

Report on an unannounced inspection of

Brook House Immigration Removal Centre

by HM Chief Inspector of Prisons

28 May – 7 June 2013

Glossary of terms

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the Glossary of terms on our website at:
http://www.justice.gov.uk/downloads/about/hmipris/Glossary-for-web-rps_.pdf

Crown copyright 2013

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit <http://www.nationalarchives.gov.uk/doc/open-government-licence/> or email: psi@nationalarchives.gsi.gov.uk

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

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

This publication is available for download at: <http://www.justice.gov.uk/about/hmi-prisons>

Printed and published by:
Her Majesty's Inspectorate of Prisons
1st Floor, Ashley House
2 Monck Street
London SW1P 2BQ
England

Contents

Introduction	5
Fact page	7
About this inspection and report	9
Summary	13
Section 1. Safety	19
Section 2. Respect	33
Section 3. Activities	45
Section 4. Preparation for removal and release	49
Section 5. Summary of recommendations and housekeeping points	55
Section 6. Appendices	65
Appendix I: Inspection team	65
Appendix II: Progress on recommendations from the last report	67
Appendix III: Detainee population profile	79
Appendix IV: Summary of detainee survey responses	83
Appendix V: Photographs	93

Introduction

Brook House is an immigration removal centre located near Gatwick airport and operated by G4S. Holding only adult male detainees, it has just under 450 available places. At this unannounced inspection we found that there had been considerable changes to the population since we last visited. The throughput of detainees had increased significantly with the average length of stay down to about a month. There were also far fewer ex-prisoners. They now comprised only a small minority within the population, as most former prisoner detainees were held inappropriately in prisons.

Brook House remained a safe place but our assessment was finely balanced. The increased throughput of detainees was arguably the institution's greatest challenge. Detainees were too often subject to needless night-time transfers, and arrangements to receive and induct new detainees were slow and poor. Many indicators were encouraging, not least our survey finding that suggested most detainees felt safe. Levels of violence were low, use of force was managed well and the use of separation had reduced significantly. However, there was considerable frustration among detainees, which was reflected in high levels of self-harm. A significant impediment to the well-being of detainees was their inability to get information on or help with their immigration cases. This was a result of long waits for legal advice and an overwhelmed on-site Home Office contact management team.

The imposing prison-like structure and character of the centre was a new experience for the 95% of detainees who were not former prisoners, but Brook House remained a respectful institution overall. Relationships between staff and detainees were generally good and, despite some gaps, equality and diversity were reasonably well promoted. The centre was clean, although many rooms needed redecoration. Complaints were normally dealt with appropriately, although replies took too long and some detainees had been asked inappropriately to withdraw complaints. Food was the source of much complaint. The provision of health care was good.

In our survey, about half of detainees said they had enough to do in the centre, more than at the last inspection. About a third of detainees' accessed work or education, with paid work places increasing by about a third since we last inspected. However, not all detainees could apply for work and some restrictions were inappropriate. Although detainees could be out of their rooms for extended periods, they were locked up too early at night, and it was not clear why they had to be locked up at all.

Preparation for removal or release was still not good enough. The centre had an excellent welfare officer but reliance on this one individual was too great. The failure to assess the needs of individuals properly on arrival was replicated by a lack of a systematic preparation pre-discharge. There was some useful input from the Gatwick Detainee Welfare Group, and visits arrangements and access to telephones was reasonably good, but there were some needless obstructions to useful legal websites, information from home countries and social media that could have eased frustrations. We were particularly concerned to observe heavy-handed and disproportionate behaviour by escort contractors charged with removing individuals on charter flights.

Brook House held too many detainees who were not sufficiently well informed by the Home Office, and who were experiencing considerable frustration and confusion as a result. However, overall this is a reasonable report, and the improvements we observed at our last inspection had been sustained and in some cases built upon.

Nick Hardwick
HM Chief Inspector of Prisons

July 2013

Fact page

Task of the establishment

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

Location

Gatwick Airport

Name of contractor

G4S

Number held

421 on 29 May 2013

Certified normal accommodation

448

Operational capacity

448

Last inspection

12 – 23 September 2011

Brief history

Brook House opened in March 2009 and is a purpose-built immigration removal centre with a prison design. It holds a mix of detainees, including a number who are regarded as more challenging or difficult to manage within less secure centres and those waiting to be removed en masse from the UK on organised charter flights. Operational capacity was increased by 22 bed spaces on 12 April 2013; all are certified as normal accommodation and are predominantly used as pre-departure accommodation.

Name of centre manager

Ben Saunders

Escort provider

Tascor

Short description of residential units

The centre has four wings, one of which is for enhanced detainees. Three wings have three landings and the fourth, the induction wing, has two landings. The ground floor of the induction wing is used as pre-departure accommodation and removal from association/ temporary confinement.

Health service provider

G4S

Learning and skills provider

G4S

Independent Monitoring Board chair

Mrs Bobbie Fairclough

About this inspection and report

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

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

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

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

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

- **outcomes for detainees are good against this healthy establishment test.**
There is no evidence that outcomes for detainees are being adversely affected in any significant areas.
- **outcomes for detainees are reasonably good against this healthy establishment test.**
There is evidence of adverse outcomes for detainees in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
- **outcomes for detainees are not sufficiently good against this healthy establishment test.**
There is evidence that outcomes for detainees are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of detainees. Problems/concerns, if left unattended, are likely to become areas of serious concern.
- **outcomes for detainees are poor against this healthy establishment test.**
There is evidence that the outcomes for detainees are seriously affected by current

practice. There is a failure to ensure even adequate treatment of and/or conditions for detainees. Immediate remedial action is required.

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.

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.

Our assessments might result in one of the following:

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

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

Since April 2013, the majority of our inspections have been full follow-ups of previous inspections, with most unannounced. Previously, inspections were either full (a new inspection of the establishment), full follow-ups (a new inspection of the establishment with an assessment of whether recommendations at the previous inspection had been achieved and investigation of any areas of serious concern previously identified) or short follow-ups (where there were comparatively fewer concerns and establishments were assessed as making either sufficient or insufficient progress against the previous recommendations).

This report

This explanation of our approach is followed by a summary of our inspection findings against the four healthy establishment tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the conditions for and treatment of immigration detainees*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.

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

Findings from the survey of detainees and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

¹ The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance.

Summary

Safety

S1 *Many detainees were subject to unnecessary night-time transfers, and there were weaknesses in the centre's early days arrangements. Some security arrangements were disproportionate. Force was used appropriately and there was evidence of good de-escalation. Use of separation had reduced substantially. E wing provided a much improved environment. Few detainees said they felt unsafe and levels of violence were not high. There was considerable frustration and despair among detainees, triggering a high level of self-harm. Those in crisis were generally well cared for by centre staff. Many detainees had no lawyer, and the legal advice surgeries were unable to meet demand. On-site Home Office staff were overstretched and induction interviews were poor. Rule 35 processes had improved and had provided an effective safeguard in some cases. **Outcomes for detainees against this healthy establishment test were reasonably good.***

S2 *At the last inspection in 2011, we found that outcomes for detainees in Brook House were reasonably good against this healthy establishment test. We made 49 recommendations about safety. At this follow-up inspection we found that 22 of the recommendations had been achieved, seven had been partially achieved and 20 had not been achieved.*

S3 Detainees generally spoke well of escort staff, but many detainees had experienced exhausting inter-centre transfers at night, which was unnecessary. Nearly two-thirds of detainees had been in Brook House for less than a month and the higher throughput had substantially increased the pressure on reception. Detainees often had to wait in vehicles outside reception or in the reception holding room for several hours before they moved to the wings. There were clear first-night procedures, but first-night interviews did not always take place, and important risk information was not shared between reception and the receiving wing. Despite a clear induction policy, there was no induction apart from an information leaflet. Many detainees on B wing, the induction unit, were distressed and frustrated at the lack of information, including on immigration cases.

S4 Security information was processed efficiently and the security committee was effective. Some security arrangements were not proportionate to the risk posed by the population, including routine handcuffing on escorts to external appointments and daily lock up for roll checks. The number of ex-prisoners had dropped dramatically since the previous inspection as more detainees who were ex-prisoners were now held inappropriately in prisons. There was a high level of strip-searching but it was appropriate in the cases that we examined. A rewards scheme was in place to help motivate positive behaviour, but it was divisive and appeared unnecessary for a detainee population.

S5 Use of force was similar to that in comparable immigration removal centres (IRCs). We saw generally good de-escalation, and documentation provided assurance that force was used as a last resort. Some video recordings of planned use of force were poor, and the introduction of cameras worn by staff on their body was a good initiative.

S6 Separation under rules 40 and 42 had reduced substantially. We were not confident that Home Office authorisation for separation was always based on a thorough examination of the facts. We observed staff dealing patiently and appropriately with some very challenging behaviour in the separation unit. The regime was impoverished and bedrooms were poorly furnished. E wing was now used to hold some detainees being discharged and was a much

improved environment. Detainees usually spent little more than a night there, and a complex mix of people was managed appropriately, although detainees received a limited regime.

- S7 In our survey, few detainees said they felt unsafe, and the level of victimisation and intimidation was reducing and lower than in comparable IRCs. Consultation with detainees about safety was good and included a recently introduced monthly questionnaire. Individual bullying incidents were investigated promptly and thoroughly, but there was some evidence of under-reporting of victimisation. The reasons for bullying and victimisation were not routinely collated and data were not discussed thoroughly enough by the safer community meeting to identify potential trends or inform the strategy.
- S8 There was considerable frustration and despair in the centre, and this was reflected in the high number of self-harm incidents and self-harm case management documents (ACDTs – assessment, care in detention and teamwork). Case management was largely effective but triggers, care maps and daily entries were not comprehensive. Constant supervision was used regularly and appropriately for detainees in crisis, but there was little evidence of staff interaction with or constructive activities for such detainees. There was no care suite and the constant watch cells were still in use. The new detainee-led befriender scheme was promising.
- S9 An adult safeguarding strategy had been developed and training was planned for detainee custody managers. There was a detailed children’s safeguarding policy. Detainees whose age was disputed were carefully risk assessed and promptly transferred to more appropriate facilities at Tinsley House. Social services were sometimes slow to respond, with delays of up to five days. Two of the four detainees whose age had been disputed in the previous year had been found by social services to be children.
- S10 In our survey, fewer detainees than in other centres said that they had a lawyer or that they received a visit from their lawyer. The legal advice surgeries were unable to meet demand, and some detainees were unable to seek legal advice before they were removed. The library contained up-to-date country of origin reports but electronic copies and some legal websites were blocked.
- S11 The average length of stay at the centre had reduced to 28 days, but some detainees were still held for unreasonable periods: 23 had been held for more than a year, and the longest detention was for more than three years. The on-site Home Office contact management team was under-resourced. Many detainees had not received induction interviews or monthly progress reports. Induction interviews that we observed were brief and superficial. This lack of information exacerbated detainees’ frustration and confusion. The quality of rule 35² reports had improved. They were written by a doctor, typed and contained body maps. Some contained clear diagnostic findings and had led to release. Detainees did not always receive copies of their bail summaries before hearings.

Respect

- S12 *Despite efforts to soften the environment, the centre continued to look and feel like a prison. Staff-detainee relationships were good. Only 18% of detainees thought that the standard of food was good or very good and the cultural kitchen was underused. Diversity outcomes were reasonable for most detainees but a strategic approach to long-term outcomes was lacking. Faith provision was*

² Detention Centre Rule 35 requires medical practitioners to report on detainees whose health is likely to be injuriously affected by detention as a result of a special illness or experience of torture.

good. Complaints were generally well managed but detainees were asked to withdraw complaints that had been resolved, which was inappropriate. Health care services had improved and were good.
Outcomes for detainees against this healthy establishment test were reasonably good.

- S13 *At the last inspection in 2011, we found that outcomes for detainees in Brook House were reasonably good against this healthy establishment test. We made 43 recommendations about respect. At this follow-up inspection we found that 18 of the recommendations had been achieved, seven had been partially achieved, 17 had not been achieved and one was no longer relevant.*
- S14 The centre continued to look and feel like a prison, although some redecoration had taken place. Ventilation in the sealed environment remained a major concern for detainees. External and internal communal areas were clean, well decorated and free of graffiti. Many rooms were dirty and in need of redecoration. Toilets and showers did not afford complete privacy. Access to showers, cleaning materials and bedding was good, but detainees found it difficult to retrieve stored property and clothing.
- S15 In our survey, about three-quarters of detainees said they were treated with respect by most staff, and we saw and heard generally good staff-detainee interactions. Although staff were responsive to detainee requests, they did not have routine support from a care officer or welfare. There were no regular centre-run group meetings, using interpreters where necessary, to inform detainees of relevant issues and keep staff abreast of detainee concerns.
- S16 Diversity outcomes were reasonable; some staff, including the newly appointed diversity manager, were active in this area and support was provided by diversity orderlies. However, there was a lack of strategic planning to sustain and improve outcomes. While some useful information was collated, monitoring and analysis of trends were underdeveloped. There was a clear assessment and support procedure for older and disabled detainees, but no provision for young adults. Disability was under-identified and there were no paid carer roles for detainees needing support. Detainee custody officer initial training courses included a good diversity component and there were annual diversity refresher courses. There were no forums for detainees with protected characteristics. Professional interpretation was used, but we saw several examples of it not being used when needed.
- S17 Most detainees said that their religious beliefs were respected. Access to faith leaders was good and the chaplaincy was well integrated in the centre. The mosque was too small for the population.
- S18 Replies to complaints were legible, polite and constructive, but some investigations took too long given the short stay of most detainees. Some detainees were inappropriately asked to formally withdraw complaints once they were resolved. Trends were monitored through a monthly report. There was a useful procedure for the speedy informal resolution of complaints, but it was underused.
- S19 In our survey, only 18% of detainees said the food was good against the comparator of 28% and 28% at the previous inspection. Consultation had improved with the introduction of a food forum and surveys, and we saw evidence of changes being made as a result. The cultural kitchen was small and underused. The shop sold a wide range of goods.
- S20 Improvement in health care provision was reflected in our survey and the largely positive comments of detainees. Access to the health care centre was good and there was a wide range of nurse-led clinics with short waiting times. Most medicines were held in possession and pharmacy services were well organised following recent improvements. There was no waiting list for the dentist and detainees requiring treatment were seen at an outside clinic. Access to mental health services had improved with additional mental health nurses now

available based on a needs analysis. Recent transfers to secure mental health units had been prompt. All custody officers attended a rolling programme of mental health awareness training, but there were no professional counsellors.

Activities

*S21 There was an appropriate range of recreational activity and more detainees than at the last inspection said they could fill their time while at the centre. Education provision was limited and required improvement. There was an adequate range of work for the population. PE provision was good. The library was small but well stocked and accessible. **Outcomes for detainees against this healthy establishment test were reasonably good.***

S22 At the last inspection in 2011, we found that outcomes for detainees in Brook House were not sufficiently good against this healthy establishment test. We made 17 recommendations about activities. At this follow-up inspection we found that eight of the recommendations had been achieved, three had been partially achieved and six had not been achieved.

S23 Detainees were out of their rooms for between 11.5 and 13 hours a day, but they were all locked up by 9pm. This was too early and it was unclear why detainees needed to be locked in their rooms at all. In our survey, 50% of detainees said that they had enough to do to fill their time compared with 33% at the previous inspection. About a third of the population was involved in work or education. There were good recreational activities, including competitions, access to IT and well delivered arts and craft and music sessions. There was limited learning and skills provision for longer-stay detainees. There was an over-reliance on the promotion of activities among detainees by word of mouth. Quality assurance arrangements were underdeveloped.

S24 Participation in education had improved but was still low. Evening classes were available but at the expense of classes run during the day. Attendance was low and punctuality poor. There was a limited range of education. In particular, there were only beginners' English classes and there was no ESOL (English for speakers of other languages) provision. Detainees in the care and separation unit could not undertake education or work. Only basic food hygiene and food safety qualifications were offered through Aramark.

S25 There were 86 work places, about a third more than the previous inspection. Detainees could earn a reasonable amount each week and waiting lists were short. However, work was inappropriately limited to enhanced detainees and a few detainees were barred from work for non-compliance with the Home Office.

S26 The library was small but reasonably well stocked and accessible for 12 hours every day, including weekends. Books were also available on B wing and in reception, and suitable arrangements were made for detainees on E wing to use the library. An improved range of newspapers was available in a variety of languages.

S27 There was a reasonable range of gym equipment and the fitness suite on B wing was used effectively to deliver induction to PE. There was no sports hall or dedicated outdoor sports area. Participation was monitored by group and wing. There was appropriate communication between health care and PE staff before detainees participated.

