

Report on an announced inspection of

**Morton Hall Immigration
Removal Centre**

4–8 March 2013

by HM Chief Inspector of Prisons

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

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Introduction

Morton Hall, near Lincoln, served as a women's prison for many years, latterly holding a high proportion of foreign national women. In May 2011, the prison was re-roled as an immigration removal centre; at the time of the inspection it held 362 adult men.

The transition was not easy and a series of incidents culminated in an act of concerted indiscipline at Christmas in 2012. However, this inspection found an impressive establishment that was safe, calm and positive.

The IRC was physically safe and physical security had been upgraded proportionately following the previous incidents. However, some practices were inappropriate for an establishment where people were not held because they had been charged with a criminal offence. Detainees were locked in their units or rooms at 8.30 in the evening, staff carried batons inappropriately and detainees were handcuffed as a matter of course if they had to be taken out of the centre for any reason.

Nevertheless, overall, very good staff-detainee relationships supported effective dynamic security. Detainees told us they felt safe, and the number of violent incidents was low. There was effective care and support for detainees at risk of suicide and self-harm.

Of course, as we noted in our thematic report on immigration detainee casework, what caused most anxiety and stress for detainees was concern about their immigration status and potential removal. Some of the detainees had been held for very long periods: one for almost three years, 22 for over a year. We were told detention was justified in some cases because there was a high risk the detainee would reoffend if released – but there was nothing that detainees could do, as they could have done in a prison, to demonstrate their risk had reduced. The UK Border Agency maintained that some detainees were held because they were failing to cooperate with immigration processes. In these cases UKBA should have forced the issue by either using its powers to prosecute the individuals concerned for non-compliance or releasing them.

However, some aspects of immigration processes were much better than we see elsewhere. 'Rule 35' reports, which assess fitness for detention of detainees with special illnesses or conditions, or those who have experienced torture, were of good quality and had led to the appropriate release of some men. Some victims of trafficking had been identified, referred to support and been given temporary admission.

In the three months before the inspection, 74 detainees had been removed, 257 released and 755 transferred. Children's Links, a community sector agency, provided good support to meet detainees' welfare needs and dealt with some complex cases, although not all detainees were systematically assessed for pre-release or -removal support. Children's Links also ran the comfortable and welcoming visitors' centre. There was a good communications centre where detainees could use the internet and email, prepare for release or return, and maintain contact with families and friends. However, they could not use Skype or social networking sites and no one could explain to us why they could not be used in this setting.

The good staff-detainee relationships and calm environment helped manage the inherent stresses and tensions of the situation. These were reinforced by a good standard of accommodation and very good health care. Apart from what a few detainees could prepare themselves in the cultural kitchens, the food was of poor quality – this had been a significant cause of discontent in the past and needed to be improved. Diversity and faith provision were

also good but there was very little attention for the needs of young adults under 21, who made up 7% of the population. More thought was needed on how best to manage their behaviour and provide suitable activities for them.

Overall, the range of activities was good and facilities that had been part of the women's prison had been imaginatively adapted to meet the needs of the new population. Supervisors had thought carefully about how training could best be delivered to detainees, most of whom were held for short and unpredictable lengths of time, and how qualifications and training could best be aligned with that available in the wide range of countries to which detainees might be returning.

Good relationships, support to help detainees resolve their practical worries, and enough useful activity combined to create a safe and effective establishment. Staff at Morton Hall are to be commended on the way they have managed the transition from the prison's old role and overcome initial difficulties with determination and skill. The inspection identified some areas where improvement is required but Morton Hall now has very strong foundations on which to build.

Nick Hardwick
HM Chief Inspector of Prisons

May 2013

Fact page

Task of the establishment

The detention of men subject to immigration control.

Location

East Midlands

Name of contractor

Public sector, contracted to the United Kingdom Border Agency

Number held

362

Certified normal accommodation (CNA)

392

Operational capacity

392

Last inspection

There had been no previous inspection of the establishment as an immigration removal centre (IRC). An HMIP follow-up inspection as a female closed establishment had taken place in January 2011.

Brief history

Built originally as an RAF base, Morton Hall was reopened as a prison in 1985. New accommodation was added in 1996 and it was refitted in 2001 to provide facilities for women. Two more residential units were added in July 2002. In March 2009, HMP Morton Hall was re-designated from a semi-open to a closed prison. The prison had a specialist role in managing foreign nationals, who comprised most of the population. In January 2011, it was confirmed that the prison would be re-roled to an IRC and would remain in the public sector. It opened as an IRC in May 2011.

Name of centre manager

Karen Head

Escort provider

Tascor, formerly Reliance

Short description of residential units

Morton Hall has six units, with all rooms being single occupancy. Fry and Windsor units hold 160 detainees over two floors. These units have more secure cellular accommodation and house detainees identified as high risk on cell sharing risk assessments. Fry unit also houses some detainees on detoxification programmes.

Johnson and Sharman units hold 145 detainees in ground floor accommodation. Sharman unit has a purpose-built room for any individual with a disability, particularly reduced mobility. Torr unit houses 48 detainees in ground floor accommodation. There is an induction unit, located within its own perimeter fence area, which houses up to 39 detainees over two floors.

