4 (20%)	4 (20%)	9 (45%)

The average rating was 2.9

Do you have a member of staff to turn to if you have a problem?

Ten (50%) stated they did not. Of the 10 (50%) who said that they did, they gave the following rating of how many staff they felt they could approach:

1 Many	2	3	4 One
4 (40%)	3 (30%)	2 (20%)	1 (10%)

The average rating was 2

Do staff challenge inappropriate behaviour?

1 Always	2	3	4 Never
8 (44%)	4 (22%)	2 (11%)	4 (22%)

* Two cases had missing data for this question

The average rating was 2.1

Do staff actively encourage you to take part in activities within the centre?

1 Always	2	3	4 Never
6 (30%)	2 (10%)	5 (25%)	7 (35%)

The average rating was 2.6

Have you ever been discriminated against by staff because of:

Your culture or ethnicity

Yes	No
6 (30%)	14 (70%)

Your nationality

Yes	No
1 (5%)	18 (95%)

* One case with missing data

Your religion

Yes	No
1 (5%)	19 (95%)

Your age

Yes	No
0	19 (100%)

* One case with missing data

You have a disability

Yes	No
0	19 (100%)

* One case with missing data

Your sexual orientation

Yes	No
1 (5%)	19 (95%)

Overall Rating

Interviewees were asked to give an overall rating for staff detainee relationships at Brook House IRC, with 1 being excellent and 4 being poor. **The average rating was 2.7.**

A breakdown of the scores given is shown in the table below:

1	2	3	4
2 (10%)	6 (30%)	7 (35%)	5 (25%)

Appendix IV: Summary of survey responses

Detainee survey methodology

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

Choosing the sample size

At the time of the survey on 1 – 2 March 2010, the detainee population at Brook House was 409. The questionnaire was offered to all detainees.

Selecting the sample

Questionnaires were offered to all adult detainees available at the time of the visit.

Completion of the questionnaire was voluntary. If a detainee was not bilingual, an interpreter was used via a telephone to communicate the purpose and aims of the survey.

Questionnaires were offered in 23 different languages.

Interviews were carried out with any respondents with literacy difficulties. In total, two respondents were interviewed.

Methodology

Every attempt was made to distribute the questionnaires to each respondent individually. This gave researchers an opportunity to explain the independence of the Inspectorate and the purpose of the questionnaire, as well as to answer questions.

All completed questionnaires were confidential – only members of the Inspectorate saw them. In order to ensure confidentiality, respondents were asked to do one of the following:

- to have their questionnaire ready to hand back to a member of the research team at a specified time;
- to seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable; or
- to seal the questionnaire in the envelope provided and leave it in their room for collection.

Respondents were not asked to put their names on their questionnaire.

Response rates

In total, 159 respondents completed and returned their questionnaires. This represented 39% of the detainee population. The response rate was therefore 39%. In total, 250 questionnaires were not returned, were returned blank or detainees refused to complete a survey. One hundred and fifteen questionnaires (72%) were returned in English, 20 (13%) in Chinese, 10 (6%) in Vietnamese, four (3%) in Punjabi, three (2%) in Polish, two (1%) in Pushtu and Kurdish Sorani and one each in Bengali, Farsi and Urdu.

Comparisons

The following details the results from the survey. Data from each centre have been weighted, in order to mimic a consistent percentage sampled in each centre.

Some questions have been filtered according to the response to a previous question. Filtered questions are clearly indented and preceded by an explanation as to which respondents are included in the filtered questions. Otherwise, percentages provided refer to the entire sample. All missing responses are excluded from the analysis.

The following analyses have been conducted:

- The current survey responses in 2010 against comparator figures for all detainees surveyed in detention centres. This comparator is based on all responses from detainee surveys carried out in 10 detention centres since April 2003.
- A comparison within the 2010 survey between the responses of detainees who cannot understand spoken English and detainees who can.
- A comparison within the 2010 survey between the responses of detainees who consider themselves to have a disability and those who do not consider themselves to have a disability.

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures, i.e. the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading. Orange shading has been used to show a significant difference in prisoners' background details.

Summary

In addition, a summary of the survey results is attached. This shows a breakdown of responses for each question. Percentages have been rounded and therefore may not add up to 100%.

No questions have been filtered within the summary so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary, for example 'Not made a complaint' options across questions, may differ slightly. This is due to different response rates across questions, meaning that the percentages have been calculated out of different totals (all missing data are excluded). The actual numbers will match up as the data are cleaned to be consistent.

Percentages shown in the summary may differ by 1 or 2% from that shown in the comparison data as the comparator data have been weighted for comparison purposes.