Preparation for removal and release

- S28 *Some good welfare work was done but it did not meet the very high need. Detainees were not systematically identified for support on arrival or before release or removal. The visitors' centre and visits areas were welcoming. There was generally good access to telephones and computers, but important websites were inappropriately blocked. We had significant concerns about the behaviour of some overseas escorts and the management of charter removals. **Outcomes for detainees against this healthy establishment test were not sufficiently good.***
- S29 *At the last inspection in 2011, we found that outcomes for detainees in Brook House were not sufficiently good against this healthy establishment test. We made 23 recommendations about preparation for removal and release. At this follow-up inspection we found that four of the recommendations had been achieved, two had been partially achieved, 15 had not been achieved and two were no longer relevant.*
- S30 The full-time welfare officer worked with a large number of detainees, which was valued, but he needed significant support given the very high throughput. Detainees could drop in to see him, but there were often long queues outside his office. He dealt with a wide range of issues, some of which should have been dealt with by wing staff. There was no systematic assessment of need on arrival or pre release and the welfare officer did not always have time to deal with more complex needs. The Gatwick Detainee Welfare Group gave some useful help.
- S31 The visitors' centre and visits area were clean and welcoming. Searching was respectful and visitors said they were well treated. The range of activities for children was inadequate, and there was no food available. There was a system for identifying detainees who posed a risk to children or women in visits, but we found a case where this did not happen.
- S32 Detainees had good access to telephones. Signal boosters had been installed to improve coverage, but this remained a problem in some rooms. Access to computers was good but some internet sites were inappropriately blocked, and there was no access to social networking sites or Skype. Post and fax access was good.
- S33 Some useful home country information had been prepared to help detainees being removed, but we did not see it being given to detainees on departure. Some detainees bound for charter removals spent very long periods waiting to leave after being brought from the wings to the discharge area. The longest that we saw was seven hours. The two holding rooms in the discharge area lacked ventilation and had no books or newspapers. We saw a number of poor practices by overseas escort staff. Some detainees were crowded by several escorts in a small space, compliant detainees were gripped by the elbows and closely escorted to waiting vehicles despite being in a secure area at all times, and in one case an escort threatened a detainee with rough treatment by receiving authorities if he did not comply with UK staff. The unacceptable practice of using 'standbys' for charter removals continued. Detainees were not consistently provided with the means to reach their final destination safely.
- S34 Home Office management systems were not strong enough to assure us that licence conditions were explained to ex-prisoners being released into the UK, or that police and offender managers were consistently informed of the release of high-risk detainees.

Main concerns and recommendations

S35 **Concern:** There had been some very long detentions, including one of over three years. Some of these cases could have been progressed more quickly, including through more active persuasion and proactive use of the Home Office prosecution powers, thereby minimising the impact of detention.

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

S36 **Concern:** The welfare officer was effective but unable to meet the high demand for welfare and resettlement support. He was unable to do systematic assessments of need on arrival or pre release.

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

S37 **Concern:** Overseas escort staff crowded detainees, used physical compulsion unnecessarily, and in one case a detainee was threatened with rough treatment by receiving authorities.

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

Section 1. Safety

Escort vehicles and transfers

Expected outcomes:

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

- 1.1** *Escort vehicles were clean, and comfort breaks were offered on long journeys. Many exhausting and unnecessary inter-centre transfers took place at night, and there were examples of successive moves around the immigration estate. Many detainees were not given a reason for transfer or sufficient notice. Detainees experienced long delays waiting outside reception on escort vehicles. Handcuffs were routinely applied during escorts to external appointments, irrespective of risk.*
- 1.2** Escort vehicles were clean and in good condition. In our survey, 60% of English-speaking detainees said they were treated well by escort staff, although this reduced to 48% for non-English speaking detainees. Person escort records showed that detainees had been offered toilet and food breaks at the required intervals en route.
- 1.3** Many exhausting and unnecessary inter-centre transfers took place at night, with detainees arriving in the early hours. In our groups, detainees reported receiving very little notice of their transfers to Brook House, including one who said he had been given only 20 minutes to pack his belongings. Most said they had not been given a reason for the transfer. We saw examples of successive moves around the immigration estate, including one detainee who in the space of five days had travelled from Dallas Court reporting centre in Salford to Pennine House residential short-term holding facility at Manchester airport, then to Dungavel immigration removal centre (IRC) in Scotland, back to Pennine House, and finally to Brook House near Gatwick airport.
- 1.4** Detainees experienced long delays waiting outside reception on escort vehicles, including three who were returned to the centre at midnight following a failed removal and did not enter reception until nearly 4am. This was a significant, regular problem, caused by the failure of escorts to advise the centre consistently of arrival times and the inability of the centre to manage the increased throughput of detainees efficiently (see 1.12 and recommendation 1.16).
- 1.5** Handcuffs were routinely applied during escorts to external appointments, irrespective of risk, sometimes with weak justifications. In one case, the rationale for using restraints was 'handcuffed due to the belief he could not be trusted' with no evidence to support this claim (see section on security).

Recommendations

- 1.6** **Detainees should be given advance notice of transfer, the reasons for the transfer and information about their destination.**
- 1.7** **Detainees should not be subject to overnight or successive transfers around the detention estate.**

Housekeeping point

- I.8** Escort staff should call the centre in advance with an estimated arrival time.

Early days in detention

Expected outcomes:

On arrival, detainees are treated with respect and care and are able to receive information about the centre in a language and format that they understand.

- I.9** *Nearly two-thirds of detainees spent less than a month in the centre. Detainees experienced long delays in reception and there was not enough space for all new arrivals. Reception interviews were not held in private. Detainees could not shower in reception. Important risk information was not consistently shared between reception and wing staff. First night procedures could be robust, but they were not applied to all detainees on arrival. There was no induction and detainees on the induction wing were bewildered and frustrated at the lack of information.*

- I.10** Reception was open 24 hours a day, seven days a week, and there had been an average of 149 new receptions a week in the previous six months. Nearly two-thirds of detainees (62%) were in the centre for less than a month and the high throughput had substantially increased the pressure on reception. This was reflected in the long delays experienced by detainees outside reception (see section on escort vehicles and transfers) and inside, where staff struggled to complete the paperwork. There was a sizeable, well equipped waiting room where hot drinks and a meal were supplied. Detainees were locked in the room without direct supervision but the room was covered by CCTV, staff often walked through the area and reception staff regularly checked on detainees. Regulations only permitted a maximum of eight detainees to be held at a time. A second waiting room had been designated as a holding area for detainees so they did not have to be kept on vans, but we did not see it used for this purpose despite long queues of vehicles at times.
- I.11** Detainees who we saw arriving all had a completed IS91 (authority to detain) document. Each was interviewed in reception but not in private: booking-in desks were separated only by a screen and were situated in a main thoroughfare to the centre. All detainees underwent health care screening. Supplies of clothes in reception were depleted and had not been replaced (see welfare section) and detainees were unable to have a shower until they reached the wing. There was a clear process for initial enquiries to be made in reception about suicide and self-harm, and we observed this in some cases. However, there was confusion between reception and wing staff about responsibility for this and important risk information was not consistently shared.
- I.12** Most detainees were moved to B wing (the induction unit) from reception, although some went elsewhere when the wing was full. First night procedures were robust, comprising a one-to-one interview, a room-sharing risk assessment and more detailed questions about suicide and self-harm. However, detainees arriving late did not have a first night interview until the next day, and we were not confident that detainees going to other wings were interviewed, which was of particular concern given the inconsistent sharing of risk information. We met a detainee on B wing who had arrived at about 1am and had still not been interviewed by lunchtime. Wing staff told us they did not know if he was a suicide or self-harm risk. The same detainee had spent the night with no pillow or bedclothes because he had been anxious about signing the relevant form. A minimum of three checks were undertaken by staff during a detainee's first night and these had been completed in all the cases we looked at, irrespective of which wing the detainee was on.

- I.13** Despite a clear induction policy, no induction was being delivered apart from the issue of an information booklet which was available in a range of languages and formats. As a consequence, we encountered many detainees on B wing who were bewildered, distressed and frustrated at the lack of information, including on their immigration cases (see casework section).

Recommendations

- I.14** Reception procedures and staffing levels should be adequate to manage the throughput of detainees quickly and effectively.
- I.15** All detainees should be interviewed in private in reception. Key risk information should be identified and shared with the receiving wing.
- I.16** All relevant staff should be given guidance on their responsibility to deliver first-night procedures, and detainees should undergo a robust first-night interview irrespective of their time of arrival or wing allocation.
- I.17** All detainees should receive a comprehensive induction.

Housekeeping points

- I.18** Detainees should not be locked in an unsupervised waiting room. (Recommendation I.11 repeated as housekeeping point)
- I.19** Detainees should be able to have a shower in reception on arrival. (Recommendation I.16 repeated as housekeeping point)
- I.20** The designated waiting room for escort staff and detainees should be routinely used during busy periods.
- I.21** All detainees should receive a bed pack on arrival at the receiving wing.

Bullying and violence reduction

Expected outcomes:

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

- I.22** *In our survey, a third of detainees said they did not feel safe and significantly fewer than the comparator said they had been victimised, intimidated or threatened. However, there was evidence of under-reporting of incidents. Analysis of data was limited but a recently introduced violence survey provided a good source of intelligence. Investigations were adequate but there was no constructive intervention to change behaviour.*

- I.23** In our survey, 34% of detainees said they felt unsafe against the comparator of 39%. Seventeen per cent said they had been victimised by another detainee and 13% by staff against respective comparators of 27% and 22%. In addition, significantly fewer detainees said they felt threatened or intimidated by other detainees and fewer than at our last inspection

said they felt threatened or intimidated by staff. The level of assaults was similar to other centres.

- I.24** Consultation with detainees about safety had improved. A monthly questionnaire had the potential to generate useful intelligence over time.
- I.25** Data gathered by the centre showed that too few detainees had reported victimisation. This was reflected in our survey, in which only 32% reported an incident against the comparator of 49% and 53% at the 2011 inspection.
- I.26** The safer community committee met monthly with appropriate membership, including detainees. Discussions did not always focus on safety and often veered into residential issues. Detailed data were circulated before the meeting but were not used to identify trends and themes and there was no action plan to inform the bullying and violence reduction strategy. An annual analysis of data had recently been introduced to identify trends but we saw little evidence that it was discussed at the safer community meeting.
- I.27** Staff took appropriate informal action to stop bullying and victimisation on the wings. Incidents reported were investigated promptly and thoroughly. Thirty-two incidents had been investigated in the previous six months and 22 support plans for perpetrators opened. Eighteen victims had also been supported. Monitoring, separation and transfer to other centres were the main responses.
- I.28** We examined antisocial behaviour and victim support books, which indicated targeted, meaningful objectives. However, not all had been reviewed and too many lacked relevant daily entries.

Recommendations

- I.29 The reasons for detainees under-reporting victimisation should be investigated and acted upon.**
- I.30 The safer community group should analyse data, identify trends and oversee the implementation of a comprehensive action plan.**

Housekeeping point

- I.31** Reviews and daily entries in antisocial behaviour and victim support books should be improved.

Self-harm and suicide prevention

Expected outcomes:

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

I.32 *Some detainees experienced high levels of frustration and despair, and rates of self-harm were high. Case management of detainees in crisis was effective overall, but triggers were rarely specified, and care maps and daily entries were not sufficiently comprehensive. More young adults were placed on an ACDT than other age groups. The introduction of a Befrienders scheme was a positive initiative.*

I.33 We witnessed high levels of frustration and despair in the centre. Many detainees said they did not know what was happening with their cases and this uncertainty appeared to be linked to the high number of ACDTs (assessment, care in detention and teamwork) and self-harm incidents. Analysis of data by the safer community group was limited (see section on bullying and violence reduction and recommendation I.30).

I.34 Staff had opened 162 new ACDTs in the previous six months and another 70 had been transferred from other centres. Records showed that the number of self-harm incidents had increased from 25 in six months in 2011 to 60 in the six months before the current inspection.

I.35 Between six and nine ACDTs were open over the course of the inspection, and were principally related to the issuing of removal directions. However, very few ACDTs clearly specified triggers. Young adults (those under 21) were significantly more likely to be at risk of self-harm than others: in the previous three months a quarter of them had been on ACDTs compared to only 10% of others. This trend had not been identified by the centre (see recommendation I.30).

I.36 ACDT case management was largely effective but care maps and daily entries often did not indicate that actions had been taken. There was an overreliance on monitoring and observation rather than interaction and constructive activity. Most reviews were multidisciplinary but post-closure reviews were not always recorded. Professional interpretation was used in the reviews that we looked at.

I.37 Constant supervision was regular and appropriate in the cases examined, although there was also little evidence of staff interaction or constructive activities for detainees on constant watch. There was no dedicated care suite and detainees on constant watch were supervised in somewhat bleak cells on E wing, with large perspex windows to allow observation. Sometimes other cells were also used. Detainees on constant watch were usually not allowed to leave the unit. A recent analysis of the use of constant watches had identified an overrepresentation of detainees who did not speak English, but little action had been considered in response.

I.38 At the time of our inspection, three detainees were refusing food and they were being appropriately cared for in their normal location. Severe cases were moved to E wing where they could be more closely observed or to neighbouring immigration removal centres with in-patient facilities.

I.39 Detainee Befrienders had received a two-day training programme and were aware of their role and the boundaries of confidentiality. There were three in post at the time of the inspection, and they provided good support to new arrivals and some support to detainees in crisis.

I.40 Staff training in suicide and self-harm prevention and first aid was up to date and staff carried anti-ligature knives. The Samaritans visited the centre once every two weeks and saw individual detainees in crisis.

Recommendations

- I.41** Detainees subject to constant supervision should be able to move around the centre and participate in constructive activities.
- I.42** A care suite for detainees at risk of self-harm should be established. (Repeated recommendation 4.12)
- I.43** ACDTs should identify specific triggers, and care maps and daily entries should reflect interactions with detainees in crisis. Post-closure reviews should be consistently completed and recorded.

Safeguarding (protection of adults at risk)

Expected outcomes:

The centre promotes the welfare of all detainees, particularly adults at risk, and protects them from all kinds of harm and neglect.³

I.44 *There were no formal arrangements with the local authority for safeguarding adults at risk, but a local strategy had been developed.*

I.45 There were no formal arrangements with the local authority for safeguarding adults at risk. A local strategy was being ratified. A staff training programme had started which provided four modules of basic awareness raising and was suitable for all staff. Some health care staff had been trained in safeguarding vulnerable adults.

Recommendation

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

Safeguarding children

Expected outcomes:

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

I.47 *There was a comprehensive local policy on safeguarding children. Staff were trained in safeguarding. Age disputes were handled appropriately by centre staff but the local authority was slow to conduct age assessments. Systems to identify to visits staff detainees who were a risk to children were not sufficiently robust.*

³ We define an adult at risk as a person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

- I.48** There was a comprehensive policy on how children would be safeguarded, although it was in need of some minor updating.
- I.49** The manager responsible for safeguarding children met Gatwick Children's Services each quarter and a memorandum of understanding underpinned what social workers confirmed was a positive relationship. A Home Office regional manager attended the West Sussex Local Safeguarding Children Board. Notices around the centre reminded staff of their duty to safeguard and promote the welfare of children. The safeguarding children manager delivered comprehensive safeguarding training to all staff and some staff also took the NSPCC 'Child protection: staying aware' course.
- I.50** There had been four age disputes during the previous year; two of the detainees had been found to be minors by social services. Individual care plans were implemented promptly. Age dispute detainees were no longer held in the separation unit but transferred to the more appropriate family unit at Tinsley House (see HMIP's 2012 Tinsley House report). Social workers from Gatwick Children's Services were sometimes slow to attend and in one case they attended five days after the referral had been made.
- I.51** Visits staff held a list with photographs of detainees who were a risk to women and children. They monitored these detainees carefully and ensured that they sat away from children during visits. However, one detainee who had served a sentence for sexually assaulting a 14-year old girl and was identified as a risk to women and children, was not on the list. The risk was not recorded on his person escort record or the authority to detain (IS91).

Recommendation

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

Housekeeping point

- I.53** The safeguarding children policy should be up to date.

Security

Expected outcomes:

Detainees feel secure in an unoppressive environment.

- I.54** *Some security procedures were disproportionate. Dynamic security arrangements were good.*

- I.55** Some security procedures were disproportionate for the population. There was restricted movement on and off wings. Detainees were unnecessarily locked up each day for two 30-minute roll checks and were routinely handcuffed on escort to external appointments, regardless of their risk assessment. Detainees and their visitors could embrace at the beginning and end of a visit but were not allowed to sit next to each other during the visit. This was based on the perceived increased opportunity to pass drugs, but was an intrusive over-reaction. There was little evidence of ongoing drug supply problems in the centre. The number of ex-prisoners had dropped dramatically since the previous inspection from 33% to

around 5%, as more detainees who had completed their sentence were inappropriately held in prisons.

- I.56** Strip-searching had been conducted on 26 occasions in the previous six months, which was much higher than the norm. However, 13 were the result of suspected secretion of weapons (blades) and the remainder for suspected drug passes, and appeared justified as a result. Finds were nevertheless rare and continuing governance by managers was needed to ensure proportionality.
- I.57** Dynamic security was good and we saw positive staff/detainee relationships and effective supervision on residential units. The number of security intelligence reports (SIRs) had fallen from about 650 during the first six months of 2012 to 480 in 2013. The increased throughput and short length of stay of detainees appeared to have affected levels of intelligence. SIRs were processed efficiently and information was disseminated to all staff each day.
- I.58** A well attended security committee analysed trends and patterns relating to drugs, use of force, separation and violence and formulated appropriate security objectives.

Recommendation

- I.59 All security procedures should be proportionate to a detainee population.**

Rewards scheme

Expected outcomes:

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

- I.60** *The centre operated a prison-style three-level reward scheme and an enhanced wing, neither of which was appropriate for a detainee population.*

- I.61** The centre continued to operate a prison-style three-level reward scheme and an enhanced wing which were divisive and inappropriate for a detainee population. At the time of the inspection, 102 detainees were on the enhanced level and 293 on the standard level. No detainee was on the basic level, although there had been 16 in the previous six months. Detainees on the basic privilege level were locked up for most of the day, their television was removed and they had limited access to activities. The scheme no longer used separation as punishment. Detainees told us the enhanced wing was unfair and many had limited understanding of the rewards scheme.