Health service commissioner and providers

G4S (both primary care and mental health care)

Learning and skills providers

Lincoln College

Independent Monitoring Board (IMB) chair

Rodney Booth

Healthy establishment summary

Introduction

HE.1 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.

HE.2 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.

HE.3 The concept of a healthy prison was introduced in this inspectorate's thematic review *Suicide is Everyone's Concern* (1999). The healthy prison criteria, upon which inspections base the four tests of a healthy establishment, have been modified to fit the inspection of removal centres. The criteria for removal centres are:

Safety – that detainees are held in safety and with due regard to the insecurity of their position

Respect – that detainees are treated with respect for their human dignity and the circumstances of their detention

Activities – that the centre encourages activities and provides facilities to preserve and promote the mental and physical wellbeing of detainees

Preparation for removal and release – that detainees are able to maintain contact with family, friends, support groups, legal representatives and advisors, 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.

HE.4 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 United Kingdom Border Agency.

- 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.

HE.5 Although this was a custodial establishment, we were mindful that detainees were not held because they had been charged with a criminal offence and had not been detained through normal judicial processes. In addition to our own independent *Expectations*, the inspection was conducted against the background of the Detention Centre Rules 2001, the statutory instrument that applies to the running of immigration removal centres. Rule 3 sets out the purpose of centres (now immigration removal centres) as being to provide for the secure but humane accommodation of detainees:

- in a relaxed regime
- with as much freedom of movement and association as possible consistent with maintaining a safe and secure environment
- to encourage and assist detainees to make the most productive use of their time
- respecting in particular their dignity and the right to individual expression.

HE.6 The statutory instrument also states that due recognition will be given at immigration removal centres to the need for awareness of:

- the particular anxieties to which detainees may be subject and
- the sensitivity that this will require, especially when handling issues of cultural diversity.

Safety

HE.7 Detainee feedback on escorts was generally positive but too many detainees were transferred overnight and they were routinely handcuffed for external appointments. Induction was effective and the induction unit was welcoming. Security was well managed but there were some over-restrictive practices. On the whole, force had been used proportionately and separation was not used often or for long periods. Detainees reported positively on feelings of safety and those at risk of self-harm were well cared for. There were insufficient legal advice surgeries to meet the need. The quality of Rule 35 initial reports was good, leading to release in some cases. We saw some very long detentions and some cases that should have been progressed more quickly. Outcomes for detainees against this healthy establishment test were reasonably good.

HE.8 Detainees reported reasonably positively on escort staff. Too many arrived overnight on transfer, exhausted after long journeys, often having received little notice of the move. They received refreshments during escorts but there were no toilet stops.

Handcuffing for escorts was routine and risk assessment was not sufficiently individualised.

- HE.9 Reception was clean and comfortable, but coordination of arrivals was not always good enough. During busy periods, detainees had to wait outside on vans or were held in the small locked waiting rooms for long periods. Staff treated arriving detainees respectfully but the searching area was cramped. Reception interviews took place in private, addressed safety and immediate concerns, and used professional interpreting services where necessary.
- HE.10 The induction unit was welcoming, but the cellular accommodation was austere and detainees were inappropriately locked into their rooms at night. Induction started on the day after arrival and covered all essential information. Detainees were given written material, but it was not all translated into appropriate languages.
- HE.11 Detainees reported positively on levels of safety in the centre,¹ and violence data suggested that fights and assaults were uncommon. The security department monitored and coordinated interventions to minimise violence. The collection of data relating to violent incidents had improved, but the violence reduction strategy was not informed by an analysis of the patterns of violence in the centre. The safer detention meeting was not always well attended and minutes did not reflect the work being done to identify and reduce violence.
- HE.12 Most self-harm incidents were low level and a large proportion involved single detainees harming themselves on multiple occasions. Case management arrangements were effective, and the quality of entries in assessment, care in detention and teamwork (ACDT) self-harm monitoring documents was very good. Many entries reflected good standards of day-to-day care and showed staff knowledge of personal circumstances. The local adult safeguarding policy was underdeveloped and there were no links with the adult safeguarding board.
- HE.13 The generally robust age dispute policy did not require detainees assessed (by a chief immigration officer) as being over 18 to undergo a Merton compliant assessment. There had been two age disputes in the previous six months. A pragmatic approach was taken to location in the centre, and access to the regime had been based on individual risk assessment. One had been assessed as a minor by social services and released into their care promptly. The other appeared to have been detained for several days after confirmation that he was a minor. Only 30% of officers had undergone child protection training.
- HE.14 Good relationships between staff and detainees underpinned effective dynamic security arrangements. There was a good flow of security information and the large number of security information reports was processed efficiently. The security

¹ **Inspection methodology:** There are five key sources of evidence for inspection: 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, applying both qualitative and quantitative methodologies. All findings and judgements are triangulated, which increases the validity of the data gathered. Survey results show the collective response (in percentages) from detainees in the establishment being inspected compared with the collective response (in percentages) from respondents in all establishments of that type (the comparator figure). Where references to comparisons between these two sets of figures are made in the report, these relate to statistically significant differences only. Statistical significance is a way of estimating the likelihood that a difference between two samples indicates a real difference between the populations from which the samples are taken, rather than being due to chance. If a result is very unlikely to have arisen by chance, we say it is 'statistically significant'. 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. (Adapted from Towl et al (eds), *Dictionary of Forensic Psychology*.)

committee meetings were well attended. Some practices were too restrictive for a detainee population, such as locking people up on their landing at 8.30pm; those on Fry, Windsor and Seacole units were locked into their rooms at this time.