Section 1: About you

Q1	Are you male or female?	
	Male.....	100%
	Female	0%
Q2	What is your age?	
	Under 18.....	1%
	18-21.....	10%
	22-29.....	36%
	30-39.....	32%
	40-49.....	15%
	50-59.....	4%
	60-69.....	1%
	70 or over.....	0%
Q3	What region are you from? (Please tick only one.)	
	Africa.....	43%
	North America	3%
	South America.....	2%
	Indian subcontinent (India, Pakistan, Bangladesh, Sri Lanka).....	10%
	China	12%
	Other Asia	11%
	Caribbean	11%
	Europe.....	6%
	Middle East.....	3%
Q4	What is your nationality (e.g. Jamaican)?	100%
Q5	Is English your first language?	
	Yes.....	39%
	No	61%
Q6	Do you understand spoken English?	
	Yes.....	84%
	No	16%
Q7	Do you understand written English?	
	Yes.....	78%
	No	22%
Q8	What would you classify, if any, as your religious group?	
	None	8%
	Church of England	11%
	Catholic	12%
	Protestant.....	3%
	Other Christian denomination	15%
	Buddhist.....	10%
	Hindu	1%
	Jewish.....	0%

Muslim.....	34%
Sikh	5%

Q9	Do you consider yourself to have a disability?	
	Yes	17%
	No	83%

Q10	Do you have any children under the age of 18?	
	Yes	55%
	No	45%

Section 2: Immigration detention

Q11	When being detained, were you told the reasons why in a language you could understand?	
	Yes	70%
	No	30%

Q12	Following detention, were you given written reasons why you were being detained in a language you could understand?	
	Yes	62%
	No	38%

Q13	Were you first detained in a police station?	
	Yes	55%
	No	45%

Q14	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.....	46%
	Three to five.....	36%
	Six or more.....	17%

Q15	How long have you been in detention here?	
	Less than 1 week.....	7%
	More than 1 week less than 1 month.....	16%
	More than 1 month less than 3 months	21%
	More than 3 months less than 6 months	15%
	More than 6 months less than 9 months	17%
	More than 9 months less than 12 months.....	9%
	More than 12 months.....	15%

Section 3: Transfers and escorts

Q16	Did you know where you were going when you left the last place where you were detained?	
	Yes	42%
	No	53%
	Do not remember	5%

Q17	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	
	Yes	25%
	No	71%
	Do not remember	5%
Q18	How long did you spend in the escort vehicle to get to this centre on your most recent journey?	
	<i>Less than one hour</i>	6%
	<i>One to two hours</i>	32%
	<i>Two to four hours</i>	32%
	<i>More than four hours</i>	26%
	Do not remember	4%
Q19	How did you feel you were treated by the escort staff?	
	<i>Very Well</i>	13%
	<i>Well</i>	39%
	<i>Neither</i>	28%
	<i>Badly</i>	8%
	<i>Very Badly</i>	11%
	Do not remember	1%

Section 4: Reception and first night

Q21	Were you seen by a member of healthcare staff in reception?	
	Yes	90%
	No	10%
	Do not remember	1%
Q22	When you were searched in reception, was this carried out in a sensitive way?	
	Yes	69%
	No	23%
	Do not remember/not applicable	8%
Q23	Overall, how well did you feel you were treated by staff in reception?	
	<i>Very well</i>	13%
	<i>Well</i>	37%
	<i>Neither</i>	26%
	<i>Badly</i>	13%
	<i>Very Badly</i>	10%
	Do not remember	1%
Q24	On your day of arrival, did you receive any of the following? (Please tick all that apply to you.)	
	<i>Information about what was going to happen to you</i>	20%
	<i>Information about what support was available to people feeling depressed or suicidal</i>	10%
	<i>Information about how to make applications</i>	15%
	<i>Information about healthcare services at this Centre</i>	36%
	<i>Information about the religious team</i>	22%
	<i>Information on how to make a bail application</i>	15%
	<i>Information about how people can visit you</i>	36%
	Did not receive anything	40%

Q25 Was any of this information given to you in a translated form?
Do not need translated material 25%
 Yes 14%
 No 61%

Q26 On your day of arrival were you given any of the following? (Please tick all that apply to you.)
Something to eat..... 79%
The opportunity to make a free telephone call..... 41%
The opportunity to have a shower..... 42%
The opportunity to change into clean clothing 36%
Did not receive anything 14%

Q27 Did you feel safe on your first night here?
 Yes 35%
 No 54%
Do not remember 11%

Q28 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)
Not had any problems..... 23%
Loss of property..... 27%
Housing/accommodation 17%
Contacting employers 7%
Contacting family 28%
Ensuring dependants were being looked after..... 13%
Access to phone numbers..... 14%
Access to legal advice..... 23%
Access to your immigration case papers 25%
Money/debt problems 15%
Feeling depressed or suicidal 28%
Drug problems..... 6%
Alcohol problems 1%
Health problems 28%
Needing protection from other detainees..... 13%