Recommendation

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

The use of force and single separation

Expected outcomes:

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

- I.63** *Force was used appropriately. Governance was good and we were assured that it was a last resort. Body-worn cameras were a positive development. The number of detainees who were separated had reduced significantly since the last inspection. However, the separation regime was poor and governance of separation required some improvement. The adjoining pre-departure unit was a much improved environment.*
- I.64** Force had been used 61 times in the previous six months, slightly higher than in 2012 but lower than similar centres. About 60% of the incidents involved the use of restraint locks or pain compliance techniques. Many incidents occurred when detainees refused to be removed for overseas escorts.
- I.65** Documentation of use of force was of a good standard and reflected efforts to de-escalate before using force as a last resort. Planned interventions were properly authorised and supervised and the appropriate personnel were in attendance. Planned interventions were filmed but the quality of some films was poor. The introduction of body cameras that could be activated instantly was a welcome initiative, reminding both detainees and staff of the need for appropriate behaviour. There was good quality assurance of all documentation, resulting in learning points and subsequent actions. Monitoring was rigorous and there were links to the security committee, the equalities team and the senior management team.
- I.66** E wing was divided into the separation unit and a pre-departure unit. The pre-departure unit was a much improved environment used primarily to accommodate some detainees the day before removal. It accommodated a complex mix of detainees, including those refusing food and detainees in crisis, who were located in constant watch rooms. This mix was well managed overall and the atmosphere on the unit was relaxed. Detainees were unlocked for most of the day. However, they were usually restricted to the unit and those spending longer periods on E wing for any reason were therefore subject to a disproportionately restricted regime.
- I.67** The separation unit consisted of six rooms. The environment was clean and well maintained and there had been attempts to soften the harsh surroundings with furnishings and pot plants. There was a poorly screened shower cubicle on the landing area. Some rooms were poorly furnished with no table or locker. There were no electric points in rooms and toilets were dirty.
- I.68** Use of separation had reduced significantly since our last inspection with the introduction of the more relaxed pre-departure unit. During 2012 there had been over 450 uses of separation in six months. This had reduced to 247 in the six months before the inspection.
- I.69** Relationships that we observed between staff and detainees were good and records demonstrated positive engagement. We observed staff dealing patiently and appropriately with a detainee who demonstrated very challenging and abusive behaviour.
- I.70** A basic daily regime on the unit included access to showers and exercise. Detainees were allowed to use their own mobile phone. The regime was otherwise impoverished with no

purposeful activity. Detainees spent most of the day locked in their rooms and meals were served at the door.

- I.71** We were not confident that approval of removal from association (Rule 40) beyond the 24-hour period was always based on a thorough examination of the facts by Home Office staff. Some documentation had been signed by centre staff on behalf of immigration staff, which was inappropriate.

Recommendations

- I.72** **Accommodation in the separation unit should be fully furnished, toilets should be cleaned regularly and the shower should afford privacy.**
- I.73** **The regime in the separation unit should be developed and should include purposeful activity.**
- I.74** **Separation should only be authorised following a full examination of the facts of the case by the authorising manager.**
- I.75** **Detainees in the pre-departure unit should be allowed off the unit subject to risk assessment.**

Good practice

- I.76** *The introduction of body cameras that could be activated instantly reminded both detainees and staff of the need for appropriate behaviour.*

Legal rights

Expected outcomes:

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

- I.77** *There were long waits for the detention duty advice surgeries. Fewer detainees than in other centres said they had a lawyer. Facilities for legal visits were adequate. Few detainees said it was easy to obtain bail information. Electronic country of origin reports and some legal websites were blocked.*

- I.78** Detention advice surgeries funded by the Legal Aid Agency were oversubscribed. The surgeries were run twice a week by three firms of solicitors, with 10 half-hour slots each day for over 400 detainees. At the time of the inspection, detainees had to wait two weeks for the next available slot which was past the removal date for some detainees. Centre staff had requested additional capacity but it had not been forthcoming. Recent changes to legal aid meant that only detainees claiming asylum received legal representation.
- I.79** In our survey, 61% of detainees said that they had a lawyer, 31% that they received legal aid and 39% that they received a legal visit against respective comparators of 69%, 43% and 53%.
- I.80** Arrangements for legal visits were reasonably good. Visits could be made at any time of the day and took place in one of 10 large interview rooms. Laptops could be brought into the

centre. Chairs were chained to the floor, which was disproportionate. Detainees could keep in contact with their legal representatives by telephone and email (see section on communications). Faxes could be sent from wing units free of charge. Detainees could write letters on three stand-alone computers and a printer in the library.

- I.81** The latest Bail for Immigration Detainees (BID) handbook and bail application forms were available in the library, welfare office and on the internet. Despite this, in our survey 30% of detainees said it was easy to obtain bail information against 37% at the previous inspection. There were no BID workshops to help detainees prepare their bail applications.
- I.82** A wide range of up-to-date country of origin reports were available in the library but were blocked on the internet. Some legal websites were also blocked. A range of legal forms were freely available in the library. In our survey, 48% of detainees against the comparator of 41% said that they could get legal books in the library.
- I.83** Detainees could complain about poor legal advice. Leaflets for the Legal Ombudsman and the Office of the Immigration Services Commissioner were available in the welfare office.

Recommendation

- I.84** **In consultation with the Legal Aid Agency, the centre should ensure adequate access to legal advice.**

Housekeeping points

- I.85** Bail for Immigration Detainees should be invited to deliver regular workshops to help detainees to make bail applications.
- I.86** Detainees should only be interviewed on chairs chained to the floor following an individual risk assessment.
- I.87** Country of Origin Information Service reports and legal websites should be accessible on the internet.

Casework

Expected outcomes:

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

- I.88** *Despite a reduction in the average length of stay, some detainees were held for unreasonable periods. The on-site Home Office contact management team was understaffed and could not meet the demand generated by the increased throughput of detainees. Induction interviews were too brief and did not provide detainees with enough information. The quality of rule 35 reports had improved and some had led to release. We were not confident that all bail summaries were served. Arrangements for releasing ex-prisoners into the community were not robust enough.*

- I.89** While the average length of stay at the centre had reduced from 93 days at the previous inspection to 28 days, some detainees were held for unreasonably long periods. Twenty

detainees had been held in immigration detention for between one and two years and two for between two and three years. The longest period of detention was three years and two months.

- I.90** Prolonged detention often involved detainees who were considered to be non compliant with the re-documentation process or were providing false information about their true nationality. File analysis demonstrated that there was little appetite for prosecuting non-compliant detainees under section 35 of the 2004 Asylum and Immigration Act or constructive face-to-face engagement to persuade them to comply.
- I.91** The case of the detainee who had been held for more than three years was referred to the criminal casework directorate (CCD) of the Home Office in June 2008. The detainee left prison and entered immigration detention in March 2010 and exhausted his right to appeal in July 2011. Since then, the Home Office had been trying to re-document the detainee, but the authorities in the detainee's home country would only issue a travel document if he agreed to return voluntarily. He refused because he said he had no future outside the UK – he had arrived in the UK at the age of nine and had lived here for 14 years. After our inspection, Home Office staff were due to meet the authorities in the detainee's home country to persuade them to accept an enforced removal. There was no evidence on file that the Home Office had considered prosecution and little evidence over the last year of face-to-face contact with the detainee to persuade him to return voluntarily. The monthly review letters were posted to him rather than delivered face to face. When asked about the detainee, a member of the contact management team said they did not know who he was. Despite their responsibility for the case for five years, the CCD had failed to remove the detainee and there was little prospect of imminent removal (see main recommendation S35).
- I.92** The contact management team struggled to manage the increased throughput of detainees. The team complement was a manager, two deputies and seven contact officers but at the time of the inspection they were short of two staff. Fifty-two induction interviews were outstanding, and some detainees had been in the centre for five days without an interview.
- I.93** Records had not been kept up to date and at the start of our inspection showed that 80 monthly progress reports were overdue. By the end of the inspection, records had been updated but 38 were still overdue. The reports were shorter than previously. Detainees were referred to previous letters for their immigration history. The important section, 'progress since last report', was not always completed fully. Induction interviews were too brief and did not adequately inform detainees of their immigration status. Detainees were not fully advised of bail rights, voluntary assisted return or re-entry bans. Interpretation was not always used when required. Home Office induction leaflets available in different languages were not given to detainees.
- I.94** Forty-two rule 35⁴ reports had been submitted in the previous six months. The quality had improved: they were written by a doctor, typed and contained body maps. Some contained clear diagnostic findings which were more likely to lead to release. Replies were timely. Two of the 10 reports that we reviewed led directly to release. Despite this, some replies were dismissive. For example a doctor wrote: *'This gentleman is suffering from significant depression and PTSD. He has been referred to the psychiatrist, started on antidepressants and will receive ongoing support from the [mental health nurse]. I have concerns about his ongoing detention as his mental health condition is being exacerbated by the length of detention'*. Despite this, the caseworker maintained detention stating: *'... the doctor has not followed diagnostic protocol when assessing your claimed PSDT [sic] condition ... In relation to the injuries there is no specific mention that you are unsuitable for detention.'* Some mental health nurses had attended a one-

⁴ Detention Centre Rule 35 requires medical practitioners to report on detainees whose health is likely to be injuriously affected by detention as a result of a special illness or experience of torture.

day Freedom from Torture training course on torture and trafficking (see section on health care).

- I.95** A team from the Home Office asylum intake unit attended the centre regularly to screen detainees who had claimed asylum after entering detention. They decided if the case was suitable for detained fast track, with a target of seven days after asylum was claimed.
- I.96** The Home Office policy was, appropriately, to serve bail summaries on all detainees whether or not they were legally represented by 2pm the day before their hearing.⁵ However, we were not confident that all detainees were served with them as the contact management team did not monitor whether bail summaries had been received before bail hearings.

Recommendations

- I.97** **The contact management team should induct all detainees within 24 hours of arrival at the centre. Induction interviews should be comprehensive. Detainees should be informed of their bail rights, voluntary return and re-entry bans and should be given this information in writing with a bail application form.**
- I.98** **Monthly progress reports should be served on time and should contain meaningful and relevant information on progress since the last report.**
- I.99** **If a doctor writing a Rule 35 report finds that detention is adversely affecting a detainee's health, case owners should not dismiss the report on a technicality, but request further information before deciding to maintain detention.**

Housekeeping point

- I.100** The contact management team should ensure that detainees receive copies of their bail summaries by at least 2pm the day before their hearing.

⁵ See page 8 of Guidance – Immigration judge bail – version 5.0

Section 2. Respect

Residential units

Expected outcomes:

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

- 2.1** *Communal areas were clean but some rooms required decorating. The general environment was prison like. Toilet and shower screening was inadequate. Access to cleaning materials and bedding was good but less so for clothes and property. Consultation arrangements were good.*
- 2.2** External and internal communal areas were clean, well maintained and free of graffiti. The wings had the appearance of a prison and were noisy. Little had been done since our last inspection to soften the harsh appearance or reduce noise levels, although there were plans to pilot the installation of art work and soft furnishings on A wing. Detainees said that ventilation in their rooms was a problem. Sealed window units in rooms made them feel stuffy. Detainees had access to small exercise yards but, with the exception of D wing, there was nowhere for them to sit.
- 2.3** Bedrooms were spacious but many were dirty and required decorating. A sheet was used to screen the toilet entrance which afforded little privacy. Many toilets were heavily scaled and required deep cleaning. Detainees had free access to hot water boilers in the residential corridors. Access to showers was good and most were clean, but shower cubicles still lacked privacy. Detainees could easily obtain cleaning materials.
- 2.4** There was good access to laundry facilities and weekly freshly laundered bedding. The centre had recently run out of clothing for detainees who had few or no clothes, but we were assured that steps had been taken to rectify this.
- 2.5** In our survey, 45% of detainees said it was easy to access stored property against the comparator of 52%. Detainees had to book one of the five 10-minute slots per wing each day to retrieve stored property which meant that some detainees with several property bags had to wait a number of days.
- 2.6** Detainees were given rules and information about the centre on arrival. These had been translated into 15 languages.
- 2.7** Monthly detainee consultation meetings generated positive changes to the regime. The centre conducted monthly questionnaires with a random sample of detainees to identify trends and take remedial action when required.

Recommendations

- 2.8 Plans to soften the environment should be implemented across the centre.**
- 2.9 Rooms should be decorated and adequately ventilated.**
- 2.10 Showers and toilets should be adequately screened for privacy and toilets should be deep cleaned.**

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

Staff–detainee relationships

Expected outcomes:

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

2.12 *About three-quarters of detainees in our survey said that most staff treated them with respect and we observed mainly positive interactions. Detainees who spoke little English reported less favourably. There were no regular information and support groups with detainees and the care officer scheme was not implemented consistently.*

2.13 In our survey, 74% of detainees said they were treated with respect by most staff. We observed generally good staff-detainee interactions and received a number of positive comments from detainees about staff. In our survey, 61% of detainees said they had a member of staff to turn to if they had a problem.

2.14 However, in our survey, detainees who spoke little English reported significantly more negatively on a number of issues, including having a member of staff to turn to for help (52% against 65%) and access to key information about the centre (see diversity section). We used interpreters to speak to groups of Afghani and Chinese detainees, who also reported more difficulties at the centre. There were no regular group meetings to enhance communication with detainees who spoke little English.

2.15 Staff were generally responsive to detainee requests but the care officer scheme was inconsistently applied. Awareness of care officers varied widely among detainees and in our sample of case records there were no entries on the detainee information system to demonstrate positive engagement with detainees.

Recommendation

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

Equality and diversity

Expected outcomes:

The centre demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no detainee is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. At a minimum, the distinct needs of each protected characteristic⁶ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

⁶ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

2.17 *Diversity outcomes were reasonable, but structures were underdeveloped. Strategic awareness of, and planning for, the diverse needs of the population were lacking. There were no specific forums for detainees with protected characteristics, and detainees with disabilities were under identified. However, diversity orderlies were well known and effective. Staff had undertaken useful diversity training. Professional interpretation was used regularly, though not always when required. There was a clear assessment and support procedure for older detainees and those identified as disabled, though no focus on the specific needs of young adults.*

Strategic management

- 2.18** Diversity outcomes were reasonable: staff were proactive in this area and a newly appointed diversity manager was given valued support by two paid diversity orderlies, who were well known throughout the centre. Staff undertook a good diversity training package as part of their initial training, and annual refreshers, and nearly all were up to date. Thirty-five staff had recently undertaken separate LGBT (lesbian, gay, bisexual, transgender) training.
- 2.19** There was a single equality policy, which applied to both the Gatwick centres. However, strategic awareness of, and planning for, the diverse needs of the population were lacking; the policy was comprehensive but there was no reference to the particular needs of detainees at Brook House, nor an action plan to meet these needs. The implementation of the policy was monitored at a multidisciplinary monthly diversity and equality action team (DEAT) meeting which was chaired by the head of care and regimes and attended by the diversity orderlies. Chaplaincy and Home Office staff had not attended the three most recent meetings. Substantial data were prepared for each meeting but trend analysis was underdeveloped.
- 2.20** There were no specific forums for detainees with protected characteristics. A cultural calendar had been developed and a range of events were organised, including Chinese New Year and Black History month, themed meals and competitions. Equality impact assessments had been completed across a range of policies.
- 2.21** In our survey, 71% of detainees said they understood spoken English, and 64% written English. In the first four months of 2013, the centre had spent £3,508 on interpreting services for detainees which is more than we usually see. We observed interpreting being used but also several cases where it was not used when required, including in health care. The centre kept an up-to-date list of multilingual staff who were used to interpret and had bought key rings for some staff containing contact details of the interpreting service. In our groups, detainees said they relied on other detainees to interpret for them, which was useful additional support but inappropriate when confidential or sensitive information was being discussed.

Recommendations

- 2.22** **Strategic planning for diversity should target the specific needs of the population at Brook House, set objectives and state measures to achieve them. It should be supported by monitoring which identifies trends in detainee outcomes across all protected characteristics.**
- 2.23** **Specific forums for detainees with protected characteristics should be established.**

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

Housekeeping point

- 2.25** All relevant parties should regularly attend DEAT meetings.

Protected characteristics

- 2.26** We did not observe any particular tensions between different ethnic or nationality groups. There was similarly little evidence of discrimination on the basis of religion.
- 2.27** There was a clear procedure to identify disability on arrival, but it appeared to be under identified by the centre. In our survey, 9% of detainees, about 38, said they had a disability. The centre was only aware of three and did not keep a central register. There were three adapted rooms with integral easy access shower and toilet facilities, although there was only one bell by the door, which it was difficult for detainees with mobility impairments to reach while in bed. There was a clear assessment and support procedure for detainees with disabilities: the diversity manager visited them individually to identify additional needs, and a basic care plan was established, although this was not kept in wing files. Three detainees had personal emergency evacuation plans which wing staff were aware of. There were no paid carers to support detainees, who relied on staff and ad hoc help from other detainees.
- 2.28** There were 18 older detainees at the time of the inspection. They were subject to the same assessment and support procedures as detainees with disabilities. There were no specific activities for this age group, but suitable activities for all age groups were available.
- 2.29** Staff were unaware of any openly gay detainees. A diversity orderly told us that four detainees had disclosed to him that they were gay, and felt they lacked specific support. There was no framework to identify the needs of young adults, despite their concerning overrepresentation in suicide and self-harm procedures (see section on suicide and self-harm prevention).