- HE.15** Most detainees were on the enhanced level of the rewards scheme. It was used essentially as a means of applying sanctions rather than rewarding good behaviour.
- HE.16** The environment in the separation unit was reasonable but toilets in some cells were dirty and conditions in the Rule 42 cell were poor. Relationships between staff and detainees on the unit were good but there was a very limited regime. Use of separation was not excessive but we were not assured that authorisation by the UK Border Agency (UKBA) manager was always based on a thorough enough examination of the facts.
- HE.17** The number of incidents necessitating the use of force was high, although the figure was inflated by a few single acts of concerted indiscipline. Paperwork had generally been completed correctly and written accounts from officers usually gave assurance that force was used as a last resort. Governance arrangements were reasonable but the collection and analysis of data to identify patterns or trends were underdeveloped. Batons had been drawn, and this equipment was inappropriate for a detainee population.
- HE.18** Legal advice surgeries took place twice weekly. However, the three-week waiting time was too long, particularly as nearly 40% of detainees remained at the centre for two weeks or less. Up-to-date legal textbooks, country of origin reports and bail application forms were available in the library. Refugee Action attended the centre weekly to assist detainees with voluntary return applications, but this was not well promoted. Legal visits arrangements were adequate.
- HE.19** There had been some very long detentions, with the longest being almost three years. Some cases could clearly have been progressed more quickly, thereby minimising the length and impact of detention. UKBA was not making effective use of its prosecution powers to resolve cases in which detainees were considered to be non-compliant. Monthly progress reports were often identical, always in English, and too many were overdue, despite the efforts by the on-site team to chase them. A UKBA surgery was held weekly; attendance had dropped off significantly and staff were unsure why. We saw evidence of a referral to the National Referral Mechanism, leading to release following the identification of a trafficking victim. UKBA induction interviews did not explain bail rights applications and voluntary returns schemes in all cases. The quality of Rule 35 initial reports (relating to fitness to detain and experience of torture) was good. It was clear that in some cases these had led to the appropriate release of people who should not have been in detention. UKBA replies were usually prompt, but some had not addressed the issues raised in the report.

Respect

- HE.20** The accommodation was of a reasonable standard and the centre was generally clean. Staff-detainee relationships were good but personal officer work was inconsistent. Professional interpreting was well used across the centre. The needs of diverse groups were generally well met but there was little focus on young people, and detainees with disabilities were under-identified. Faith provision was good.

Complaints were dealt with thoroughly. Health services met individual needs well and provided an excellent overall service. Food was the cause of much complaint. Outcomes for detainees against this healthy establishment test were good.

- HE.21** Most residential units were light and reasonably spacious, but Fry and Windsor units were austere. Outside areas were spacious and clean. Detainees' rooms were well furnished, and detainees had courtesy keys and lockable cabinets. Some showers and toilets were dirty. Laundry arrangements were sound. Monthly detainee consultation groups were an effective means of raising and resolving issues.
- HE.22** About three-quarters of detainees in our survey said that most staff treated them with respect and we saw generally good relationships. Some detainees felt that staff lacked understanding of detainee issues. A comprehensive training pack on the specific needs and experiences of detainees had been delivered to most staff, but had not been repeated or further developed. All detainees had a personal officer but the quality of personal officer work varied widely between units. Most had sporadic recorded contact with detainees.
- HE.23** Equality and diversity was generally given a high profile. The diversity and equality action team provided reasonable oversight but was not strategic enough in its use of data. Most detainees with protected characteristics were broadly satisfied with their treatment and conditions. People with obvious disabilities were identified and cared for, but there was under-identification of more hidden disabilities. Gay detainees were given good support from a diversity officer, but there was little general promotion of what support might be available. The centre had made some provision for older detainees but there was no particular focus on the specific needs of a small number of young adults.
- HE.24** Our interviews with detainees who spoke little English were largely positive, and professional interpreting was well used across the centre. Despite some serious incidents between different nationality groups, we found little evidence of ongoing tensions. Formal support groups took place, but were irregular and often reactive.
- HE.25** Facilities for worship were welcoming and accessible, but were not large enough for Muslim worshippers. Chaplains provided a good service and covered the major faiths, although the recent lack of a Sikh minister had been a subject of complaint.
- HE.26** Although complaint forms were available in different languages, detainees had limited knowledge of how to make a complaint. Quality assurance was good and replies were respectful and detailed, and responded to the underlying issues. Informal resolution procedures were effective.
- HE.27** Health services were very good, and clinical governance structures were robust. Health services staff had an impressive awareness of the needs of detainees, an in-depth knowledge of policies and procedures, and good links with relevant external agencies. Detainees were seen appropriately and within a reasonable timeframe. As a result of an increase in need, GP hours had been increased. An excellent range of health information was available in a variety of languages, and there were impressive health promotion displays. There was a weekly drop-in clinic. Management of lifelong conditions was reasonable and followed best practice. Pharmacy services were very good. Mental health services were stretched but of good quality. Health services staff had received effective in-house training in recognising the signs of torture and trauma. Custodial staff received insufficient mental health awareness training. The

clinical substance misuse service provided good care, but one-to-one and group interventions were underdeveloped.