Q29 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..... 23%
 Yes 10%
 No..... 67%

Section Five: Legal rights and immigration

Q31 Do you have a solicitor/legal representative?
Do not need one..... 7%
 Yes 60%
 No 33%

Q32	Do you get legal aid (free advice under the legal aid scheme)?	
	<i>Do not need legal advice</i>	11%
	Yes	39%
	No	51%
Q33	How easy or difficult is it to communicate with your solicitor or legal representative?	
	<i>Very easy</i>	4%
	<i>Easy</i>	19%
	<i>Neither</i>	10%
	<i>Difficult</i>	14%
	<i>Very difficult</i>	10%
	Not applicable	42%
Q34	Are you able to send a fax to your legal representative free of charge?	
	Yes	55%
	No	3%
	Do not know/not applicable	42%
Q35	Are you able to send letters to your legal representative free of charge?	
	Yes	33%
	No	13%
	Do not know/not applicable	53%
Q36	Have you had a visit from your solicitor/legal representative?	
	Do not have one	42%
	Yes	25%
	No	33%
Q37	Can you get hold of books about your legal rights?	
	Yes	16%
	No	60%
	Do not know/not applicable	24%
Q38	How easy or difficult is it for you to obtain bail information?	
	<i>Very easy</i>	4%
	<i>Easy</i>	13%
	<i>Neither</i>	15%
	<i>Difficult</i>	23%
	<i>Very difficult</i>	34%
	Not applicable	12%
Q39	Can you get access to official information reports on your country?	
	Yes	7%
	No	70%
	Do not know/not applicable	22%
Q40	How easy or difficult is it to see immigration staff when you want?	
	Do not know/have not tried	17%
	<i>Very easy</i>	0%
	<i>Easy</i>	4%
	<i>Neither</i>	13%
	<i>Difficult</i>	22%

Very difficult..... 44%

Q41 Have you had a review of your detention every month? (You should have had a review if you have been in detention anywhere for over one month.)

Not been in detention for over a month 11%

Yes 52%

No 26%

Don't know 11%

Q42 If yes, was the review written in a language you could understand?

Have not had a review 41%

Yes 39%

No 20%

Section 6: Respectful detention

Q44 Are you normally offered enough clean, suitable clothes for the week?

Yes 31%

No 69%

Q45 Are you normally able to have a shower every day?

Yes 96%

No 4%

Q46 Is it normally quiet enough for you to be able to relax or sleep in your room at night time?

Yes 43%

No 57%

Q47 Can you normally get access to your property held by staff at the Centre if you need to?

Yes 49%

No 34%

Do not know 16%

Q48 What is the food like here?

Very good..... 1%

Good..... 10%

Neither..... 17%

Bad..... 26%

Very bad 46%

Q49 Does the shop sell a wide enough range of goods to meet your needs?

Have not bought anything yet 4%

Yes 15%

No 81%

Q50 Do you feel that your religious beliefs are respected?

Yes 54%

No 22%

Not applicable..... 24%

Q51 Are you able to speak to a religious leader of your faith in private if you want to?
 Yes 51%
 No 23%
Do not know / Not applicable 25%

Q52 How easy or difficult is it for you to contact the Independent Monitoring Board?
Do not know who they are 32%
 Very easy 3%
 Easy 6%
 Neither 14%
 Difficult 16%
 Very difficult 29%

Q53 How easy or difficult is it to get a complaint form?
 Very easy 14%
 Easy 25%
 Neither 18%
 Difficult 10%
 Very difficult 15%
Do not know 18%

Q54 Have you made a complaint since you have been at this Centre?
 Yes 39%
 No 44%
Do not know how to 17%

Q55 If yes, please answer the following questions about complaints:

	Yes	No	Not made a complaint
Do you feel complaints are sorted out fairly?	3%	33%	65%
Do you feel complaints are sorted out promptly?	3%	32%	65%

Section 7: Staff

In order to assess how well you are being treated by staff, we ask that you fill in the following information. This will not affect your immigration case. Your responses to these questions will remain both confidential and anonymous. This means that we do not ask you to put your name on this questionnaire and Centre staff will not have access to them.