Recommendations

- 2.30 The under-reporting of disabilities should be investigated and addressed.**
- 2.31 Call bells in adapted rooms should be easily accessible.** (Repeated recommendation, 4.31)
- 2.32 Paid carer roles should be introduced for detainees with additional needs.**
- 2.33 The specific needs of young adults and gay and bisexual detainees should be identified and addressed.**

Housekeeping point

- 2.34** Copies of care plans for older detainees and those with disabilities should be kept in wing files.

Faith and religious activity

Expected outcomes:

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

2.35 *Provision for faith and religion was good and detainees' views were positive. The mosque was too small.*

2.36 Provision for faith and religion had improved and was now good. The chaplaincy was diverse and fully staffed. In our survey, 75% of detainees said their religious beliefs were respected against 66% at the previous inspection.

2.37 A weekly programme of religious activities was published and provided a good range of opportunities for detainees. There were designated worship areas: a chapel, a mosque and a multi-faith room. The mosque was too small for the increased Muslim population and some detainees had to use the corridor for Friday prayer. A bid had been submitted to increase the size of this area. Ablution facilities were good and detainees could use religious artefacts.

Recommendation

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

Complaints

Expected outcomes:

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

2.39 *Complaint forms and boxes were easily accessible. The number of complaints had reduced. Outcomes were inaccurately recorded and detainees were inappropriately asked to withdraw complaints that had been resolved. Replies were respectful, polite and legible, but many investigations took too long.*

2.40 Complaint boxes and forms in English and 15 other languages were easily available on wings and in the activities area, but they were sited too close to wing offices. Independent Monitoring Board forms were easily available.

2.41 The number of complaints had reduced from a monthly average of 25 in 2012 to 15 in 2013. Attempts were made to resolve detainees' concerns before they complained. A help desk was staffed for one hour a day by a manager, but not all detainees we spoke to knew of it and it required better promotion. In the previous six months, 81 complaints had been submitted. The most common themes had been access to services (28), property (21) and unprofessional conduct (10).

- 2.42** Only two of the 81 complaints were recorded as substantiated and 18 had been withdrawn. Outcomes were inaccurately recorded, as many of the withdrawn complaints should have been recorded as substantiated. Detainees were on occasion asked to withdraw a complaint, for example when lost property was found, which was inappropriate. Ten per cent of replies were quality checked, but managers had not identified this issue.
- 2.43** Replies were polite, respectful and typed. Too many investigations took more than seven days to conclude. One complaint was investigated by a manager who had been involved in the incident that triggered the complaint, but this was identified during a quality check by a senior manager.
- 2.44** A monthly complaints report compared the number of complaints with previous years and recorded outcomes, category of complaint and the responsible department. A summary of individual complaints was included. The report was reviewed by senior managers.
- 2.45** Detainees who were not satisfied with the reply could complain to the Prisons and Probation Ombudsman (PPO). PPO leaflets were enclosed with replies to complaints.

Recommendations

- 2.46** **Detainees should not be encouraged to withdraw complaints, and outcomes should be accurately recorded.**
- 2.47** **Complaints should be answered within seven days of the detainee making the complaint.** (Repeated recommendation 7.49)

Health services

Expected outcomes:

Health services assess and meet detainees' health needs while in detention and promote continuity of health and social care on release. Health services recognise the specific needs of detainees as displaced persons who may have experienced trauma. The standard of health service provided is equivalent to that which people expect to receive elsewhere in the community.

- 2.48** *Health services had improved since the last inspection and this was reflected in our survey and the positive comments that we received from detainees. Detainees had very good access to primary care services and attendance rates were good. The majority of medicines were held in possession and the pharmacy services were well organised. A dental assessment clinic was held fortnightly and there was no waiting list. Access to mental health services had improved with the addition of extra mental health nurses based on an analysis of needs.*

Governance arrangements

- 2.49** Health care services continued to be commissioned by Care and Justice Services and the new contract for provision by G4S integrated medical services was now well established. Links with the NHS England local area team were evident and partnership arrangements were good. Detainees in our survey were generally happy with the level and quality of service and this was also reflected by detainees to whom we spoke. A small health care centre was located centrally on the first floor with additional rooms in the reception area for

screening and mental health consultations. All rooms were clean and well equipped but there remained no toilet to obtain specimens from patients and there was little natural light.

- 2.50** A health needs assessment had been completed in July 2012 which included the mental health needs of the detainees. The assessment was used to develop and monitor the health care services delivered. The health care manager was actively supported by the clinical director for G4S. The department was well staffed and there was an active recruitment programme for additional mental health nurses and a practice manager, all of whom had been selected. Nursing staff were supported by health care assistants and were available to detainees 24 hours a day.
- 2.51** A good range of appropriate clinics were available, including screening and chronic disease management. Detainees were referred to specialist clinics at the local hospital if required. Each of the nurses had developed a specialist role and this included managing the needs of older detainees. Much effort had been given to the professional development of staff and all were in date for mandatory training. Clinical supervision was available to staff and was mainly managed on a group basis.
- 2.52** General practitioners continued to be provided by the local practice, Saxonbrook Medical, which delivered a clinic each day, including weekends. The same GPs were available out of hours when required. The pharmacy service was supplied by Boots UK and included a monthly visit by the pharmacist who had recently started offering patient consultations. This was well promoted. A dental assessment service provided an adequate level of care for detainees.
- 2.53** The department used its own software to manage clinical records. The system was effective but use of the electronic case record SystemOne would have facilitated continuity of care when detainees were transferred from other establishments. Regular team meetings ensured that staff were kept well informed about changes in policy. Emergency resuscitation equipment was located in the health care centre with first aid boxes on each wing. Automated external defibrillators (AEDs) were located in the health care centre and on the main ground floor corridor. All equipment was checked appropriately. All custody staff attended first aid training but this did not include the use of AEDs.
- 2.54** Detainees were represented at consultative groups but few health care issues were raised and there was no dedicated health care forum. Health promotion information was widely available in a range of languages. Communicable diseases were managed within the constraints of the establishment. There were very few health care complaints and all complainants received typed responses which were sensitive and explanatory.

Recommendations

- 2.55** **The health care centre should be provided with a toilet for the use of detainees being examined or treated.** (Repeated recommendation 5.3)
- 2.56** **First aid training for custody staff should include the use of automated external defibrillators.**

Housekeeping points

- 2.57** SystemOne electronic case records should be installed to improve the consistency and continuity of care for detainees.

- 2.58** There should be a dedicated health care forum for detainees.

Delivery of care (physical health)

- 2.59** All detainees received a comprehensive health care screening, including mental health screening, in reception. Two rooms available for screening were equipped appropriately and afforded suitable levels of privacy. Written information was translated and telephone interpretation services were available. We were told that on occasion detainees were used to interpret following consent (see recommendation 2.24 in equality and diversity section). Detainees were able to attend a daily nurse clinic without an appointment, which enabled referrals to be made when required. Patients needing referral to the GP were seen very quickly and attendance rates were good.
- 2.60** Health care staff had attended training to recognise alleged acts of torture. A record of all Rule 35 reports was maintained, with some good quality reporting. Detainees located in the care and separation unit were seen daily by health care staff, including mental health nurses when required. Detainees were able to complete vaccination programmes when required. Condoms were available in the health care centre and the shop. Outside hospital appointments were managed efficiently by the health care administrator. Two escorts were available every day, including weekends, and appointments were rarely cancelled.

Pharmacy

- 2.61** The pharmacy room was located in health care, and medicines were predominantly supplied from there, with the exception of a few that were administered directly to patients on the wings. Medicines were stored and handled appropriately. An increasing number of detainees were receiving their medication in possession and there was an associated policy with risk assessment. Patients were able to order repeat medication by visiting the pharmacy room during medication times.
- 2.62** There was no special sick⁷ policy but, in addition to the patient group directions⁸, single doses of analgesia were given on the wings if needed and some basic homely remedy items were available from the canteen. Controlled drugs requiring safe custody were not stocked or administered from the centre; patients requiring these were sent to alternative centres.
- 2.63** The electronic record was used for clinical management, prescribing and to record the supply of most medication, except the administration of supervised medication, which was recorded on paper charts. A sample of the charts that we examined were completed appropriately with occasional omissions. Patients who did not attend were followed up where appropriate. There were very few delays in patients receiving their medication.
- 2.64** There was a formulary and prescribing was relatively low and appropriate to the population. In relation to the prescribing of drugs liable to abuse, staff indicated that prescribing Zopiclone for night time sedation was quite common but there had been no recent audits of prescribing. Pharmacy related incidents were recorded and reviewed. The health care policies did not cover the current pharmacy service. There were some guidance documents for staff but these had not been agreed or signed by the medicines and therapeutics committee. The committee met quarterly and was attended by the pharmacist.

⁷ When a detainee attends the health care department for immediate treatment without an appointment

⁸ Enable the supply and administration of prescription-only medicine by persons other than a doctor or pharmacist, usually a nurse

Recommendation

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

Housekeeping points

- 2.66** Stock should be ordered against an agreed list and the use of stock audited.
- 2.67** There should be written procedures covering the pharmacy service which should be agreed by the medicines and therapeutics committee and adopted and signed by staff.

Dentistry

- 2.68** East Surrey Hospital dental department held the contract for dental care. A dentist held a clinic at the centre every two weeks to assess detainees referred by nurse-led open clinics or GP clinics. If dental treatment was required, it was provided at the hospital and waiting times were short.

Delivery of care (mental health)

- 2.69** Mental health care had improved following the recruitment of additional mental health nurses. A primary care service was provided with an open referral system. Three mental health nurses shared an average caseload of 100 patients and two further staff had been recruited. Patients were seen in a health care consultation room in reception which provided a therapeutic environment. Detainees refusing food and/or fluids were seen daily by the mental health nurses. Patients could be referred for secondary health care to a psychiatrist from the North West Sussex Assertive Outreach Team of the Sussex partnership NHS Foundation Trust, who attended the centre one day a week. Detainees with enduring mental health problems who required transfer to secure mental health facilities were moved quickly. In the six months prior to our inspection, three detainees had been transferred under the Mental Health Act (see casework section). Detainees continued to have no access to professional counselling services. Mental health awareness training was delivered to all custody staff on a rolling programme.

Recommendation

- 2.70 Detainees should have access to counselling services.**

Substance misuse

Expected outcomes:

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

- 2.71** *Substance misuse was minimal. There was no drug and alcohol strategy. Reception screening for substance misuse problems was satisfactory and information on services was widely available to detainees.*

- 2.72** There was little evidence of substance misuse but there was an organised approach to supply reduction. There was no drug and alcohol strategy. There was no opiate substitution or detoxification facility and detainees were generally treated elsewhere. Symptomatic relief was available for opiate users prior to transfer when required.
- 2.73** Reception screening identified detainees with misuse problems and they were seen by the GP when required. One-to-one smoking cessation advice was available and nicotine replacement treatment in the form of patches and lozenges. Leaflets with information about blood-borne viruses and substance use problems were available throughout the centre in a wide range of languages.

Recommendation

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

Services

Expected outcomes:

Detainees are offered varied meals to meet their individual requirements and food is prepared and served according to religious, cultural and prevailing food safety and hygiene regulations. Detainees can purchase a suitable range of goods at reasonable prices to meet their diverse needs, and can do so safely.

2.75 *Only 18% of detainees in our survey said that the food was good or very good. The cultural kitchen was too small and it was not well used. A food forum had been introduced to improve consultation but few detainees took the opportunity to cook meals, even on themed days. The shop sold an appropriate range of reasonably priced goods but detainees could not buy clothes.*

- 2.76** In our survey, 18% of detainees said the food was good or very good against the comparator of 28% and 28% at our last inspection. The quality of food and portion sizes were reasonable during the inspection. However, some detainees said that portion sizes were inconsistent and that food could be under cooked.
- 2.77** Meals were served at the advertised times. Menus were diverse, catering for a wide range of dietary needs. The pictorial displays on the menus were difficult to understand and were explained to new arrivals by another detainee. Some comments books were missing and others were not well used, but a food forum had recently started to improve consultation. Very few detainees took the opportunity to get involved in cooking meals, even on themed days.
- 2.78** The main kitchen and serveries were clean and well equipped. Detainees working there had received basic training and were appropriately supervised. The cultural kitchen, where detainees could prepare and eat meals communally, could only accommodate two detainees. It was not used often enough to be of real benefit to a significant number of detainees. The centre was in the process of reviewing its Halal certification to ensure it was fully compliant. The dining facilities on the wings remained too small to enable all detainees to eat communally.
- 2.79** In our survey, 55% of detainees said the shop sold a wide enough range of goods against the comparator of 39% and 43% at our last inspection. The shop was small but well stocked and

changes had been made as a result of consultation. Prices were reasonable and detainees had no limit on the amount they could spend from their account. The queues were well managed and we observed the system working smoothly. Detainees could buy goods from a catalogue, and the centre sourced specialist items on application but this did not include clothes. The foreign currency exchange rates broadly matched those available in the community.

Recommendations

- 2.80 Detainees' negative perception of the quality of the food should be investigated and addressed.**
- 2.81 Detainees should be encouraged to assist in the preparation of menus and cooking of dishes, particularly on the themed days.** (Repeated recommendation 8.1)
- 2.82 The cultural kitchen should be larger and used more often to provide positive opportunities for more detainees.**

Housekeeping points

- 2.83 All detainees should be able to eat communally.** (Recommendation 8.6 repeated as housekeeping point)
- 2.84 Detainees should be able to buy clothes.**

Section 3. Activities

Expected outcomes:

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

- 3.1** *The centre offered a reasonable range of purposeful activity. Recreational amenities were generally good. More paid work places were offered than at the previous inspection but opportunities were only available for detainees with enhanced status. Learning and skills was not based on a comprehensive detainee needs analysis and did not provide a sufficient range and variety of programmes to meet the needs of all detainees. Quality assurance of education remained underdeveloped. The library was reasonably good with easy access and an improved range of newspapers and journals in foreign languages. Good use was made of outdoor space and indoor fitness areas for sports and physical activities.*
- 3.2** The centre offered a reasonably good range of purposeful activities which met the needs of most detainees. About two-thirds of the population had spent less than a month in the centre. In our survey, 50% of detainees said there was enough to fill their time against 33% at the previous inspection. Recreational amenities were adequate and catered well for detainees staying in the centre for a short time. There was no dedicated outdoor sports area and exercise courtyards were often used for team sporting activities. Residential units were suitably equipped with table tennis, table football and pool tables. Detainees on the enhanced wing benefited from a large television screen.
- 3.3** There was sufficient learning and skills and work for about half the population, but only about a third of places were filled on occasion. Most of the paid work places were filled and waiting lists were short. Accredited training was only offered in the kitchens. Detainees working in the kitchens were able to work shifts to cover a seven-day rota. Most education took place in classrooms on weekday afternoons. Some classes were offered in the evenings as a replacement for morning classes. No education and work activities were provided for detainees on E wing and in the care and separation unit.
- 3.4** Education and work activities were not well enough promoted. All detainees received limited information at their initial induction in the induction booklet, which was available in several languages. No presentations were given by education or work staff. Posters advertising classes and work were not displayed prominently on the wings and lacked sufficient detail for detainees to make choices. There was an over reliance on word of mouth and visits to residential units by education staff to promote classes, which affected the delivery of education. An activities steering group met frequently, but minutes of meetings showed that education was seldom discussed.
- 3.5** Detainees were locked up too early in the evening. Detainees on enhanced status had freedom of movement from unlock until the lock-up time of 9pm and benefited from approximately 13 hours out of their rooms. Other detainees had about 11.5 hours out of room, and were locked up at meal times.

Recommendations

- 3.6** The volume and range of education provision should significantly increase, and its structure and planning should meet the needs of all detainees. (Repeated main recommendation HE.49)
- 3.7** A comprehensive needs analysis should be carried out to determine the needs of all detainees and plan to meet those needs.
- 3.8** Detainees on E wing and in the care and separation unit should be able to access a programme of activities.
- 3.9** Detainees should not be locked into cells and should be allowed free movement around the centre until later in the evening.

Housekeeping point

- 3.10** Education should be discussed routinely at the activity steering group meetings.

Learning and skills

- 3.11** The structure of education had been affected adversely by changes in the detainee population and short stays of about 28 days, together with changes in management and long-term absences of teaching staff. In our survey, 16% of detainees said that they were taking part in education, more than the 6% at the previous inspection but less than the comparator of 24%. The range of education programmes was narrow, attendance was low and punctuality was often poor, but of those attending 92% in our survey said the education was helpful. A comprehensive needs analysis had not been carried out and there were no formal targets for participation, attendance and punctuality.
- 3.12** Education provision included English assessments, classroom study for beginners English and one session each of English vocabulary, English grammar and English conversation. One afternoon session was devoted to other languages. There were not enough opportunities to reinforce and consolidate learning. Information and communications technology and access to email facilities throughout the centre were good.
- 3.13** Staff were available in computer rooms to support detainees and monitor access, but the rooms were seldom fully occupied. Better use was made of computers on the residential units and in the library. The arts and crafts programme had been significantly enhanced and provided a variety of arts, crafts and cultural baking. Several detainees had received Koestler awards for their inspirational creative work.
- 3.14** Lifestyle programmes, such as preparing CVs and resettlement, had been introduced very recently and were not fully developed. Cultural discussion groups were offered in the evenings but were poorly attended. Music sessions led by the chaplaincy were well supported and provided detainees with the opportunity to express and share their cultural experiences in music.
- 3.15** There were no opportunities for longer-stay detainees to progress to higher level programmes or gain higher level qualifications. None of the education programmes was accredited to national standards. Some internal certificates were awarded but many detainees left the centre with no recognition or record of their educational progress or achievements.