HE.28 The food was very unpopular with detainees and we tasted mainly bland and uninspiring dishes. The cultural kitchen was popular and appreciated by detainees but was only open twice a week at the time of inspection. Shop opening hours and the range of goods were limited, and some prices were high.

Activities

HE.29 There was a reasonable range of recreational activities. Most detainees said that they could fill their time while at the centre. Education provision and vocational training were good. There was a wide range of work available. PE facilities were good and staff were well trained. The library provided an effective service. Outcomes for detainees against this healthy establishment test were good.

HE.30 In our survey, most detainees said that there was enough to do to fill their time. Those remaining a short time at the centre benefited from good recreational facilities. For those remaining longer, there was a wide range of learning and skills and work. Most detainees staying at the centre for more than two weeks had jobs or were engaged in full-time education. Promotion of activities was adequate. Detainees had reasonable freedom of movement around the centre when unlocked.

HE.31 There was a wide range of education provision, although take-up was low. In addition to classroom-based education, tutors visited the residential wings to provide individual tuition in English and mathematics. All learning led to accreditation and in some instances to externally accredited awards. Detainees could complete units of study within four weeks or less. Most study was at levels 1 and 2, with some progression to level 3 in areas such as information and communications technology. Tutors were well qualified and provided good individual coaching, and teaching and learning generally met detainees' needs.

HE.32 Detainees participated in an unusually wide range of workplace learning, and received some well-planned on-the-job training, allowing them to learn and develop vocational skills. Education staff regularly visited detainees in workplaces across the centre and provided them with employability skills training, leading to a certificate. Quality assurance arrangements for learning and skills were thorough and effective.

HE.33 A suitable and sufficient range of paid work was available. Waiting lists were rare, and where these existed, primarily for kitchen work, the number waiting was small. Job application procedures were simple and required minimal form-filling. Training for work was good. Some detainees were inappropriately prevented from working because of non-compliance with UKBA.

HE.34 Library provision was good and the facility was well used. The book stock was high and included materials in a wide range of other languages. The librarian was experienced and well trained. There was insufficient monitoring of stock loss and usage by language.

HE.35 PE and fitness provision was good, with both indoor and outside activities and well-qualified instructors. There was suitable communication with health services staff to ensure that detainees were fit to participate.

Preparation for removal and release

HE.36 The visitors centre and the visits hall were welcoming, but visits were too short at weekends. The welfare team and the voluntary sector agency, Children's Links, provided good support and complex welfare needs could be met. Pre-removal assessment was not systematic. There was generally good access to various means of communication, although there was scope to improve this further. Outcomes for detainees against this healthy establishment test were good.

HE.37 Most detainees' welfare needs were met by a range of staff. The dedicated centre welfare staff saw detainees on arrival and met their needs in an innovative way. We saw evidence of good welfare work by Children's Links workers, dealing with some more complex detainee needs. The welfare team assisted with retrieving property and financial affairs, and had helpful links with external organisations. Collation of welfare data and monitoring of outcomes were underdeveloped.

HE.38 There was a comfortable visitors centre, managed by Children's Links. It provided information in appropriate languages. Children's Links had analysed visitor feedback to identify improvements to visits procedures. Visits took place on time, but were too short at weekends. Transport from local railway stations to the centre was provided for visitors. The visits room had a children's play area, a snack bar and comfortable seating.

HE.39 Telephone access was reasonably good and detainees who needed mobile telephones were given them. Mobile telephone reception could be poor, despite the installation of a booster. The shop did not sell discounted cards to allow cheaper international mobile telephone calls. Detainees had good access to the internet and email. They could open attachments and access a wide range of websites, although social networking sites and Skype were not allowed. Free weekly letters were available to those without money.

HE.40 There was no systematic assessment of need pre-removal or release. However, detainees due to be removed were given information about support services in their destination countries, printed from the International Organization for Migration website, and welfare staff also researched specific home country services for them on the internet. Detainees with no means were not always given financial support to reach their final destinations, but suitable clothing was provided. A large proportion of detainees was released, and this group was given a small grant. People were not routinely separated before removal and there was little use of force on removal.

Main concerns and recommendations

HE.41 Concern: Excessive restrictions on detainees included locking them behind doors or on their units from 8.30pm.

Recommendation: Detainees should not be locked into cells and should not be restricted to units in the early evening.

HE.42 Concern: There had been some very long detentions, up to three years. Some of these cases could have been progressed more quickly, including through proactive use of UKBA's prosecution powers, thereby minimising the impact of detention.

Recommendation: All casework should be progressed promptly. The UK Border Agency (UKBA) should take proactive action when 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.