Q57 Do you have a member of staff at the Centre that you can turn to for help if you have a problem?
 Yes 39%
 No 61%

Q58 Do most staff at the Centre treat you with respect?
 Yes 52%
 No 48%

Q59 How often do staff normally speak to you?
 Never 20%
 Rarely 25%
 Some of the time 33%
 Most of the time 14%

All of the time 8%

Q60 Have any members of staff physically restrained you (C and R) in the last six months?
Yes 17%
No 83%

Q61 Have you spent a night in the separation/isolation unit in the last six months?
Yes 25%
No 75%

Section 8: Safety

In order to assess how safe this Centre is, we ask that you fill in the following information. This will not affect your immigration case. Your responses to these questions will remain both confidential and anonymous. This means that we do not ask you to put your name on this questionnaire and Centre staff will not have access to them.

Q63 Have you ever felt unsafe in this Centre?
Yes 68%
No 32%

Q64 Do you feel unsafe in this Centre at the moment?
Yes 59%
No 41%

Q65 Has another detainee or group of detainees victimised (insulted or assaulted) you here?
Yes 44%
No 56%

Q66 If you have felt victimised by a detainee/group of detainees, what did the incident(s) involve? (Please tick all that apply to you.)

<i>Insulting remarks (about you or your family or friends)</i>	17%
<i>Physical abuse (being hit, kicked or assaulted)</i>	16%
<i>Unwanted sexual attention</i>	2%
<i>Your cultural or ethnic origin</i>	14%
<i>Because of your nationality</i>	13%
<i>Having your property taken</i>	13%
<i>Because you were new here</i>	12%
<i>Drugs</i>	5%
<i>Because of your sexuality</i>	2%
<i>Because you have a disability</i>	3%
<i>Because of your religion/religious beliefs</i>	5%

Q67 Has a member of staff or group of staff victimised (insulted or assaulted) you here?
Yes 37%
No 63%

Q68 If you have felt victimised by a member of staff/group of staff, what did the incident(s) involve? (Please tick all that apply to you.)

<i>Insulting remarks (about you or your family or friends)</i>	15%
<i>Physical abuse (being hit, kicked or assaulted)</i>	4%
<i>Unwanted sexual attention</i>	1%

Your cultural or ethnic origin.....	10%
Because of your nationality	15%
Because you were new here	5%
Drugs	1%
Because of your sexuality.....	0%
Because you have a disability.....	1%
Because of your religion/religious beliefs	6%

Q69	If you have been victimised by detainees or staff, did you report it?	
	Yes	20%
	No	32%
	Not been victimised	48%

Q70	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	
	Yes	39%
	No	61%

Q71	Have you ever felt threatened or intimidated by a member of staff in here?	
	Yes	32%
	No	68%

Section 9: Health care

Q73	Is health information available in your own language?	
	Yes	39%
	No	44%
	Do not know	17%

Q74	Do you know whether counselling is available at this Centre?	
	Yes	8%
	No	92%

Q75	Are you able to see a doctor of your own gender?	
	Yes	34%
	No	33%
	Do not know	33%

Q76	Is a qualified interpreter available if you need one during healthcare assessments?	
	Do not need an interpreter/Do not know	49%
	Yes	7%
	No	45%

Q77	Are you currently taking medication?	
	Yes	40%
	No	60%

Q78	If you are taking medication, are you allowed to keep possession of your medication in your own room?	
	Not taking medication	61%
	Yes	20%
	No	19%

Q79	What do you think of the overall quality of the healthcare here?	
	<i>Have not been to healthcare</i>	10%
	<i>Very good</i>	4%
	<i>Good</i>	16%
	<i>Neither</i>	21%
	<i>Bad</i>	14%
	<i>Very bad</i>	35%

Section 10: Activities

Q81	Do you have unrestricted access to the Centre facilities for at least 12 hours each day?	
	<i>Yes</i>	47%
	<i>No</i>	53%
Q82	Are you doing any education here?	
	<i>Yes</i>	11%
	<i>No</i>	89%
Q83	Is the education helpful?	
	<i>Not doing any education</i>	91%
	<i>Yes</i>	9%
	<i>No</i>	1%
Q84	Can you work here if you want to?	
	<i>Do not want to work</i>	15%
	<i>Yes</i>	38%
	<i>No</i>	47%
Q85	Is there enough to do here to fill your time?	
	<i>Yes</i>	19%
	<i>No</i>	81%
Q86	How easy or difficult is it to go to the library?	
	<i>Do not know/do not want to go</i>	4%
	<i>Very easy</i>	41%
	<i>Easy</i>	30%
	<i>Neither</i>	18%
	<i>Difficult</i>	3%
	<i>Very difficult</i>	3%
Q87	How easy or difficult is it to go to the gym?	
	<i>Do not know/do not want to go</i>	8%
	<i>Very easy</i>	36%
	<i>Easy</i>	36%
	<i>Neither</i>	11%
	<i>Difficult</i>	4%
	<i>Very difficult</i>	5%