- 3.16** Teaching staff were well qualified and experienced and worked hard to adapt to the rapid turnover of detainees attending classes. The arts and crafts classes and baking sessions in the cultural kitchen were well received and highly popular. Staff were enthusiastic and motivated by detainees wanting to learn. Small class sizes ensured that detainees received good individual coaching, but there were limited opportunities for group discussions and the sharing of experiences to enrich learning. Progress was often disrupted by interruptions by other detainees. Learning areas were welcoming with colourful art work and themed displays.
- 3.17** The quality assurance of learning and skills was underdeveloped. Self-assessment and action planning for improvement was not systematically carried out and the observation of teaching and learning to improve delivery was in its infancy.

Recommendations

- 3.18** **Detainees should have the opportunity to follow short units of study leading to internal or external accreditation.** (Repeated recommendation 6.8)
- 3.19** **Thorough and systematic quality assurance, including regular self-assessment, should be applied to education and other activities.**
- 3.20** **A strategy should be developed to improve participation, attendance and punctuality at learning and skills sessions.**

Paid work

- 3.21** The centre offered a reasonable choice of paid work, most of which was part time. Detainees could earn £1 - £1.25 an hour. In our survey, 47% of detainees said that they were able to work if they wanted to against the comparator of 56% and 56% at the previous inspection. There were 90 work places compared with 60 at the previous inspection, but most detainees were not in the centre long enough to benefit. Paid work was only available to detainees with enhanced status, and security and Home Office clearance took up to seven days. Waiting lists were very short and most work places were regularly filled. Recruitment procedures continued to allow the Home Office to veto individual applications for work for non-compliance, inappropriately mixing the centre and Home Office roles.
- 3.22** Paid work opportunities included kitchen and serverly workers, orderlies, painting parties and cleaners. Brief information was provided in the induction booklet and detainees were given a brief induction into their work role. The opportunity to acquire employability skills and training was extremely limited. Basic food hygiene qualifications were offered through Aramark to detainees working in the kitchen or in the serveries. Six detainees had gained a Chartered Institute of Environmental Health level 2 award in food safety. A member of staff had recently been trained to deliver and assess detainees for an industrial cleaning award, but this had yet to be implemented.

Recommendations

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

- 3.24 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.** (Repeated recommendation 6.4)

Library

- 3.25** Library facilities were reasonably good. The range of foreign language newspapers and periodicals had improved since the previous inspection and, despite the relocation to a smaller area, the library was well stocked with a good range of reading material. The range of application forms was appropriate, although most were only available in English. Centre regulations were available in a good range of languages at the entrance to the library. A small selection of reading material was held in reception and on the induction wing. There were no books in the library to improve English language skills and detainees were referred instead to the education department. This limited self-study opportunities for short-stay detainees.
- 3.26** Detainees had good access to the library during weekdays, evenings and at weekends. Three-quarters of detainees in our survey said that it was easy to access the library. Arrangements were made for detainees on E wing and in the care and separation unit to use the library at appropriate times. Book returns and stock loss were not well monitored.

Recommendations

- 3.27 Language support materials should be available in the library to enable detainees to improve their language skills.**
- 3.28 Procedures should be established for book returns and monitoring stock levels to maintain an appropriate resource for detainees.**

Sport and physical activity

- 3.29** Fitness facilities were reasonably good. There was a well-equipped cardiovascular fitness room, albeit rather small for the range of equipment and the number of detainees using the room. There was a small fitness area on the induction wing to introduce detainees to the fitness facilities. Detainees had easy access to the fitness rooms when they were unlocked and made good use of them.
- 3.30** Residential units had adjacent outside courtyards which were well used by detainees for general exercise and a range of sports, including football, cricket, basketball and volleyball. Detainees participated in sports competitions with detainees from Tinsley House. There was still no separate sports hall or indoor area for team sports at Brook House.
- 3.31** Activities staff who supervised sports and gym activities were suitably trained and qualified to at least community sports leader award level, and one member of staff was qualified to provide treatment for sports injuries and remedial PE. Links with health care were effective and gym programmes were organised for older detainees. Managers maintained data on participation and the range of programmes offered which were regularly reviewed and used to inform changes to the programmes. Accidents or injuries were systematically recorded and investigated.

Section 4. Preparation for removal and release

Welfare

Expected outcomes:

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

4.1 *The dedicated welfare officer worked well but needed significant additional support to meet demand. The welfare service was much used but there were long queues. There was no systematic assessment of needs or assistance with more complex issues. Outside agencies did not interview detainees in private.*

4.2 There was a dedicated full-time welfare officer on weekdays, but not at weekends. He had not received any training for the role. The officer was doing some good work, but needed significant additional support to meet demand. He dealt with a very broad range of issues, some of which could have been dealt with by wing officers. There was no systematic assessment of need on arrival or before removal or release, and no assistance with more complex issues such as retrieval of property from home addresses for detainees being removed (see main recommendation S36).

4.3 The service could be used via the induction wing, the library or afternoon drop-in sessions, which accounted for most appointments. An average of 709 contacts a month had been made in the previous three months. The three most common concerns were contact with the Home Office on immigration issues, property retrieval from previous places of detention, and contacting solicitors. The high demand led to long queues outside the welfare office, and we saw some detainees who had queued two days in a row without seeing the welfare officer.

4.4 Refugee Action and Migrant Help now attended the centre each week but they did not have confidential interview facilities and conducted interviews in the welfare office in the presence of other detainees. We encountered several detainees who had been wearing the same clothes for several days, one for three weeks, and stocks in reception had run out. The centre provided smart shirts for detainees to borrow for court appearances, but there were no smart trousers for these occasions. Gatwick Detainee Welfare Group provided a valuable service, such as the provision of clothes before removal, but the Group did not conduct surgeries at the centre.

Housekeeping points

4.5 Confidential interview facilities should be provided to external agencies conducting surgeries in the centre.

4.6 A good stock of everyday clothing should be maintained and suitable smart clothes should be provided to detainees for court appearances.

Visits

Expected outcomes:

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

4.7 *Provision for social visits was good. The visits areas were clean and welcoming. Unnecessary restrictions prevented detainees from sitting next to their visitors.*

4.8 Social visits were scheduled each day from 2 to 9pm. The visitors' centre was clean and welcoming. There were enough seats and lockers were provided. Toilet and baby change facilities were clean. In our survey, about half of detainees said they had received a visit and 72% said they had been well treated by visits staff against 62% in 2011. Visitors were searched in a respectful manner. A free minibus service for visitors ran frequently and was clearly advertised in the visits area. Volunteer visitors from the Gatwick Detainee Welfare Group service arranged visits to detainees with no family or friends in the UK.

4.9 Visits could be booked on the telephone or via email. We spoke to several visitors who expressed frustration at difficulties getting through on the telephone. Detainees arrived in the visits hall shortly after their visitors, and there was no restriction on the length of visits. There were no toilet facilities for detainees in the visits area, but they were able to return to visits after using the wing facilities.

4.10 There were snack vending machines, but no more substantial refreshments and no water coolers. Limited toys were provided for young children and they were dirty. There was equipment to view DVDs, but no other entertainment for older children.

4.11 Detainees were allowed physical contact with their visitors at the beginning and end of visits, but had to sit opposite them. This was apparently to prevent drug passes but made little sense given the appropriate contact that was allowed.

4.12 Translated information for visitors was limited to child safeguarding notices. A new information leaflet had been designed which it was planned to email to those booking a visit via email.

4.13 There was a procedure for identifying detainees who posed a risk to children and women in visits, but we identified a case where this had not happened (see section on safeguarding children).

Recommendations

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

4.15 **Well maintained children's toys and books should be provided for a range of age groups.**

Housekeeping points

4.16 Visitors should be able to book a visit by telephone without difficulty and calls to the booking line should be answered promptly.

- 4.17** Detainees should be able to sit next to visitors, unless security information determines otherwise.

Communications

Expected outcomes:

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

4.18 *Detainees had easy access to telephones, email and the internet. Legal and country information sites were blocked unnecessarily and Skype and social networking sites were not available.*

- 4.19** Access to telephones was good. Detainees were issued with loan phones or used their own phones without cameras or sound recording devices. In our survey, 68% of detainees said it was easy to use the telephone against 59% at the previous inspection. Despite the installation of signal boosters, mobile phone reception was limited in bedrooms which made it difficult for detainees to make calls after lock-up at 8.30pm.
- 4.20** All detainees were offered a free call on arrival and were given a free five-minute phone credit, usable worldwide. Detainees with no money were provided with a loan phone and SIM. Phone cards were available from the shop, but detainees with no money had to wait a week to accumulate the allowance to buy the minimum top-up of £5.
- 4.21** There were no payphones, and telephones in wing offices could not be used for outside calls. A small number of serving prisoners held at Brook House for a hearing or official interviews relied on borrowing phones from other detainees or requesting calls from staff, which was not acceptable.
- 4.22** Detainees had good, unlimited access to fax machines on the wings, and post was delivered promptly. Detainees without funds could send a free letter each week.
- 4.23** Access to computers was good, but some sites were blocked unnecessarily, including refugee organisations, legal information, and country information. Home Office country information reports could still not be downloaded. Detainees could make a written request for sites to be unblocked but requests were not responded to systematically and we were told that security software repeatedly blocked sites that had previously been unblocked. There was no access to social networking sites or Skype to promote family contact.

Recommendations

- 4.24** **Detainees should be able to make and receive calls on their mobile phones throughout the centre.**
- 4.25** **Detainees without money should be given a weekly telephone allowance.**
(Repeated recommendation 9.15)
- 4.26** **Legitimate websites should be accessible, including those facilitating legal assistance, Skype and social networking. There should be effective procedures for permanently unblocking such sites.**

Housekeeping point

4.27 Serving prisoners should have access to phones.

Removal and release

Expected outcomes:

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

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

4.28 *No explanation or information was given to detainees transferring to other centres. Waiting times before removal on charter flights were excessive, and holding rooms were grubby, poorly ventilated and lacked reading materials. Country information packs were not distributed to detainees and Home Office staff did not routinely see detainees on the day of removal. The practice of taking detainees to the airport as standbys was inhumane. We saw unnecessary crowding of detainees by overseas escorts, as well as light-touch compulsion and some unacceptable intimidating behaviour. The management of complex removals did not take sufficient account of detainee welfare. Detainees were not routinely provided with the means to reach their final destination from the airport.*

4.29 During the previous six months, 1,976 detainees had been removed, 884 released into the community and 977 transferred to other places of detention. The movement orders for detainees being transferred did not explain the reason for transfer and the centre did not provide detainees with any information about other centres.

4.30 Detainees being removed on charter flights were moved to the holding rooms in the discharge area during the lunchtime roll check, where some waited for excessively long periods. One detainee waited for seven hours. The rooms were grubby and lacked ventilation, had broken chairs covered in graffiti and no books or magazines to help detainees pass the time. Most of the detainees' luggage had been packed and security tagged the previous day, in theory to speed up removal, and left in unsecured plastic bags piled up outside the holding rooms. The bags contained items which the detainees had been allowed to retain until the day of removal, including medication.

4.31 We did not see any country information packs containing details such as airport hotels and support agencies given to detainees who were removed during the inspection week. Home Office staff did not routinely see detainees on the day of removal to enable them to address last-minute questions, express concerns or present new documentation. We saw one detainee who had not been able to speak to the local Home Office contact team during his short stay, despite having documents he wished to present. He was removed from the centre to the airport only to return again late at night after being granted a judicial review.

4.32 We had a number of concerns about the overseas escorts. The practice of taking detainees to the airport as standbys continued and it remained inhumane and unacceptable. We saw escort staff crowding detainees in the confined space of the discharge area, and using light-touch compulsion by holding detainees' arms inside the centre and when boarding the coach, despite it being a secure area. We also saw physical and verbal intimidation of a detainee. An escort, taller and bigger than him, came close to him and said that if he had to be placed in handcuffs he would need to explain to the receiving authorities why he did not want to return to their country, implying that he would experience rough treatment. Another detainee was placed in handcuffs after being deemed uncooperative by escorts during a

search and was told they would remain in place until the flight departed eight hours later, which was excessive.

- 4.33** Adequate preparations were made before the removal or release of detainees but health care staff were occasionally given very short notice. Detainees were provided with a letter describing any care and treatment provided during their detention. Detainees receiving medication were supplied with an appropriate amount of medicines when they were discharged.
- 4.34** A basic risk assessment form was completed before the removal of detainees with complex needs, which took into account brief input from relevant departments. A conference call between the centre, the Home Office complex removals team and the escort provider was routine in such cases. However, no multidisciplinary meetings took place to discuss concerns in more depth and focus on the welfare of the detainee, beyond the prevention of self-harm through security measures. If allegations of assault were made by a detainee during removal, which were supported by medical evidence, the Home Office did not delay removal pending a police investigation. Detainees being removed were not routinely provided with the means to reach their final destination safely from the airport.
- 4.35** It was not clear if police and offender managers were informed when a detainee who was a risk to children was released from detention. We were similarly not confident that all ex-prisoners released before the end of their sentence had the terms of their licence explained to them. The Home Office contact management team told us that if they received the licence from reception they explained it to the ex-prisoner but reception told us they only sent the licence to the contact management team on request.

Recommendations

- 4.36** **Detainees being transferred into further detention should be given detailed written reasons for this decision and information about the centre to which they are being transferred in a language they can understand.** (Repeated recommendation 9.31)
- 4.37** **Detainees should not spend lengthy periods in holding rooms before removal, and reading materials should be provided.**
- 4.38** **Home Office staff should speak to all detainees on their day of removal to allow them to ask questions, address concerns and present new paperwork.** (Repeated recommendation 9.46)
- 4.39** **The system of taking ‘reserve’ detainees to the airport for removals should cease.** (Repeated main recommendation HE.51)
- 4.40** **The use of handcuffs should be subject to ongoing assessment, and they should be removed at the earliest opportunity.**
- 4.41** **Health care staff should be informed at the earliest opportunity of a detainee’s pending release, transfer or removal.** (Repeated recommendation 5.16)
- 4.42** **If allegations of assault are made during removal, supported by medical evidence, the removal should be delayed pending police investigation.**
- 4.43** **Removed detainees should receive assistance with travel from the airport of arrival to their final destination.** (Repeated recommendation 9.36)

- 4.44** The management of the removal of detainees with complex needs should be governed by a broader multidisciplinary approach to detainee welfare.
- 4.45** Extant licence conditions should be explained to all ex-prisoners being released into the community. Systems should be robust enough to ensure that police and offender managers are also informed when a detainee who is a risk to children or others is released from detention.

Housekeeping points

- 4.46** The holding rooms in the discharge area should be kept clean, well ventilated and in a good state of repair.
- 4.47** Unsecured bags of detainees' property should not be left in corridors in the discharge area.
- 4.48** Country information packs should routinely be given to detainees being removed.