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 in good condition and detainees reported that they were treated respectfully by staff. Detainees were moved too frequently around the detention estate, often at night. Those attending outside appointments were routinely handcuffed.
- 1.2 Escort vehicles were comfortable and clean and had seat belts. In our survey, 64% of respondents, against the 55% comparator, said that they were treated well by escort staff, and we saw polite and respectful treatment of detainees. Many detainees had long journeys to the establishment, with about a quarter of respondents to our survey saying that they had spent more than four hours in the van; they were provided with adequate food and drink but not a toilet break.
- 1.3 Some detainees had been moved around the estate on numerous occasions, which was disruptive and disorientating. Escort teams worked throughout the night, and arrivals and departures regularly took place in the early hours of the morning, often at short notice. It was sometimes unclear why detainees were being moved from one centre to another. There was no use of the video-link facilities to conduct interviews with case workers, which could have reduced the number of temporary transfers.
- 1.4 Escort crews sometimes did not give sufficient notice of when they would be arriving and in some cases this caused unnecessary stress for detainees. In one case, a detainee arrived during the night, was processed through reception and then taken to the induction unit. He then had to be returned to reception almost immediately because of the arrival of another escort vehicle that was taking him on an onward journey.
- 1.5 In our survey, more detainees than at comparator establishments (55% versus 34%) said that they had received written information about what would happen to them before arrival at the centre, and we saw information about other centres being provided to those departing, although it was in English only.
- 1.6 Nominal risk assessments were carried out for every detainee being escorted to outside appointments, mainly to hospitals. However, they were all handcuffed unless there was evidence to suggest that this was unnecessary, rather than handcuffed only if there was good reason to do so. The outcome was that almost all detainees were handcuffed during such visits.

Recommendations

- 1.7 Detainees who require one should be allowed a toilet stop on long journeys.
- 1.8 Detainees should not be subjected to excessive or overnight transfers around the detention estate.

- 1.9 Restraints should not be used during escorts to outside medical or dental facilities unless identified as necessary, following an individual risk assessment.

Housekeeping points

- 1.10 Written information for travelling detainees about what is going to happen next should be provided in a language which they can understand.
- 1.11 Escort staff should give adequate notice of arrival.

Early days in detention

Expected outcomes:

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

- 1.12 Reception staff were welcoming but detainees experienced long delays before being able to move to their accommodation. Reception processes were good but detainees were unnecessarily locked in waiting rooms. First night procedures were efficient and detainees felt safe. Induction was thorough and met the needs of detainees.
- 1.13 The reception area was clean and comfortable and we saw respectful and courteous welcoming of detainees by staff, supported by a detainee mentor. In our survey, 68%, against the 59% comparator, said that they had been treated well in reception. However, the reception area was not large enough to deal with busy periods. We saw detainees waiting on vans for up to 90 minutes and locked unnecessarily in small waiting rooms for six hours while reception processes were completed. New arrivals were given a basic search on arrival but this was done in a cramped area in front of the reception desk.
- 1.14 Detainees were offered a free telephone call and were provided with a mobile telephone in reception. They were interviewed in private by health services staff and by the reception senior officer, who checked for immediate concerns and the safety of the detainee. We saw interpreting services being used appropriately during these interviews. Detainees were provided with food in reception but this was delayed during a busy period that we observed.
- 1.15 Most new arrivals, with the exception of returning detainees or those with particular health or risk concerns, went to the induction unit, which stood separately from the rest of the centre. Rooms there were clean and well equipped, with integral showers and toilets. Detainees were inappropriately locked in their rooms at night (see sections on security and residential units). Induction staff were welcoming and a peer mentor was present during the day. An individual interview was held with new arrivals before they were locked away and they were checked during the night. In our survey, 64%, against the 49% comparator, said that they had felt safe on their first night.
- 1.16 Induction started on the day after arrival. An induction officer went through a checklist of essential information with new detainees and checked their understanding. Some written information about the centre was available in languages other than English; in our survey, 48% of detainees who had required translated material said that they had received it, against the 23% comparator. On the first day, detainees were seen by the doctor, a representative of the chaplaincy and by a member of the welfare team, who checked if they had any immediate

needs. Over the next two days, detainees were interviewed by UKBA staff and had inductions for the gym, education and activities.

Recommendation

- 1.17 Detainees should not be kept waiting on escort vans or in reception for long periods.

Housekeeping points

- 1.18 Detainees should not be locked in waiting rooms in reception unless there are specific individual risk factors.
- 1.19 Detainees waiting in reception should be given food within a reasonable time of their last meal.

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.