Section 11: Keeping in touch with family and friends

Q89	How easy or difficult is it to receive incoming calls?	
	<i>Do not know/have not tried</i>	11%
	<i>Very Easy</i>	13%
	<i>Easy</i>	28%
	<i>Neither</i>	14%
	<i>Difficult</i>	20%
	<i>Very difficult</i>	14%
Q90	How easy or difficult is it to make outgoing calls?	
	<i>Do not know/have not tried</i>	4%
	<i>Very easy</i>	15%
	<i>Easy</i>	20%
	<i>Neither</i>	16%
	<i>Difficult</i>	20%
	<i>Very difficult</i>	25%
Q91	Have you had any problems with sending or receiving mail?	
	<i>Yes</i>	52%
	<i>No</i>	30%
	<i>Do not know</i>	18%
Q92	Have you had a visit since you have been here from your family or friends?	
	<i>Yes</i>	54%
	<i>No</i>	46%
Q93	Have you had a visit since you have been here from volunteer visitors?	
	<i>Do not know who they are</i>	21%
	<i>Yes</i>	16%
	<i>No</i>	63%
Q94	How do you feel you are treated by visits staff?	
	<i>Not had any visits</i>	31%
	<i>Very well</i>	11%
	<i>Well</i>	25%
	<i>Neither</i>	18%
	<i>Badly</i>	9%
	<i>Very badly</i>	5%



Detainee survey responses Brook House 2010

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

Key to tables

		Brook House 2010	IRC comparator
	Any numbers highlighted in green are significantly better		
	Any numbers highlighted in blue are significantly worse		
	Any percent highlighted in orange shows a significant difference in detainees' background details		
	Numbers which are not highlighted show there is no significant difference		
SECTION 1: General information			
Number of completed questionnaires returned		159	1049
1	Are you male?	100%	85%
2	Are you aged under 21 years?	11%	13%
5	Is English your first language?	39%	25%
6	Do you understand spoken English?	84%	74%
7	Do you understand written English?	78%	68%
8	Are you Muslim?	34%	39%
9	Do you consider yourself to have a disability?	17%	21%
10	Do you have any children under the age of 18?	55%	40%
SECTION 2: Immigration detention			
11	When being detained, were you told the reasons why in a language you could understand?	70%	70%
12	Following detention, were you given written reasons why you were being detained in a language you could understand?	62%	62%
13	Were you first detained in a police station?	55%	63%
14	Including this Centre, have you been held in six or more places as an immigration detainee since being detained?	18%	9%
15	Have you been here for more than one month?	77%	65%
SECTION 3: Transfers and escorts			
16	Did you know where you were going when you left the last place where you were detained?	43%	44%
17	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	25%	33%
18	Did you spend more than four hours in the escort van to get to this centre?	26%	30%
19	Were you treated well/very well by the escort staff?	52%	53%
SECTION 4: Reception and first night			
21	Were you seen by a member of health care staff in reception?	90%	87%
22	When you were searched in reception was this carried out in a sensitive way?	69%	66%
23	Were you treated well/very well by staff in reception?	50%	61%
24a	Did you receive information about what was going to happen to you on your day of arrival?	20%	33%
24b	Did you receive information about what support was available to people feeling depressed or suicidal on your day of arrival?	10%	25%

Key to tables

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	Any numbers highlighted in blue are significantly worse		
	Any percent highlighted in orange shows a significant difference in detainees' background details		
	Numbers which are not highlighted show there is no significant difference		
24c	Did you receive information about how to make applications on your day of arrival?	15%	28%
24d	Did you receive information about health care services at the Centre on your day of arrival?	36%	43%
24e	Did you receive information about the religious team on your day of arrival?	22%	36%
24f	Did you receive information on how to make a bail application on your day of arrival?	15%	25%
24g	Did you receive information about how people can visit you on your day of arrival?	36%	41%
For those who required information in a translated form:			
25	Was any of this information provided in a translated form?	18%	30%
26a	Did you receive something to eat on your day of arrival?	79%	72%
26b	Did you get the opportunity to make a free telephone call on your day of arrival?	41%	65%
26c	Did you get the opportunity to have a shower on your day of arrival?	42%	63%
26d	Did you get the opportunity to change into clean clothing on your day of arrival?	36%	53%
27	Did you feel safe on your first night here?	35%	52%
28a	Did you have any problems when you first arrived?	77%	73%
28b	Did you have any problems with loss of transferred property when you first arrived?	27%	23%
28c	Did you have any housing problems when you first arrived?	17%	12%
28d	Did you have any problems contacting employers when you first arrived?	8%	7%
28e	Did you have any problems contacting family when you first arrived?	28%	19%
28f	Did you have any problems ensuring dependants were being looked after when you first arrived?	13%	9%
SECTION 4: Reception and first night continued			
28g	Did you have any problems accessing your phone numbers when you first arrived?	14%	15%
28h	Did you have any problems accessing legal advice when you first arrived?	23%	19%
28i	Did you have any problems getting access to your immigration case papers when you first arrived?	25%	20%
28j	Did you have any money/debt worries when you first arrived?	15%	14%
28k	Did you have any problems with feeling depressed or suicidal when you first arrived?	28%	29%
28l	Did you have any drug problems when you first arrived?	6%	5%
28m	Did you have any alcohol problems when you first arrived?	2%	2%
28n	Did you have any health problems when you first arrived?	28%	29%
28o	Did you have any problems with needing protection from other detainees when you first arrived?	13%	8%
For those who had problems on arrival:			
29	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	14%	35%