Section 5. Summary of recommendations and housekeeping points

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

Main recommendation

To the Home Office

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

Main recommendation

To the Home Office and centre manager

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

Main recommendation

To the Home Office and escort contractor

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

Recommendations

To the Home Office

Use of force and single separation

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

Casework

- 5.5** The contact management team should induct all detainees within 24 hours of arrival at the centre. Induction interviews should be comprehensive. Detainees should be informed of their bail rights, voluntary return and re-entry bans and should be given this information in writing with a bail application form. (I.97)
- 5.6** Monthly progress reports should be served on time and should contain meaningful and relevant information on progress since the last report. (I.98)

- 5.7** Caseworkers should focus on the evidence of substantive concerns provided by clinicians in Rule 35 reports, rather than compliance with diagnostic protocol. They should request further information as necessary. (1.99)

Activities

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

Removal and release

- 5.9** Home Office staff should speak to all detainees on their day of removal to allow them to ask questions, address concerns and present new paperwork. (4.38)
- 5.10** The system of taking 'reserve' detainees to the airport for removals should cease. (4.39)
- 5.11** If allegations of assault are made during removal, supported by medical evidence, the removal should be delayed pending police investigation. (4.42)
- 5.12** Removed detainees should receive assistance with travel from the airport of arrival to their final destination. (4.43)

Recommendation **To the Home Office, centre and escort contractor**

Safeguarding children

- 5.13** Staff should be aware of detainees who are a risk to women or children and monitor them during visits. Risks to women and children should be documented on the detainee's person escort record and authority to detain (IS91). (1.52)

Recommendations **To the Home Office and centre contractor**

Escort vehicles and transfers

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

Self-harm and suicide prevention

- 5.15** A care suite for detainees at risk of self-harm should be established. (1.42)

Legal rights

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

Faith and religious activity

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

Health services

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

Communications

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

Removal and release

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

Recommendation

To the Home Office and escort contractor

Escort vehicles and transfers

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

Recommendations

To the centre manager

Early days in detention

- 5.22** Reception procedures and staffing levels should be adequate to manage the throughput of detainees quickly and effectively. (1.14)
- 5.23** All detainees should be interviewed in private in reception. Key risk information should be identified and shared with the receiving wing. (1.15)
- 5.24** All relevant staff should be given guidance on their responsibility to deliver first-night procedures, and detainees should undergo a robust first-night interview irrespective of their time of arrival or wing allocation. (1.16)
- 5.25** All detainees should receive a comprehensive induction. (1.17)

Bullying and violence reduction

- 5.26** The reasons for detainees under-reporting victimisation should be investigated and acted upon. (1.29)

- 5.27** The safer community group should analyse data, identify trends and oversee the implementation of a comprehensive action plan. (1.30)

Self-harm and suicide prevention

- 5.28** Detainees subject to constant supervision should be able to move around the centre and participate in constructive activities. (1.41)
- 5.29** ACDTs should identify specific triggers, and care maps and daily entries should reflect interactions with detainees in crisis. Post-closure reviews should be consistently completed and recorded. (1.43)

Safeguarding (protection of adults at risk)

- 5.30** Formal arrangements for safeguarding adults should be developed in partnership with the local authority. (1.46)

Security

- 5.31** All security procedures should be proportionate to a detainee population. (1.59)

Rewards scheme

- 5.32** The rewards scheme should not involve an enhanced wing or a prison-style three-tier incentives and earned privileges system. (1.62)

The use of force and single separation

- 5.33** Accommodation in the separation unit should be fully furnished, toilets should be cleaned regularly and the shower should afford privacy. (1.72)
- 5.34** The regime in the separation unit should be developed and should include purposeful activity. (1.73)
- 5.35** Detainees in the pre-departure unit should be allowed off the unit subject to risk assessment. (1.75)

Residential units

- 5.36** Plans to soften the environment should be implemented across the centre. (2.8)
- 5.37** Rooms should be decorated and adequately ventilated. (2.9)
- 5.38** Showers and toilets should be adequately screened for privacy and toilets should be deep cleaned. (2.10)
- 5.39** Detainees should be able to retrieve clothes and stored property easily. (2.11)

Staff–detainee relationships

- 5.40** Weekly group meetings should be held, with the help of interpreters where necessary, to enhance communication with detainees, especially those who speak little English. The

meetings should identify unmet needs, inform detainees of relevant issues and keep staff abreast of detainee concerns. (2.16)

Equality and diversity

- 5.41** Strategic planning for diversity should target the specific needs of the population at Brook House, set objectives and state measures to achieve them. It should be supported by monitoring that identifies trends in detainee outcomes across all protected characteristics. (2.22)
- 5.42** Specific forums for detainees with protected characteristics should be established. (2.23)
- 5.43** A professional interpretation service should always be used when confidential or sensitive information is being discussed. (2.24)
- 5.44** The under-reporting of disabilities should be investigated and addressed. (2.30)
- 5.45** Call bells in adapted rooms should be easily accessible. (2.31)
- 5.46** Paid carer roles should be introduced for detainees with additional needs. (2.32)
- 5.47** The specific needs of young adults and gay and bisexual detainees should be identified and addressed. (2.33)

Complaints

- 5.48** Detainees should not be encouraged to withdraw complaints, and outcomes should be accurately recorded. (2.46)
- 5.49** Complaints should be answered within seven days of the detainee making the complaint. (2.47)

Health services

- 5.50** First aid training for custody staff should include the use of automated external defibrillators. (2.56)
- 5.51** Clinical audit of prescribed medicines should be undertaken to ensure evidence-based prescribing. (2.65)
- 5.52** Detainees should have access to counselling services. (2.70)

Substance misuse

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

Services

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

- 5.55** Detainees should be encouraged to assist in the preparation of menus and cooking of dishes, particularly on the themed days. (2.81)
- 5.56** The cultural kitchen should be larger and used more often to provide positive opportunities for more detainees. (2.82)

Activities

- 5.57** The volume and range of education provision should significantly increase, and its structure and planning should meet the needs of all detainees. (3.6)
- 5.58** A comprehensive needs analysis should be carried out to determine the needs of all detainees and plan to meet those needs. (3.7)
- 5.59** Detainees on E wing and in the care and separation unit should be able to access a programme of activities. (3.8)
- 5.60** Detainees should not be locked into cells and should be allowed free movement around the centre until later in the evening. (3.9)
- 5.61** Detainees should have the opportunity to follow short units of study leading to internal or external accreditation. (3.18)
- 5.62** Thorough and systematic quality assurance, including regular self-assessment, should be applied to education and other activities.(3.19)
- 5.63** A strategy should be developed to improve participation, attendance and punctuality at learning and skills sessions. (3.20)
- 5.64** The centre should increase the volume of paid work available to detainees, accompanied by appropriate training for all work roles leading to internal or external accreditation. (3.24)
- 5.65** Language support materials should be available in the library to enable detainees to improve their language skills. (3.27)
- 5.66** Procedures should be established for book returns and monitoring stock levels to maintain an appropriate resource for detainees. (3.28)

Visits

- 5.67** Visitors should have access to water coolers and should be able to buy a range of healthy food, including fresh fruit and sandwiches and items suitable for children. (4.14)
- 5.68** Well maintained children's toys and books should be provided for a range of age groups. (4.15)

Communications

- 5.69** Detainees should be able to make and receive calls on their mobile phones throughout the centre. (4.24)
- 5.70** Detainees without money should be given a weekly telephone allowance. (4.25)

Removal and release

- 5.71** Detainees being transferred into further detention should be given detailed written reasons for this decision and information about the centre to which they are being transferred in a language they can understand. (4.36)
- 5.72** Detainees should not spend lengthy periods in holding rooms before removal, and reading materials should be provided. (4.37)
- 5.73** The use of handcuffs should be subject to ongoing assessment, and they should be removed at the earliest opportunity. (4.40)
- 5.74** Health care staff should be informed at the earliest opportunity of a detainee's pending release, transfer or removal. (4.41)
- 5.75** The management of the removal of detainees with complex needs should be governed by a broader multidisciplinary approach to detainee welfare. (4.44)

Housekeeping point

To the Home Office

Casework

- 5.76** The contact management team should ensure that detainees receive copies of their bail summaries by at least 2pm the day before their hearing. (1.100)

Housekeeping point

To the escort contractor

Escort vehicles and transfers

- 5.77** Escort staff should call the centre in advance with an estimated arrival time. (1.8)

Housekeeping points

To the centre manager

Early days in detention

- 5.78** Detainees should not be locked in an unsupervised waiting room. (1.18)
- 5.79** Detainees should be able to have a shower in reception on arrival. (1.19)
- 5.80** The designated waiting room for escort staff and detainees should be routinely used during busy periods. (1.20)
- 5.81** All detainees should receive a bed pack on arrival at the receiving wing. (1.21)

Bullying and violence reduction

- 5.82** Reviews and daily entries in antisocial behaviour and victim support books should be improved. (1.31)

Safeguarding children

5.83 The safeguarding children policy should be up to date. (1.53)

Legal rights

5.84 Bail for Immigration Detainees should be invited to deliver regular workshops to help detainees to make bail applications. (1.85)

5.85 Detainees should only be interviewed on chairs chained to the floor following an individual risk assessment. (1.86)

5.86 Country of Origin Information Service reports and legal websites should be accessible on the internet. (1.87)

Equality and diversity

5.87 All relevant parties should regularly attend DEAT meetings. (2.25)

5.88 Copies of care plans for older detainees and those with disabilities should be kept in wing files. (2.34)

Health services

5.89 SystmOne electronic case records should be installed to improve the consistency and continuity of care for detainees. (2.57)

5.90 There should be a dedicated health care forum for detainees. (2.58)

5.91 Stock should be ordered against an agreed list and the use of stock audited. (2.66)

5.92 There should be written procedures covering the pharmacy service which should be agreed by the medicines and therapeutics committee and adopted and signed by staff. (2.67)

Services

5.93 All detainees should be able to eat communally. (2.83)

5.94 Detainees should be able to buy clothes. (2.84)

Activities

5.95 Education should be discussed routinely at the activity steering group meetings. (3.10)

Welfare

5.96 Confidential interview facilities should be provided to external agencies conducting surgeries in the centre. (4.5)

5.97 A good stock of everyday clothing should be maintained and suitable smart clothes should be provided to detainees for court appearances. (4.6)

Visits

- 5.98** Visitors should be able to book a visit by telephone without difficulty and calls to the booking line should be answered promptly. (4.16)
- 5.99** Detainees should be able to sit next to visitors, unless security information determines otherwise. (4.17)

Communications

- 5.100** Serving prisoners should have access to phones. (4.27)

Removal and release

- 5.101** The holding rooms in the discharge area should be kept clean, well ventilated and in a good state of repair.
- 5.102** Unsecured bags of detainees' property should not be left in corridors in the discharge area.
- 5.103** Country information packs should routinely be given to detainees being removed.

Good practice

The use of force and single separation

- 5.104** The introduction of body cameras that could be activated instantly reminded both detainees and staff of the need for appropriate behaviour. (1.76)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy chief inspector
Hindpal Singh Bhui	Team leader
Bev Alden	Inspector
Colin Carroll	Inspector
Sarah Cutler	Inspector
Sandra Fieldhouse	Inspector
Andy Lund	Inspector
Joe Simmonds	Researcher
Hayley Cripps	Researcher
Amy Radford	Research trainee

Specialist inspectors

Michael Bowen	Health services inspector
Bob Cowdrey	Ofsted inspector
Sharon Monks	Pharmacy inspector
Tim Inkson	Care Quality Commission

Appendix II: Progress on recommendations from the last report

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

Safety

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

At the last inspection in 2011, most detainees were positive about their escort, but some still experienced excessive journeys around the detention estate. Early days arrangements had improved, with a new induction wing and clear first night procedures. Security was well managed and use of force had reduced. There was excessive and illegitimate use of the separation unit, often without the safeguards that apply to normal rule 40 and rule 42 separation. Those at risk of self-harm were well managed but a care suite was much needed. Violence and bullying had significantly reduced and most detainees now described a far safer centre. There were more legal advice surgeries, although many detainees were critical of the standard of legal representation. The centre held some long-term and frustrated detainees. The on-site UK Border Agency team was diligent, although detainees found access to them difficult. The rule 35 (torture allegations) process had improved. Outcomes for detainees were reasonably good against this healthy establishment test.

Main recommendation

With immediate effect, detainees should be located in the separation unit only under the provisions of Detention Centre Rules 40 and 42, for the shortest time possible and subject to the governance associated with legitimate separation. (HE.45)

Achieved

Recommendations

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. (1.1)

Not achieved

Detainees should not be transferred between centres overnight. (1.2)

Not achieved

Detainees should not have their fingerprints taken in reception if UKBA already have their prints on record. (1.12)

Achieved

Cumulative periods of detention should be routinely collated by UKBA. (3.19)

Achieved

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. (3.20).

Partially achieved

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. (3.21)

Not achieved

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. (3.22)

Achieved

All rule 35 reports should be responded to within the required timescales, even when the report triggers an asylum claim. (3.32)

Achieved

UKBA should investigate reports that detainees have been taken off ACDT simply to effect transfer, and ensure that this practice ceases. (4.11)

Achieved

UKBA should ensure that the police and offender managers are informed when a detainee who is a risk to children is released from detention. (4.21)

Not achieved

Escorting staff should contact the receiving centre to provide them with an estimated arrival time and details of who they are escorting. (1.3)

Not achieved

Copies of police custody records should be attached to the IS91 when a detainee is transferred from police custody. (1.4)

Not achieved

Detainees should only be handcuffed if there is specific information indicating substantial risk. (1.5)

Not achieved

Handcuffs should be used only when justified by an individualised risk assessment. (7.23)

Not achieved

The waiting rooms in reception and discharge should be made more welcoming and should contain books, newspapers and magazines in a range of languages. (1.9)

Partially achieved

Detainees should not be locked in an unsupervised waiting room. (1.11)

Not achieved (recommendation repeated as housekeeping point 1.18)

All detainees should be interviewed in private in reception. (1.13)

Not achieved

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. (1.15)

Not achieved

Detainees should be able to have a shower in reception on arrival. (1.16)

Not achieved (recommendation repeated as housekeeping point 1.19)

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. (1.20)

Partially achieved

Reception staff should use detainees' preferred names and wear name badges. (1.27)

Achieved

Expected standards of behaviour and the regime should be explained to detainees in a language they can understand, and written information should be clearly printed in a range of languages. (1.28)

Achieved

In consultation with the Legal Services Commission, the centre should ensure adequate access to legal advice, representation and bail applications, and seek peer review of the quality of advice and representation received by detainees. (3.2)

Not achieved

Hard copies of BID's 'Handbook on Bail' should be available in English and other languages. (3.6)

Achieved

Country of Origin Information Service reports should be available in hard copies and electronically. (3.9)

Partially achieved

If an allegation of torture is made, health care staff should document and describe any scarring, wherever possible providing a professional opinion on the consistency of the scarring with the alleged method of torture. (3.24)

Partially achieved

The safer community group should consider 12-month analyses of violence reduction data and investigate trends. (4.4)

Partially achieved

A care suite for detainees at risk of self-harm should be established. (4.12)

Not achieved (recommendation repeated, 1.42)

A formal peer support scheme for vulnerable detainees should be introduced. (4.14)

Achieved

All G4S staff should receive training in safeguarding children. (4.19)

Achieved

Children should not be held in the separation unit. (4.25)

Achieved

Rules of the centre, including those of the RFA [removal from association], should be available to detainees in a range of languages on all residential units. (7.1)

Achieved

Managers should ensure that staff continue to submit security information, even if the level of risk is perceived to have lowered. (7.6)

Achieved

Managers should encourage staff to record recognition of constructive behaviour by detainees, which should be reflected in the incentives scheme. (7.11)

Not achieved

The rewards scheme should not involve an enhanced wing or a prison-style three-tier incentives and earned privileges scheme involving punishments. (7.17)

Not achieved

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. (7.19)

Achieved

All planned uses of force should be filmed, and the film retained for a reasonable fixed period. (7.20)

Achieved

Exclusion from access to paid work should not be used as a punishment linked to separation. (7.25)

Not achieved

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. (7.29)

Achieved

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. (7.30)

Achieved

All those located in the separation unit should first be certified as fit for separation by a health care professional. (7.31)

Not achieved

Any period of separation exceeding 24 hours should be authorised in writing by an UKBA manager before expiry of that period. (7.32)

Not achieved

The reasons for separation should be given to every separated detainee within two hours. (7.33)

Achieved

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. (7.35)

Achieved

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. (7.36)

Achieved

All cells in the separation unit should contain normal cell furniture, including a chair, except when used for temporary confinement under rule 42. (7.41)

Not achieved

Detainees separated under rule 40 should have a television, their mobile phone and smoking requisites if desired, unless any of these are ruled out by an individual risk assessment. (7.42)

Partially achieved

A chaplain should normally speak face to face with each detainee held in separation every day. (7.43)

Achieved

Respect

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

At the last inspection in 2011, residential units were clean but not appropriate for a detainee population. Staff-detainee relationships had improved – most staff managed detainees with greater confidence, and were better supported by managers. There was little evidence of discrimination, but not enough had been done to improve outcomes for detainees who spoke little English. Diversity work needed further development overall. The use of a punitive incentives scheme was inappropriate for a detainee population. The management of complaints was variable and trend analysis was weak. Faith provision remained generally good. There were many complaints about the food, but detainees were now more positive about the overall quality, and the cultural kitchen was a valued resource. Most detainees received a satisfactory health care service. Outcomes for detainees were reasonably good against this healthy establishment test.

Main recommendations

Professional interpreting should be used in sensitive circumstances and where accuracy is essential, including for health care consultations, reception, assessment, care in detention and teamwork (ACDT) and welfare interviews. (HE.46)

Partially achieved

Weekly group meetings should be convened with detainees to identify unmet need, inform them of relevant issues and keep staff abreast of concerns. (HE.47)

Not achieved

All detainees with mental health needs should be identified and any who need them should have a care plan. (HE.48)

Achieved

Recommendations

The living environment should be softened with, for example, the introduction of plants, soft furnishing and art work. (2.2)

Not achieved

Information notices should be displayed in a wide range of languages. (2.3)

Achieved

Seating should be installed in the exercise yards. (2.5)

Not achieved

All rooms should be adequately ventilated. (2.6)

Not achieved

Soundproofing should be introduced on the residential units. (2.8)

Not achieved

The showers should be adequately screened. (2.13)

Not achieved

Detainees should have the option of taking a bath. (2.14)

Not achieved

All toilets should have seats and should be screened so that detainees are afforded complete privacy. (2.15)

Not achieved

The drainage problems in the adapted rooms should be corrected. (2.22)

Partially achieved

Industrial washing machines should be sourced for domestic washing. (2.23)

No longer relevant

Better quality pillows should be provided. (2.24)

Achieved

History sheet entries should be regular and substantial, building a meaningful picture of detainees. (2.28)

Not achieved

Diversity and equality action team (DEAT) meetings should be advertised to detainees, and include strategic discussion of diversity issues. Action points should be systematically followed up. (4.28)

Not achieved

There should be care plans for all detainees with disabilities. (4.30)

Achieved

Call bells in adapted rooms should be easily accessible. (4.31)

Not achieved (recommendation repeated, 2.31)

An action plan should be drawn up, implemented and kept under review to ensure the single equality policy is effectively implemented. (4.39)

Not achieved

Diversity orderlies should have a clear role and appropriate training for it. (4.40)

Achieved

Equality impact assessments should be completed. (4.41)

Achieved

The chaplaincy team should be adequately resourced to meet the needs of Brook House detainees. (4.46)

Achieved

Complaints should be answered within seven days of the detainee making the complaint. (7.49)

Not achieved (recommendation repeated, 2.47)

Services should be developed on the basis of an up-to-date health assessment, including detailed assessment of mental health needs. (5.2)

Achieved

The health care centre should be provided with a toilet for the use of detainees being examined or treated. (5.3)

Not achieved (recommendation repeated, 2.55)

The security of the pharmacy room and administration hatch should be reviewed. (5.4)

Achieved

All doors to the health care centre should be secured with a separate health care suite key. (5.6)

Achieved

There should be a nurse lead for detainees with disabilities, and regular assessment and monitoring of their needs in collaboration with the diversity and equality coordinator. (5.10)

Achieved

There should be effective mechanisms to obtain detainee perspectives on health care. (5.14)

Partially achieved

Health care staff should be informed at the earliest opportunity of a detainee's pending release, transfer or removal. (5.16)

Partially achieved (recommendation repeated, 4.41)

Detainees should be given a supply of anti-malarial drugs when removed to a country with a known risk of malaria. (5.17)

Partially achieved

There should be suitable, regularly checked emergency equipment on all wings. The resuscitation equipment should be matched with staff skills and training. (5.21)

Achieved

The medicines and therapeutics committee should review the use of general stock and the introduction of patient group directions to allow nursing staff to supply more potent medication in the absence of the doctor. (5.25)

Achieved

Detainees should have access to counselling services. (5.30)

Not achieved

Mental health awareness training should be provided for all custody staff. (5.31)

Achieved

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. (7.44)

Achieved

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. (7.47)

Achieved

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. (7.50)

Partially achieved

Detainees should be encouraged to assist in the preparation of menus and cooking of dishes, particularly on the themed days. (8.1)

Not achieved (recommendation repeated, 2.81)

The menu should be displayed in residential areas, and managers should ensure that it is comprehensible to detainees. (8.3)

Achieved

There should be separate, clearly identifiable tools for serving halal and vegetarian food. (8.5).