- 1.20 Most detainees reported positively on levels of safety in the centre. The collection of data relating to violent incidents was improving but the violence reduction strategy was not fully informed by an analysis of the patterns of violence in the centre. The safer detention meeting was not a sufficiently effective forum, but weekly order and control meetings discussed violent incidents, and the security department was fully engaged in monitoring and coordinating interventions to minimise violence.
- 1.21 Given the size and nature of the centre, the number of violent incidents was relatively low. There had been 29 reported fights and assaults in the six months before the inspection. Of these, 11 had occurred during a single incident, involving a number of individual detainees. The quality of investigations into alleged violence was good and fully addressed the important issues.
- 1.22 In our survey, 29% of respondents, against the 40% comparator, said that they currently felt unsafe at the centre and 14%, against the 19% comparator, that they had been threatened or intimidated. Our in-depth interviews with detainees about safety issues were generally very positive about levels of safety in the centre, with few detainees identifying concerns.
- 1.23 A full review of the arrangements to reduce violence in the centre had taken place late in 2012 and had led to the publication of a new violence reduction strategy. This was reasonably coherent but some of the protocols and management structures it described had not been implemented.
- 1.24 A violence reduction coordinating manager and unit liaison officers had been appointed but had not taken up post. At the time of the inspection, violence reduction protocols, such as investigations of alleged incidents, were temporarily managed on a day-to-day basis by a senior residential governor, supported by two officers based in the separation unit.

- 1.25 A safer detention committee, chaired by the head of residence, met monthly to monitor the overall progress of both the violence reduction and suicide prevention strategies. Attendance was inconsistent. While there were usually focused discussions about self-harm and suicide prevention, other forms of violence were not always considered. The collection of data by the safer detention committee relating to the number and nature of violent incidents had improved but details were limited and there was no analysis of wider trends.
- 1.26 However, the security department was fully engaged in monitoring and coordinating interventions to minimise violence and to a large extent mitigated the inconsistent approach of the safer detention meetings. Order and control meetings (see section on security) were held each week to identify and discuss all violent incidents reported the previous week. Meetings were well attended by managers and staff from all relevant areas in the centre, and minutes showed that issues were dealt with and that appropriate action was taken.
- 1.27 Dynamic security arrangements were well developed and staff, particularly residential officers, helped to identify instances of potential bullying that had not been reported through more specific channels, such as security information reports (SIRs). Such incidents and concerns were recorded in wing observation books. SIRs were always scrutinised for information about alleged or suspected bullying incidents.

Recommendation

- 1.28 The violence reduction strategy should be fully implemented and overseen by well-attended violence reduction meetings that consider all forms of violence.

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.

- 1.29 The number of self-harm incidents was high but a large proportion had involved single detainees and most incidents were low level. Case management arrangements were effective, and the quality of entries in assessment, care in detention and teamwork (ACDT) self-harm monitoring documents was very good. Entries reflected good standards of care.
- 1.30 There had been about 30 separate incidents of self-harm in the six months before the inspection. Although this number was higher than we usually see, most incidents were low level and one detainee was responsible for about 30% of the total number and another for 10%. A total of 133 assessment, care in detention and teamwork (ACDT) self-harm monitoring documents had been opened in the six months before the inspection. About 75% of these had been raised during the initial stages of detention or following removal notification.
- 1.31 Formal care planning arrangements through designated case managers were effective. The quality of entries in ACDT documents was very good. Entries reflected good standards of day-to-day care that met the individual needs of detainees and showed staff knowledge of personal circumstances. Attendance at reviews by relevant staff was also good.

- 1.32 The published suicide prevention policy document was relevant to the needs of detainees and understood by the staff we spoke to. A nominated safer detention manager had been appointed but had not yet taken up post. In the meantime, the strategic protocols described in the policy were managed by a senior residential governor. The safer detention committee discussed individual cases and addressed the specific needs of detainees (see also section on bullying and violence reduction).
- 1.33 A wide range of information was used to help to identify trends and patterns of behaviour, such as age, nationality, and the location, type, timing and peripheral circumstances of individual incidents. All of this was used to develop the strategy and update a continuous improvement action plan.

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.²

- 1.34 There was a vulnerable adults policy, but no formal arrangements with the local Safeguarding Adults Board. There were no clear protocols setting out the actions that would be taken to safeguard an adult at risk.
- 1.35 There was a vulnerable adults policy but no formal arrangements with the local Safeguarding Adults Board to deal with vulnerable adults in need of community care services by reason of mental or other disability, age or illness. Vulnerability screening procedures were in place. Assessments of risk carried out during detainees' first few days at the centre were thorough, and included cell sharing risk assessments, initial identification of disability, and health care interviews. Further assessments were carried out on the following day by health care professionals (see also section on health services).
- 1.36 There were no clear protocols setting out the actions that would be taken if information became available indicating that an adult at risk might have been abused or injured during their period in custody. Staff we spoke to said that they were not aware of formal protocols, but appeared focused on relevant issues and generally aware of their personal responsibility to protect those at risk. Awareness training for staff had not been planned.
- 1.37 Up-to-date local advice about safeguarding adults was not accessible and there was little to show that staff knew how to make referrals.

Recommendation

- 1.38 Safeguarding procedures and staff training should be developed, and links made with the local authority adult safeguarding board.

² 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).