Key to tables

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	Any numbers highlighted in blue are significantly worse		
	Any percent highlighted in orange shows a significant difference in detainees' background details		
	Numbers which are not highlighted show there is no significant difference		
SECTION 5: Legal rights and immigration			
31	Do you have a solicitor or legal representative?	60%	65%
For those who have a solicitor or legal representative:			
33	Is it easy/very easy to communicate with your solicitor or legal representative?	40%	45%
34	Are you able to send a fax to your legal representative free of charge?	95%	94%
35	Are you able to send letters to your legal representative free of charge?	72%	81%
36	Have you had a visit from your solicitor/legal representative?	43%	54%
32	Do you get legal aid (free advice under the legal aid scheme)?	39%	44%
37	Can you get access to books about your legal rights?	16%	27%
38	Is it easy/very easy for you to obtain bail information?	17%	28%
39	Can you get access to official information reports on your country?	7%	17%
40	Is it easy/very easy to see immigration staff when you want?	4%	24%
41	Have you had a review of your detention every month?	52%	40%
For those who have had a written review:			
42	Was the review written in a language you could understand?	66%	63%
SECTION 6: Respectful detention			
44	Are you normally offered enough clean, suitable clothes for the week?	31%	53%
45	Are you normally able to have a shower every day?	96%	92%
46	Is it normally quiet enough for you to be able to sleep in your room at night?	43%	54%
47	Can you normally get access to your property held by staff at the Centre if you need to?	49%	53%
48	Is the food good/very good?	11%	26%
49	Does the shop sell a wide enough range of goods to meet your needs?	15%	33%
50	Do you feel that your religious beliefs are respected?	54%	73%
51	Are you able to speak to a religious leader of your own faith if you want to?	52%	59%
52	Is it easy/very easy to contact the Independent Monitoring Board?	10%	17%
53	Is it easy/very easy to get a complaint form?	39%	52%
54	Have you made a complaint since you have been at this Centre?	39%	33%
For those who have made a complaint:			
55a	Do you feel complaints are sorted out fairly?	8%	29%
55b	Do you feel complaints are sorted out promptly?	8%	23%

Key to tables

	Any numbers highlighted in green are significantly better	Brook House 2010	IRC comparator
	Any numbers highlighted in blue are significantly worse		
	Any percent highlighted in orange shows a significant difference in detainees' background details		
	Numbers which are not highlighted show there is no significant difference		
SECTION 7: Staff			
57	Do you have a member of staff you can turn to for help if you have a problem?	39%	57%
58	Do most staff treat you with respect?	52%	70%
59	Do staff speak to you most of the time/all of the time?	22%	26%
60	Have any members of staff physically restrained you in the last six months?	17%	13%
61	Have you spent a night in the segregation unit in the last six months?	25%	14%
SECTION 8: Safety			
63	Have you ever felt unsafe in this Centre?	68%	42%
64	Do you feel unsafe in this Centre at the moment?	59%	39%
SECTION 8: Safety continued			
65	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	44%	28%
66a	Have you had insulting remarks made about you, your family or friends since you have been here? (By detainees)	17%	10%
66b	Have you been hit, kicked or assaulted since you have been here? (By detainees)	16%	5%
66c	Have you experienced unwanted sexual attention here from another detainee?	2%	3%
66d	Have you been victimised because of your cultural or ethnic origin since you have been here? (By detainees)	14%	5%
66e	Have you been victimised because of your nationality since you have been here? (By detainees)	13%	5%
66f	Have you ever had your property taken since you have been here? (By detainees)	13%	6%
66g	Have you ever been victimised because you were new here? (By detainees)	12%	4%
66h	Have you been victimised because of drugs since you have been here? (By detainees)	5%	1%
66i	Have you been victimised here because of your sexuality? (By detainees)	2%	1%
66j	Have you ever been victimised here because you have a disability? (By detainees)	3%	1%
66k	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	5%	3%
67	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	37%	22%
68a	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	15%	7%
68b	Have you been hit, kicked or assaulted since you have been here? (By staff)	4%	3%
68c	Have you experienced unwanted sexual attention here from staff?	1%	2%
68d	Have you been victimised because of your cultural or ethnic origin since you have been here? (By staff)	10%	5%
68e	Have you been victimised because of your nationality since you have been here? (By staff)	15%	5%
68f	Have you ever been victimised because you were new here? (By staff)	5%	4%