Achieved

All detainees should be able to eat communally. (8.6)

Not achieved (recommendation repeated as housekeeping point 2.83)

Managers should ensure broad detainee representation at and participation in consultation meetings. (8.10)

Partially achieved

Activities

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

At the last inspection in 2011, most detainees had too little to fill their time, especially if they were detained for long periods. Education provision had reduced even further since the previous inspection. The standard of teaching was good. There were more paid work roles, but most work was mundane. The library was popular and well used, although the stock was insufficient. PE provision was reasonably good but staff were not sufficiently trained. Outcomes for detainees were not sufficiently good against this healthy establishment test.

Main recommendation

The volume and range of education provision should significantly increase, and its structure and planning meet the needs of all detainees. (HE.49)

Not achieved (recommendation repeated, 3.6)

Recommendations

Detainees' cooperation or failure to cooperate with UKBA should not affect the process of allocating paid work roles. (6.5)

Not achieved

The centre should offer structured training in using the internet and emailing to detainees unfamiliar with computers. (6.2)

Achieved

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. (6.3)

Not achieved

The centre should increase the volume of paid work available to detainees, accompanied by appropriate training for all work roles leading to internal or external accreditation. (6.4)

Partially achieved (recommendation repeated, 3.24)

Information about work roles should be available in a range of languages and promoted throughout the centre. (6.7)

Achieved

Detainees should have the opportunity to follow short units of study leading to internal or external accreditation. (6.8)

Not achieved (recommendation repeated, 3.18)

Cover for planned or unplanned education staff absence should be routine and appropriate. (6.9)

Partially achieved

The range of arts and crafts activities and resources should significantly increase. (6.11)

Achieved

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. (6.12)

Achieved

Thorough and systematic quality assurance, including regular self-assessment, should apply to education and other activities. (6.13)

Not achieved (recommendation repeated, 3.18)

Education staff should receive suitable professional support and development. (6.14)

Not achieved

The library should stock and loan newspapers, periodicals, dictionaries, audio and video material which reflects the languages, cultures and interests of detainees. (6.23)

Achieved

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. (6.24)

Partially achieved

Detainees should routinely receive an appropriate induction before engaging in sporting and PE activity, with confirmation of their fitness to participate. (6.27)

Achieved

Appropriately trained staff should supervise all sporting and PE activity. (6.28)

Achieved

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. (6.29)

Achieved

Preparation for removal and release

Detainees are able to maintain contact with family, friends, support groups, legal representatives and advisers, access information about their country of origin and be prepared for their release transfer or removal. Detainees are able to retain or recover their property.

At the last inspection in 2011, there was a high demand for welfare support and, although improved, the welfare service was underdeveloped. Detainees were generally positive about visits but there were some excessive restrictions. Access to phones, email and fax was generally good. There was no systematic pre-release assessment or assistance for detainees. The system of taking detainees as reserves to the airport for removal was not acceptable. Outcomes for detainees were not sufficiently good against this healthy establishment test.

Main recommendations

The system of taking ‘reserve’ detainees to the airport for removals should cease. (HE.51)
Not achieved (recommendation repeated, 4.39)

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.50)
Not achieved

Recommendations

UKBA staff should speak to all detainees on their day of removal to allow them to ask questions, address concerns and present new paperwork. (9.46)
Not achieved (recommendation repeated, 4.38)

Detainees being transferred into further detention should be given detailed written reasons for this decision and information about the centre to which they are being transferred in a language they can understand. (9.31)
Not achieved (recommendation repeated, 4.36)

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. (9.32)
Partially achieved

Removed detainees should receive assistance with travel from the airport of arrival to their final destination. (9.36)
Not achieved (recommendation repeated, 4.43)

The range of external support agencies linked to the centre should be expanded. (9.2)
Achieved

Welfare staff should interview and assess all detainees on induction and all those about to be removed or released. (9.4).
Not achieved

Suitable clothing should be available for loan or issue to detainees for occasions such as appearances in court. (9.5)
Not achieved

There should be a programme of ongoing training for welfare staff, which includes visits to relevant outside agencies. (9.9)
Not achieved

All detainees should have sole use of a DECT (digital enhanced cordless technology) phone at all times. (9.10)
No longer relevant

Managers should ensure that any underlying technical problems leading to intermittent failure of the DECT system are resolved. (9.11)
No longer relevant

Managers should research and implement the provision of a consistent mobile phone signal in all detainee areas. (9.12)

Partially achieved

Internet security should not block legitimate websites, particularly those providing legal assistance and UKBA country of origin information. (9.13)

Not achieved

Detainees without money should be given a weekly telephone allowance. (9.15)

Not achieved (recommendation repeated, 4.25)

A toilet should be available for detainee use in the visits area. (9.17)

Not achieved

Managers should revise working practices to ensure that visitors are not unnecessarily delayed during the entry process. (9.18)

Achieved

The décor in the visits room and the visitors' centre should be brightened with displays appropriate to different ages and cultures. (9.19)

Achieved

An information booklet should be produced for visitors in a number of languages. (9.21)

Not achieved

Managers should encourage and monitor use of telephone interpretation by visitors' centre staff to ensure that visitors have the necessary information. (9.22)

Not achieved

Detainees should be able to have physical contact with visitors throughout their visits within the bounds of propriety, and the limits of such behaviour should be explained to visitors in a language they understand. (9.29)

Not achieved

Detainees should be given systematic help to recover essential property before removal. (9.44)

Not achieved

There should be suitable bags available for detainees on discharge. (9.45)

Achieved

Appendix III: Detainee population profile

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

Age	No. of men	%
Under 1 year	0	0
1 to 6 years	0	0
7 to 11 years	0	0
12 to 16 years	0	0
16 to 17 years	0	0
18 years to 21 years	44	11.4
22 years to 29 years	156	40.5
30 years to 39 years	107	27.8
40 years to 49 years	60	15.9
50 years to 59 years	15	3.9
60 years to 69 years	3	0.8
70 or over	0	0
Total	385	100

Nationality Please add further categories if necessary	No. of men	%
Afghanistan	59	15.3
Albania	12	3.1
Algeria	14	3.6
Angola	3	0.7
Bangladesh	26	6.7
China	14	3.6
Colombia	1	0.26
Congo (Brazzaville)	2	0.5
Congo Democratic Republic (Zaire)	2	0.5
Ghana	9	2.3
India	54	14.0
Iran	4	1.0
Iraq	7	1.8
Ivory Coast	3	0.8
Jamaica	10	2.6
Kenya	1	0.26
Kosovo	3	0.8
Latvia	0	0
Liberia	2	0.5
Lithuania	1	0.26
Malaysia	1	0.26
Nigeria	25	6.5
Pakistan	56	14.5
Sierra Leone	8	2.1
Sri Lanka	3	0.8
Trinidad and Tobago	2	0.5
Turkey	1	0.26
Ukraine	1	0.26

Vietnam	6	1.6
Zimbabwe	3	0.8
Other (please state)	Brazil 1	0.26
	British Subject 1	0.26
	Chad 1	0.26
	Chile 1	0.26
	Dominica 1	0.26
	Egypt 3	0.8
	Eritrea 4	1
	France 1	0.5
	Gambia 2	0.26
	Germany 1	0.26
	Jordan 1	0.26
	Libya 1	0.26
	Morocco 3	0.8
	Nepal 2	0.5
	Philippines 1	0.26
	Poland 1	0.26
	Portugal 1	0.26
	Somalia 4	1
	South Africa 1	0.26
	Stateless 3	0.8
	Sudan 4	1
	Syria 2	0.5
	Taiwan 1	0.26
	Tunisia 4	1
	Turkmenistan 3	0.8
	Uganda 3	0.8
	USA 1	0.26
Total	385	100

Religion/belief Please add further categories if necessary	No. of men	%
Buddhist	9	2.3
Roman Catholic	6	1.6
Orthodox	68	17.7
Other Christian religion	0	0
Hindu	21	5.5
Muslim	213	55.3
Sikh	25	6.5
Agnostic/atheist	40	10.3
Unknown	2	0.5
Other (please state what)	Rastafarian 2	0.5
Total	385	100

Length of time in detention in this centre	No. of men	%
Less than 1 week	90	23.3
1 to 2 weeks	66	17.1
2 to 4 weeks	85	22.1
1 to 2 months	69	17.9
2 to 4 months	45	11.7

4 to 6 months	7	1.8
6 to 8 months	10	2.6
8 to 10 months	5	1.3
More than 10 months (please note the longest length of time)	8 (20 months 26 days)	2.1
Total	385	100

Detainees' last location before detention in this centre	No. of men	%
Community	113	29.4
Another IRC	98	25.4
A short-term holding facility (e.g. at a port or reporting centre)	89	23.1
Police station	67	17.4
Prison	18	4.7
Total	385	100

Appendix IV: Summary of detainee 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.

Sampling

The detainee survey was conducted on a representative sample of the population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the centre⁹. Respondents were then randomly selected from a detainee population printout using a stratified systematic sampling method.

Distributing and collecting questionnaires

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

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

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

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

Survey response

At the time of the survey on 28 May 2013 the detainee population at Brook House was 418. Using the method described above, questionnaires were distributed to a sample of 277 detainees.

We received a total of 216 completed questionnaires, a response rate of 78%. Eight respondents refused to complete a questionnaire, 31 questionnaires were not returned and 22 were returned blank.

126 (58%) surveys were returned in English, 31 (14%) in Urdu, 11 (5%) in Punjabi, 10 (5%) in Bengali, nine (4%) in Chinese, seven (3%) in Pashtu, four (2%) in Hindi, three (1%) in Farsi, three (1%) in Russian, two (1%) in Vietnamese, two (1%) in Albanian, two (1%) in Turkish and one each in Arabic, Portuguese, Kurdish Sorani, Tamil, French and Tigrinya.

Presentation of survey results and analyses

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

⁹ 95% confidence interval with a sampling error of 3%. The formula assumes an 80% response rate (70% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

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

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant¹⁰ differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in detainees' background details.

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

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

The following comparative analyses are presented:

- The current survey responses from Brook House in 2013 compared with responses from detainees surveyed in all other detention centres. This comparator is based on all responses from detainee surveys carried out in nine detention centres since April 2009.
- The current survey responses from Brook House in 2013 compared with the responses of detainees surveyed at Brook House in 2011.
- A comparison within the 2013 survey between the responses of non-English-speaking detainees with English-speaking detainees.

¹⁰ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

Survey summary

Q1	Are you male or female?	
	Male	212 (100%)
	Female	0 (0%)
Q2	What is your age?	
	Under 18	2 (1%)
	18-21	25 (12%)
	22-29	80 (37%)
	30-39	66 (31%)
	40-49	29 (13%)
	50-59	9 (4%)
	60-69	4 (2%)
	70 or over	0 (0%)
Q3	What region are you from? (Please tick only one)	
	Africa	40 (19%)
	North America	4 (2%)
	South America	5 (2%)
	Indian subcontinent (India, Pakistan, Bangladesh, Sri Lanka)	104 (49%)
	China	10 (5%)
	Other Asia	26 (12%)
	Caribbean	6 (3%)
	Europe	12 (6%)
	Middle East	6 (3%)
Q4	Do you understand spoken English?	
	Yes	153 (71%)
	No	63 (29%)
Q5	Do you understand written English?	
	Yes	130 (64%)
	No	73 (36%)
Q6	What would you classify, if any, as your religious group?	
	None	10 (5%)
	Church of England	10 (5%)
	Catholic	13 (6%)
	Protestant	5 (2%)
	Other Christian denomination	19 (9%)
	Buddhist	5 (2%)
	Hindu	9 (4%)
	Jewish	0 (0%)
	Muslim	125 (61%)
	Sikh	9 (4%)
Q7	Do you have a disability?	
	Yes	18 (9%)
	No	182 (91%)

Section 2: Immigration detention

Q8	When being detained, were you told the reasons why in a language you could understand?	
	Yes	144 (72%)
	No	56 (28%)
Q9	Including this centre, how many places have you been held in as an immigration detainee since being detained (including police stations, airport detention rooms, removal centres, and prison following end of sentence)?	
	One to two	145 (71%)
	Three to five	51 (25%)
	Six or more	9 (4%)
Q10	How long have you been detained in this centre?	
	Less than 1 week	51 (24%)
	More than 1 week less than 1 month	70 (33%)
	More than 1 month less than 3 months	55 (26%)
	More than 3 months less than 6 months	16 (8%)
	More than 6 months less than 9 months	7 (3%)
	More than 9 months less than 12 months	8 (4%)
	More than 12 months	5 (2%)

Section 3: Transfers and escorts

Q11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	
	Yes	93 (44%)
	No	85 (40%)
	Do not remember	33 (16%)
Q12	How long did you spend in the escort vehicle to get to this centre on your most recent journey?	
	Less than one hour	14 (7%)
	One to two hours	59 (28%)
	Two to four hours	64 (31%)
	More than four hours	58 (28%)
	Do not remember	13 (6%)
Q13	How did you feel you were treated by the escort staff?	
	Very well	30 (14%)
	Well	88 (42%)
	Neither	54 (26%)
	Badly	13 (6%)
	Very badly	20 (10%)
	Do not remember	4 (2%)

Section 4: Reception and first night

Q15	Were you seen by a member of health care staff in reception?	
	Yes	189 (88%)
	No	19 (9%)
	Do not remember	6 (3%)
Q16	When you were searched in reception, was this carried out in a sensitive way?	
	Yes	159 (75%)
	No	37 (17%)

	<i>Do not remember/ Not applicable</i>	16 (8%)
Q17	Overall, how well did you feel you were treated by staff in reception?	
	<i>Very well</i>	26 (12%)
	<i>Well</i>	97 (46%)
	<i>Neither</i>	61 (29%)
	<i>Badly</i>	11 (5%)
	<i>Very badly</i>	11 (5%)
	<i>Do not remember</i>	4 (2%)
Q18	On your day of arrival did you receive information about what was going to happen to you?	
	<i>Yes</i>	67 (31%)
	<i>No</i>	116 (54%)
	<i>Do not remember</i>	30 (14%)
Q19	On your day of arrival did you receive information about what support was available to you in this centre?	
	<i>Yes</i>	86 (41%)
	<i>No</i>	100 (47%)
	<i>Do not remember</i>	25 (12%)
Q20	Was any of this information given to you in a translated form?	
	<i>Do not need translated material</i>	59 (29%)
	<i>Yes</i>	42 (20%)
	<i>No</i>	104 (51%)
Q21	On your day of arrival did you get the opportunity to change into clean clothing?	
	<i>Yes</i>	119 (57%)
	<i>No</i>	81 (39%)
	<i>Do not remember</i>	7 (3%)
Q22	Did you feel safe on your first night here?	
	<i>Yes</i>	107 (52%)
	<i>No</i>	89 (43%)
	<i>Do not remember</i>	11 (5%)
Q23	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)	
	<i>Not had any problems</i>	65 (33%)
	<i>Loss of property</i>	20 (10%)
	<i>Contacting family</i>	28 (14%)
	<i>Access to legal advice</i>	26 (13%)
	<i>Feeling depressed or suicidal</i>	70 (36%)
	<i>Health problems</i>	46 (23%)
Q24	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	
	<i>Not had any problems</i>	65 (34%)
	<i>Yes</i>	41 (21%)
	<i>No</i>	86 (45%)

Section 5: Legal rights and immigration

Q26	Do you have a lawyer?	
	<i>Do not need one</i>	15 (7%)
	<i>Yes</i>	128 (61%)