Safeguarding children

Expected outcomes:

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

- 1.39 The age dispute policy was generally robust but did not require detainees assessed as being over 18 to undergo a Merton compliant assessment. There had been two age disputes in the previous six months. Location in the centre, and access to the regime, was based on individual risk assessment. Only 30% of officers had undergone child protection training.
- 1.40 There was an age dispute policy, which was detailed and generally robust, although it did not require detainees who had been assessed (by a chief immigration officer) as being over 18 to undergo a Merton compliant age assessment³ by social services. A care booklet and support plan were opened for detainees disputing their age; we were unable to inspect any as there were no such cases in the centre during inspection. Access to the regime was determined by a risk assessment. Although the policy stated that all age dispute detainees would be based on Fry unit, a pragmatic approach was taken to location, based on where the detainee's friends and support network were accommodated.
- 1.41 There had been two age disputes in the previous six months. One of the detainees concerned had undergone an age assessment by social services six days after disputing his age, and had been released into their care immediately afterwards. Records indicated that the other detainee had remained in detention for four days after social services had contacted the centre to confirm that he was 16 years old and that they were prepared to take him into their care.
- 1.42 There was a child protection procedure within the public protection policy, setting out clear instructions to staff who were concerned about a child, although it did not include information on victims of trafficking and the National Referral Mechanism. Only 30% of officers had undertaken child protection training; the centre had ensured that visits staff had completed this training but had not considered the need for residential staff managing age dispute cases to undertake it. Visits staff were aware of detainees who posed a risk to children and ensured that the seating plan in the visits hall was managed accordingly.

Recommendations

- 1.43 All detainees claiming to be minors should undergo a Merton compliant assessment by social services. Assessment should be timely and release should follow promptly if the detainee is confirmed as a minor.
- 1.44 All staff who may come into contact with minors should undertake child protection training.

Housekeeping point

- 1.45 Information on trafficking victims and the national referral mechanism should be included in the child protection policy.

³ The Merton judgement was handed down by Burnton J in the High Court on 14 July 2003, and gives guidance as to the requirements of a lawful assessment by a local authority of the age of a young asylum seeker claiming to be under the age of 18 years.

Security

Expected outcomes:

Detainees feel secure in an unoppressive environment.

- 1.46 Good relationships between staff and detainees supported effective dynamic security arrangements. Procedural security was generally well managed but some practices were disproportionate and over-restrictive. The security committee was appropriately constructed. Meetings were well attended and there were effective links to key areas in the centre.
- 1.47 Overall, relationships between staff and detainees were good and engagement by officers with detainees, particularly on residential units, was positive. These relationships underpinned important elements of dynamic security.
- 1.48 Procedural security was generally well managed but some practices were over-restrictive. For example, all detainees were required to be locked onto their landing by 8.30pm, and those on Windsor, Fry and Seacole units were locked into cells (see main recommendation HE.41 and section on residential units). Detainees being escorted to hospital were routinely handcuffed (see section on escort vehicles and transfers).
- 1.49 There had been a number of serious incidents in the previous year, including an escape in July 2011 and acts of concerted indiscipline in the summer and winter of 2012. Following a review of these, some of the physical security features of the centre had been upgraded, such as installing extra fencing in the grounds. These seemed proportionate to the risks and did not unnecessarily impede detainee access to regime activities. The general atmosphere in the centre was calm and ordered.
- 1.50 The security committee meetings were given a high profile and were well attended by staff representatives from relevant areas in the establishment. The standing agenda was comprehensive and included a thorough analysis of security information reports (SIRs). Monthly security objectives were agreed through the appropriate consideration of intelligence. Links with other departments, such as the offender management unit, drug strategy committee and education department were very good.
- 1.51 A separate tactical tasking and coordinating meeting (the order and control meeting) was held each week. It was led by the security manager and attended by representatives of key areas in the centre. Its purpose was to consider tactical responses to priorities, with a particular focus on violent incidents (see also section on bullying and violence reduction). A review based on an analysis of received intelligence was presented by the analysts, and recommendations were either adopted and actions agreed, or not adopted. The amount of detail, particularly on individual detainees, was good and included recent custodial behaviour and historical background information.
- 1.52 The security department received an average of about 140 SIRs each month. These were processed and categorised by a full-time security analyst. Intelligence was communicated effectively to other areas of the IRC, particularly the violence reduction team (see also section on bullying and violence reduction) and the residential wings. We reviewed a random selection of SIRs; they had been submitted by staff from a wide range of departments and the

information reported had not been purely observational. All of the SIRs we looked at had been processed appropriately and without undue delay.

Rewards scheme

Expected outcomes:

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

1.53 Most detainees were on the enhanced level of the incentives and privileges scheme, and its formal processes were little used. It was primarily a system of sanctions.

1.54 The centre had an incentives and privileges scheme (IPS). In reality, this was a system of sanctions, with less emphasis on incentives to improve behaviour, which is inappropriate for a detainee population. However, the system was not used extensively and at the time of the inspection there were only three detainees on the standard level of privileges.

1.55 The IPS board reviewed incidents of poor behaviour. Detainees attended these boards and there was an appeal process. They could be demoted to the standard level of privileges for 21 days, with reduced access to the gym, centre shop and internet hub, and removal from work; targets were set and their behaviour was monitored. If poor behaviour continued, a further period of more intensive case management was put in place. The targets set at both stages were not sufficiently personalised to the detainee.