Key to tables

	Any numbers highlighted in green are significantly better	Brook House 2010	IRC comparator
	Any numbers highlighted in blue are significantly worse		
	Any percent highlighted in orange shows a significant difference in detainees' background details		
	Numbers which are not highlighted show there is no significant difference		
68g	Have you been victimised because of drugs since you have been here? (By staff)	1%	1%
68h	Have you been victimised here because of your sexuality? (By staff)	0%	1%
68i	Have you ever been victimised here because you have a disability? (By staff)	2%	1%
68j	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	6%	2%
SECTION 8: Safety continued			
For those who have been victimised by detainees or staff:			
69	Did you report it?	39%	41%
70	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	39%	17%
71	Have you ever felt threatened or intimidated by a member of staff in here?	32%	19%
SECTION 9: Health care			
73	Is health information available in your own language?	39%	31%
74	Do you know whether counselling is available at this Centre?	8%	29%
75	Are you able to see a doctor of your own gender?	34%	40%
76	Is a qualified interpreter available if you need one during health care assessments?	7%	15%
77	Are you currently taking medication?	40%	47%
For those who are currently taking medication:			
78	Are you allowed to keep possession of your medication in your own room?	51%	53%
For those who have been to health care:			
79	Do you think the overall quality of health care in this Centre good/very good?	23%	38%
SECTION 10: Activities			
81	Do you have unrestricted access to the Centre facilities for at least 12 hours each day?	47%	46%
82	Are you doing any education here?	11%	30%
For those doing education here:			
83	Is the education helpful?	91%	85%
84	Can you work here if you want to?	38%	52%
85	Is there enough to do here to fill your time?	19%	40%
86	Is it easy/very easy to go to the library?	71%	74%
87	Is it easy/very easy to go to the gym?	72%	64%

Key to tables

	Any numbers highlighted in green are significantly better	Brook House 2010	IRC comparator
	Any numbers highlighted in blue are significantly worse		
	Any percent highlighted in orange shows a significant difference in detainees' background details		
	Numbers which are not highlighted show there is no significant difference		
SECTION 11: Keeping in touch with family and friends			
89	Is it easy/very easy to receive incoming calls?	41%	57%
90	Is it easy/very easy to make outgoing calls?	35%	54%
91	Have you had any problems with sending or receiving mail?	52%	22%
92	Have you had a visit since you have been in here from your family or friends?	53%	46%
93	Have you had a visit since you have been here from volunteer visitors?	16%	22%
For those who have had visits:			
94	Do you feel you are treated well/very well by visits staff?	53%	68%



Key questions (non-English speakers) Brook House IRC 2010

Detainee survey responses (missing data has 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 percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent 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		25	129
11	When being detained, were you told the reasons why in a language you could understand?	35%	79%
12	Following detention, were you given written reasons why you were being detained in a language you could understand?	14%	72%
14	Including this Centre, have you been held in six or more places as an immigration detainee since being detained?	34%	13%
15	Have you been here for more than one month?	78%	77%
16	Did you know where you were going when you left the last place where you were detained?	20%	46%
17	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	0%	30%
19	Were you treated well/very well by the escort staff?	32%	56%
23	Were you treated well/very well by staff in reception?	36%	52%
24a	Did you receive information about what was going to happen to you on your day of arrival?	5%	23%
24b	Did you receive information about what support was available to people feeling depressed or suicidal on your day of arrival?	8%	10%
24c	Did you receive information about how to make applications on your day of arrival?	13%	16%
24d	Did you receive information about healthcare services at the Centre on your day of arrival?	16%	40%
24e	Did you receive information about the religious team on your day of arrival?	13%	25%
24f	Did you receive information on how to make a bail application on your day of arrival?	13%	15%
24g	Did you receive information about how people can visit you on your day of arrival?	21%	40%
27	Did you feel safe on your first night here?	22%	37%
28a	Did you have any problems when you first arrived?	75%	78%
31	Do you have a solicitor or legal representative?	52%	62%
40	Is it easy/very easy to see immigration staff when you want?	9%	3%