	No	67 (32%)
Q27	Do you get free legal advice?	
	<i>Do not need legal advice</i>	29 (14%)
	Yes	63 (31%)
	No	113 (55%)
Q28	Can you contact your lawyer easily?	
	Yes	91 (45%)
	No	28 (14%)
	<i>Do not know/ Not applicable</i>	82 (41%)
Q29	Have you had a visit from your lawyer?	
	<i>Do not have one</i>	82 (41%)
	Yes	47 (23%)
	No	73 (36%)
Q30	Can you get legal books in the library?	
	Yes	99 (48%)
	No	36 (17%)
	<i>Do not know/ Not applicable</i>	71 (34%)
Q31	How easy or difficult is it for you to obtain bail information?	
	<i>Very easy</i>	16 (8%)
	<i>Easy</i>	43 (22%)
	<i>Neither</i>	33 (17%)
	<i>Difficult</i>	32 (16%)
	<i>Very difficult</i>	51 (26%)
	<i>Not applicable</i>	22 (11%)
Q32	Can you get access to official information reports on your country?	
	Yes	39 (20%)
	No	97 (49%)
	<i>Do not know/ Not applicable</i>	62 (31%)
Q33	How easy or difficult is it to see the centre's immigration staff when you want?	
	<i>Do not know/ have not tried</i>	37 (18%)
	<i>Very easy</i>	11 (5%)
	<i>Easy</i>	31 (15%)
	<i>Neither</i>	30 (15%)
	<i>Difficult</i>	44 (22%)
	<i>Very difficult</i>	50 (25%)
Section 6: Respectful detention		
Q35	Can you clean your clothes easily?	
	Yes	179 (88%)
	No	25 (12%)
Q36	Are you normally able to have a shower every day?	
	Yes	192 (94%)
	No	13 (6%)
Q37	Is it normally quiet enough for you to be able to relax or sleep in your room at night time?	
	Yes	114 (56%)

	No	88 (44%)
Q38	Can you normally get access to your property held by staff at the centre if you need to?	
	Yes	92 (45%)
	No	63 (31%)
	Do not know	48 (24%)
Q39	What is the food like here?	
	Very good	5 (2%)
	Good	31 (15%)
	Neither	50 (24%)
	Bad	50 (24%)
	Very bad	70 (34%)
Q40	Does the shop sell a wide enough range of goods to meet your needs?	
	Have not bought anything yet	23 (11%)
	Yes	113 (55%)
	No	69 (34%)
Q41	Do you feel that your religious beliefs are respected?	
	Yes	154 (75%)
	No	27 (13%)
	Not applicable	25 (12%)
Q42	Are you able to speak to a religious leader of your faith in private if you want to?	
	Yes	104 (50%)
	No	34 (16%)
	Do not know/ Not applicable	69 (33%)
Q43	How easy or difficult is it to get a complaint form?	
	Very easy	44 (21%)
	Easy	76 (37%)
	Neither	21 (10%)
	Difficult	10 (5%)
	Very difficult	8 (4%)
	Do not know	48 (23%)
Q44	Have you made a complaint since you have been at this centre?	
	Yes	55 (27%)
	No	130 (63%)
	Do not know how to	22 (11%)
Q45	If yes, do you feel complaints are sorted out fairly?	
	Yes	16 (8%)
	No	33 (16%)
	Not made a complaint	152 (76%)

Section 7: Staff

Q47	Do you have a member of staff at the centre that you can turn to for help if you have a problem?	
	Yes	120 (61%)
	No	78 (39%)
Q48	Do most staff at the centre treat you with respect?	
	Yes	145 (74%)

	No	52 (26%)
Q49	Have any members of staff physically restrained you (C and R) in the last six months?	
	Yes	17 (9%)
	No	166 (91%)
Q50	Have you spent a night in the separation/isolation unit in the last six months?	
	Yes	28 (15%)
	No	158 (85%)

Section 8: Safety

Q52	Do you feel unsafe in this centre?	
	Yes	66 (34%)
	No	131 (66%)
Q53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	
	Yes	31 (17%)
	No	154 (83%) If No, go to question 55
Q54	If you have felt victimised by a detainee/group of detainees, what did the incident(s) involve? (Please tick all that apply)	
	<i>Physical abuse (being hit, kicked or assaulted)</i>	5 (3%)
	<i>Because of your nationality</i>	10 (5%)
	<i>Having your property taken</i>	1 (1%)
	<i>Drugs</i>	3 (2%)
	<i>Because you have a disability</i>	1 (1%)
	<i>Because of your religion/religious beliefs</i>	3 (2%)
Q55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	
	Yes	24 (13%)
	No	161 (87%) If No, go to question 57
Q56	If you have felt victimised by a member of staff/group of staff, what did the incident(s) involve? (Please tick all that apply)	
	<i>Physical abuse (being hit, kicked or assaulted)</i>	3 (2%)
	<i>Because of your nationality</i>	10 (5%)
	<i>Drugs</i>	2 (1%)
	<i>Because you have a disability</i>	2 (1%)
	<i>Because of your religion/religious beliefs</i>	4 (2%)
Q57	If you have been victimised by detainees or staff, did you report it?	
	Yes	12 (7%)
	No	26 (14%)
	<i>Not been victimised</i>	143 (79%)
Q58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	
	Yes	20 (11%)
	No	166 (89%)
Q59	Have you ever felt threatened or intimidated by a member of staff in here?	
	Yes	23 (12%)
	No	162 (88%)

Section 9: Health care

Q61	Is health information available in your own language?	
	Yes	80 (41%)
	No	68 (35%)
	Do not know	48 (24%)
Q62	Is a qualified interpreter available if you need one during health care assessments?	
	Do not need an interpreter/ Do not know	96 (50%)
	Yes	34 (18%)
	No	62 (32%)
Q63	Are you currently taking medication?	
	Yes	63 (31%)
	No	138 (69%)
Q64	What do you think of the overall quality of the health care here?	
	Have not been to healthcare	27 (14%)
	Very good	19 (10%)
	Good	48 (25%)
	Neither	41 (21%)
	Bad	29 (15%)
	Very bad	30 (15%)

Section 10: Activities

Q66	Are you doing any education here?	
	Yes	32 (16%)
	No	168 (84%)
Q67	Is the education helpful?	
	Not doing any education	168 (87%)
	Yes	24 (12%)
	No	2 (1%)
Q68	Can you work here if you want to?	
	Do not want to work	54 (28%)
	Yes	91 (47%)
	No	49 (25%)
Q69	Is there enough to do here to fill your time?	
	Yes	93 (49%)
	No	95 (51%)
Q70	How easy or difficult is it to go to the library?	
	Do not know/ Do not want to go	22 (11%)
	Very easy	80 (40%)
	Easy	71 (35%)
	Neither	13 (6%)
	Difficult	10 (5%)
	Very difficult	6 (3%)
Q71	How easy or difficult is it to go to the gym?	
	Do not know/ Do not want to go	30 (15%)
	Very easy	61 (31%)
	Easy	71 (36%)

<i>Neither</i>	17 (9%)
<i>Difficult</i>	11 (6%)
<i>Very difficult</i>	5 (3%)

Section 11: Keeping in touch with family and friends

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

<i>Do not know/ Have not tried</i>	14 (7%)
<i>Very easy</i>	59 (30%)
<i>Easy</i>	76 (38%)
<i>Neither</i>	23 (12%)
<i>Difficult</i>	10 (5%)
<i>Very difficult</i>	18 (9%)

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

<i>Yes</i>	48 (24%)
<i>No</i>	92 (47%)
<i>Do not know</i>	57 (29%)

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

<i>Yes</i>	91 (46%)
<i>No</i>	105 (54%)

Q76 How did staff in the visits area treat you?

<i>Not had any visits</i>	71 (37%)
<i>Very well</i>	33 (17%)
<i>Well</i>	53 (28%)
<i>Neither</i>	20 (10%)
<i>Badly</i>	2 (1%)
<i>Very badly</i>	12 (6%)

Section 12: Resettlement

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

<i>Yes</i>	31 (18%)
<i>No</i>	137 (82%)

Appendix V: Photographs

Brook House IRC reception area



Brook House IRC induction area



Wing on Brook House IRC; upper floor



Wing on Brook House IRC; lower floor



Main comparator and comparator to last time



Detainee survey responses: Brook House IRC 2013

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

Key to tables

		Brook House 2013	IRC comparator	Brook House 2013	Brook House 2011
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		216	1137	216	132
SECTION 1: General information					
1	Are you male?	100%	88%	100%	100%
2	Are you aged under 21 years?	13%	11%	13%	12%
4	Do you understand spoken English?	71%	74%	71%	80%
5	Do you understand written English?	64%	67%	64%	77%
6	Are you Muslim?	61%	45%	61%	43%
7	Do you have a disability?	9%	16%	9%	13%
SECTION 2: Immigration detention					
8	When being detained, were you told the reasons why in a language you could understand?	72%	71%	72%	80%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	4%	7%	4%	7%
10	Have you been detained in this centre for more than one month?	43%	61%	43%	65%
SECTION 3: Transfers and escorts					
11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	44%	36%	44%	45%
12	Did you spend more than four hours in the escort van to get to this centre?	28%	25%	28%	24%
13	Were you treated well/very well by the escort staff?	56%	56%	56%	59%
SECTION 4: Reception and first night					
15	Were you seen by a member of health care staff in reception?	88%	84%	88%	88%
16	When you were searched in reception was this carried out in a sensitive way?	75%	64%	75%	71%
17	Were you treated well/very well by staff in reception?	59%	60%	59%	59%
18	Did you receive information about what was going to happen to you on your day of arrival?	32%	32%	32%	40%
19	Did you receive information about what support was available to you in this centre on your day of arrival?	41%	40%	41%	40%
For those who required information in a translated form:					
20	Was any of this information provided in a translated form?	29%	28%	29%	15%
21	Did you get the opportunity to change into clean clothing on your day of arrival?	58%	61%	58%	60%
22	Did you feel safe on your first night here?	52%	51%	52%	52%
23a	Did you have any problems when you first arrived?	67%	71%	67%	63%
23b	Did you have any problems with loss of transferred property when you first arrived?	10%	14%	10%	14%
23c	Did you have any problems contacting family when you first arrived?	14%	18%	14%	21%

Main comparator and comparator to last time

Key to tables

		Brook House 2013	IRC comparator	Brook House 2013	Brook House 2011
	Any percentage highlighted in green is significantly better	Brook House 2013	IRC comparator	Brook House 2013	Brook House 2011
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 4: Reception and first night continued					
23d	Did you have any problems accessing legal advice when you first arrived?	13%	20%	13%	23%
23e	Did you have any problems with feeling depressed or suicidal when you first arrived?	36%	34%	36%	38%
23f	Did you have any health problems when you first arrived?	23%	28%	23%	18%
For those who had problems on arrival:					
24	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	32%	35%	32%	31%
SECTION 5: Legal rights and immigration					
26	Do you have a lawyer?	61%	69%	61%	67%
For those who have a lawyer:					
28	Can you contact your lawyer easily?	77%	72%	77%	75%
29	Have you had a visit from your lawyer?	39%	53%	39%	39%
27	Do you get free legal advice?	31%	43%	31%	32%
30	Can you get legal books in the library?	48%	41%	48%	43%
31	Is it easy/very easy for you to obtain bail information?	30%	31%	30%	37%
32	Can you get access to official information reports on your country?	20%	20%	20%	19%
33	Is it easy/very easy to see this centre's immigration staff when you want?	21%	25%	21%	26%
SECTION 6: Respectful detention					
35	Can you clean your clothes easily?	88%	77%	88%	75%
36	Are you normally able to have a shower every day?	94%	92%	94%	97%
37	Is it normally quiet enough for you to be able to sleep in your room at night?	56%	61%	56%	61%
38	Can you normally get access to your property held by staff at the centre, if you need to?	45%	52%	45%	56%
39	Is the food good/very good?	18%	28%	18%	28%
40	Does the shop sell a wide enough range of goods to meet your needs?	55%	39%	55%	43%
41	Do you feel that your religious beliefs are respected?	75%	71%	75%	66%
42	Are you able to speak to a religious leader of your own faith if you want to?	50%	53%	50%	52%
43	Is it easy/very easy to get a complaint form?	58%	50%	58%	75%
44	Have you made a complaint since you have been at this centre?	27%	27%	27%	24%
For those who have made a complaint:					
45	Do you feel complaints are sorted out fairly?	33%	22%	33%	21%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	Brook House 2013	IRC comparator	Brook House 2013	Brook House 2011
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 7: Staff					
47	Do you have a member of staff you can turn to for help if you have a problem?	61%	63%	61%	57%
48	Do most staff treat you with respect?	74%	74%	74%	74%
49	Have any members of staff physically restrained you in the last six months?	9%	14%	9%	12%
50	Have you spent a night in the segregation unit in the last six months?	15%	16%	15%	15%
SECTION 8: Safety					
52	Do you feel unsafe in this centre?	34%	39%	34%	34%
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	17%	27%	17%	20%
54a	Have you been hit, kicked or assaulted since you have been here? (By detainees)	3%	6%	3%	7%
54b	Have you been victimised because of your nationality since you have been here? (By detainees)	5%	8%	5%	7%
54c	Have you ever had your property taken since you have been here? (By detainees)	1%	6%	1%	2%
54d	Have you been victimised because of drugs since you have been here? (By detainees)	2%	3%	2%	1%
54e	Have you ever been victimised here because you have a disability? (By detainees)	1%	3%	1%	1%
54f	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	2%	6%	2%	3%
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	13%	22%	13%	18%
56a	Have you been hit, kicked or assaulted since you have been here? (By staff)	2%	4%	2%	6%
56b	Have you been victimised because of your nationality since you have been here? (By staff)	5%	8%	5%	9%
56c	Have you been victimised because of drugs since you have been here? (By staff)	1%	1%	1%	1%
56d	Have you ever been victimised here because you have a disability? (By staff)	1%	2%	1%	0%
56e	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	2%	4%	2%	3%
For those who have been victimised by detainees or staff:					
57	Did you report it?	32%	49%	32%	53%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	11%	19%	11%	19%
59	Have you ever felt threatened or intimidated by a member of staff in here?	13%	16%	13%	19%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	Brook House 2013	IRC comparator	Brook House 2013	Brook House 2011
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 9: Health services					
61	Is health information available in your own language?	41%	36%	41%	37%
62	Is a qualified interpreter available if you need one during health care assessments?	18%	18%	18%	11%
63	Are you currently taking medication?	31%	45%	31%	45%
For those who have been to health care:					
64	Do you think the overall quality of health care in this centre is good/very good?	40%	41%	40%	41%
SECTION 10: Activities					
66	Are you doing any education here?	16%	24%	16%	6%
For those doing education here:					
67	Is the education helpful?	92%	85%	92%	88%
68	Can you work here if you want to?	47%	56%	47%	56%
69	Is there enough to do here to fill your time?	50%	46%	50%	33%
70	Is it easy/very easy to go to the library?	75%	68%	75%	83%
71	Is it easy/very easy to go to the gym?	68%	69%	68%	85%
SECTION 11: Keeping in touch with family and friends					
73	Is it easy/very easy to use the phone?	68%	64%	68%	59%
74	Have you had any problems with sending or receiving mail?	24%	24%	24%	23%
75	Have you had a visit since you have been in here from your family or friends?	47%	48%	47%	47%
For those who have had visits:					
76	Do you feel you are treated well/very well by staff in the visits area?	72%	71%	72%	62%
SECTION 12: Resettlement					
78	Has any member of staff helped you to prepare for your release?	18%		18%	



Key questions (non-English speakers) Brook House IRC 2013

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

Key to tables

		Non-English speakers	English speakers
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		63	153
8	When being detained, were you told the reasons why in a language you could understand?	60%	77%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	5%	4%
10	Have you been in this centre for more than one month?	40%	44%
11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	30%	50%
13	Were you treated well/very well by the escort staff?	48%	60%
17	Were you treated well/very well by staff in reception?	48%	63%
18	Did you receive information about what was going to happen to you on your day of arrival?	24%	35%
19	Did you receive information about what support was available to you on your day of arrival?	28%	46%
22	Did you feel safe on your first night here?	49%	53%
23	Did you have any problems when you first arrived?	58%	71%
26	Do you have a lawyer?	60%	62%
33	Is it easy/very easy to see the centre's immigration staff when you want?	14%	24%
35	Can you clean your clothes easily?	83%	90%
36	Are you normally able to have a shower every day?	97%	93%
43	Is it easy/very easy to get a complaint form?	45%	63%
44	Have you made a complaint since you have been at this centre?	23%	28%
47	Do you have a member of staff you can turn to for help if you have a problem?	52%	65%
48	Do most staff treat you with respect?	74%	73%
52	Do you feel unsafe in this centre?	26%	36%
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	19%	16%

Key to tables

	Any percentage highlighted in green is significantly better	Non-English speakers	English speakers
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	15%	12%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	8%	12%
59	Have you ever felt threatened or intimidated by a member of staff in here?	8%	15%
61	Is health information available in your own language?	29%	46%
62	Is a qualified interpreter available if you need one during health care assessments?	26%	14%
66	Are you doing any education here?	12%	18%
68	Can you work here if you want to?	29%	55%
69	Is there enough to do here to fill your time?	54%	47%
70	Is it easy/very easy to go to the library?	70%	77%
71	Is it easy/very easy to go to the gym?	53%	74%
73	Is it easy/very easy to use the phone?	62%	70%
74	Have you had any problems with sending or receiving mail?	21%	26%
75	Have you had a visit since you have been in here from your family or friends?	44%	47%
78	Has any member of staff helped you to prepare for your release?	18%	19%