Key to tables

		Non-English Speakers	English speakers
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
41	Have you had a review of your detention every month?	32%	55%
44	Are you normally offered enough clean, suitable clothes for the week?	27%	33%
45	Are you normally able to have a shower every day?	95%	96%
53	Is it easy/very easy to get a complaint form?	13%	46%
54	Have you made a complaint since you have been at this Centre?	16%	44%
57	Do you have a member of staff you can turn to for help if you have a problem?	18%	42%
58	Do most staff treat you with respect?	48%	53%
59	Do staff speak to you most of the time/all of the time?	0%	27%
63	Have you ever felt unsafe in this Centre?	80%	66%
64	Do you feel unsafe in this Centre at the moment?	64%	58%
65	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	48%	42%
67	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	39%	36%
70	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	35%	39%
71	Have you ever felt threatened or intimidated by a member of staff in here?	41%	31%
73	Is health information available in your own language?	14%	46%
76	Is a qualified interpreter available if you need one during healthcare assessments?	9%	7%
82	Are you doing any education here?	5%	11%
84	Can you work here if you want to?	37%	37%
85	Is there enough to do here to fill your time?	28%	16%
86	Is it easy/very easy to go to the library?	61%	73%
87	Is it easy/very easy to go to the gym?	61%	75%
89	Is it easy/very easy to receive incoming calls?	39%	42%
90	Is it easy/very easy to make outgoing calls?	37%	36%
91	Have you had any problems with sending or receiving mail?	48%	54%

Key to tables

	Any percent highlighted in green is significantly better	Non-English Speakers	English speakers
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
92	Have you had a visit since you have been in here from your family or friends?	9%	64%



Key questions (disability analysis) Brook House IRC 2010

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

Key to tables

	Any percent highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse		
	Any percent 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		25	120
5	Is English your first language?	23%	45%
6	Do you understand spoken English?	72%	87%
13	Were you first detained in a police station?	79%	49%
14	Including this Centre, have you been held in six or more places as an immigration detainee since being detained?	34%	14%
15	Have you been here for more than one month?	77%	77%
19	Were you treated well/very well by the escort staff?	63%	51%
21	Were you seen by a member of healthcare staff in reception?	77%	94%
22	When you were searched in reception was this carried out in a sensitive way?	64%	72%
23	Were you treated well/very well by staff in reception?	52%	49%
24b	Did you receive information about what support was available to people feeling depressed or suicidal on your day of arrival?	11%	10%
24d	Did you receive information about healthcare services at the Centre on your day of arrival?	39%	36%
27	Did you feel safe on your first night here?	25%	36%
28a	Did you have any problems when you first arrived?	86%	75%
28k	Did you have any problems with feeling depressed or suicidal when you first arrived?	27%	29%
28n	Did you have any health problems when you first arrived?	37%	27%
28o	Did you have any problems with needing protection from other detainees when you first arrived?	14%	13%
31	Do you have a solicitor or legal representative?	63%	62%
40	Is it easy/very easy to see immigration staff when you want?	0%	5%
41	Have you had a review of your detention every month?	54%	51%
44	Are you normally offered enough clean, suitable clothes for the week?	27%	32%

Key to tables

	Any percent highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
45	Are you normally able to have a shower every day?	100%	95%
53	Is it easy/very easy to get a complaint form?	39%	41%
54	Have you made a complaint since you have been at this Centre?	42%	38%
57	Do you have a member of staff you can turn to for help if you have a problem?	41%	38%
58	Do most staff treat you with respect?	54%	51%
60	Have any members of staff physically restrained you in the last six months?	25%	13%
61	Have you spent a night in the segregation unit in the last six months?	34%	24%
63	Have you ever felt unsafe in this Centre?	75%	65%
64	Do you feel unsafe in this Centre at the moment?	70%	55%
65	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	39%	42%
67	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	20%	39%
70	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	41%	39%
71	Have you ever felt threatened or intimidated by a member of staff in here?	31%	32%
74	Do you know whether counselling is available at this Centre?	15%	6%
76	Is a qualified interpreter available if you need one during healthcare assessments?	6%	7%
77	Are you currently taking medication?	66%	34%
81	Do you have unrestricted access to the Centre facilities for at least 12 hours each day?	43%	47%
82	Are you doing any education here?	14%	9%
85	Is there enough to do here to fill your time?	35%	15%
86	Is it easy/very easy to go to the library?	75%	72%
87	Is it easy/very easy to go to the gym?	75%	70%
89	Is it easy/very easy to receive incoming calls?	37%	41%
90	Is it easy/very easy to make outgoing calls?	44%	35%
91	Have you had any problems with sending or receiving mail?	25%	56%

Key to tables

	Any percent highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
92	Have you had a visit since you have been in here from your family or friends?	41%	59%