Recommendation

1.56 The rewards scheme should focus on incentive and reward rather than on penalising non-compliance.

Housekeeping point

1.57 Detainees reduced to the standard level of privileges should be set specific targets related to their behaviour.

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.

1.58 The number of incidents necessitating the use of force was high but this was inflated because of a few single acts of concerted indiscipline. Paperwork had generally been completed correctly and written accounts from officers usually gave assurances that force was used as a last resort. However, inappropriately for a detainee population, batons were carried and had been drawn. The environment in the separation unit was reasonable but toilets in some cells

were dirty and conditions in the Rule 42 cell were inadequate. Relationships between staff and detainees on the unit were good but the regime was poor. Use of separation was not excessive but authorisation by the UK Border Agency manager was not always based on a sufficiently thorough examination of the facts.

- 1.59 In the six months before the inspection, there had been about 75 incidents in which force was used; however, this included over 25 uses in response to three single acts of concerted indiscipline. About 80% of the latter had involved the use of full control and restraint techniques. These single incidents had been generally well managed. However, the drawing of batons by officers during an incident had been inappropriate, and the carrying of batons was inappropriate in an immigration removal centre.
- 1.60 The monitoring of use of force incidents by control and restraint instructors was generally good and quality checks of associated paperwork following incidents were effective. The paperwork we examined was generally correct and written accounts from officers usually gave assurances that force was used as a last resort. Formal links to the safer detention committee were poor. Information about the nature of the incident, its location, and the ethnicity and age of the detainee was collected but analysis to identify and deal with emerging patterns and trends had not been fully developed. Incidents were not discussed at safer detention meetings and information was not used to help to inform violence reduction strategies.
- 1.61 The separation unit was situated in a separate building within the main centre compound. Four cells were used to accommodate detainees under Rule 40 (removal from association), one designated cell was used to accommodate detainees segregated under Rule 42 (temporary confinement) and there was one gated cell that was rarely used.
- 1.62 The standard of accommodation on the unit was mixed. The central corridor was narrow but generally clean. Cells were reasonably clean and adequately furnished but the toilets in some were very dirty. Conditions in the Rule 42 cell were poor. It was unfurnished, apart from a slightly raised concrete plinth which was used as a bed. It had been used 17 times between August 2012 and January 2013 for appropriately short periods, at an average of about two hours.
- 1.63 There had been 101 cases of separation in the six months before the inspection. This number had been inflated by three separate serious incidents, which had accounted for more than 20 cases. The average length of separation was about two days, although a few detainees had been separated for about a week. Governance and management of the unit were good. However, we saw examples where UKBA managers had been over-reliant on staff accounts of incidents and had not always interviewed detainees before authorising separation.
- 1.64 Relationships between staff and detainees on the unit were good. Officers treated detainees respectfully and were clearly comfortable when dealing with them.
- 1.65 The regime was very limited. Detainees were permitted to keep their mobile telephone with them and were issued with a battery-powered DVD player. We were told that, following risk assessment, those on Rule 40 could attend activities such as the library and gym. In reality, this had not been offered and there was little other purposeful activity available. Detainees spent nearly all of the day locked in their cells with nothing meaningful to do.

Recommendations

- 1.66 Detainee custody officers should not carry batons.

- 1.67 The Rule 42 cell should be refurbished and redecorated.
- 1.68 Separation should only be authorised following a full examination of the facts of the case by the authorising manager.

Housekeeping points

- 1.69 Use of force data should be analysed to identify emerging trends and inform violence reduction strategies, and links between use of force and violence reduction staff should be strengthened.
- 1.70 Toilets in cells on the separation unit should be clean.

Legal rights

Expected outcomes:

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

- 1.71 The waiting list for legal advice surgeries was too long. The Refugee Action surgery was not sufficiently well promoted in the centre. Legal visits provision was adequate. There were fax machines on each of the units and mail was not opened unless there was specific intelligence requiring it.
- 1.72 In our survey, two-thirds of detainees said that they had a lawyer. UKBA staff asked detainees whether they had a lawyer during induction interviews, and those without legal representation were referred to the library to make an appointment for the twice-weekly legal advice surgeries. Seven law firms were contracted by the Legal Services Commission⁴ on a rota basis and 10 slots were available per session. However, the waiting time of three weeks was too long; nearly 40% of detainees stayed at the centre for two weeks or less. In one case, a detainee who was due to be removed on 11 March was given an appointment for 21 March. Posters with details of the Office for the Immigration Services Commissioner were displayed on units but there was no information about the Legal Ombudsman.
- 1.73 Up-to-date legal textbooks, country of origin reports and bail application forms were available in the library, and in our survey detainees reported positively on access to these. However, they were kept in the staff office and some detainees were unaware that they were stocked. Telephone links had been developed with Bail for Immigration Detainees, but no workshops were being delivered.
- 1.74 Refugee Action attended the centre weekly to assist detainees with assisted voluntary return applications, but this was not sufficiently well promoted, with only generic advice about the scheme and a national contact number for this organisation displayed on the units. Detainees had asked for wider publicity for this service in a detainee representative group. Legal visits arrangements were adequate; visits took place every weekday morning, with private interview rooms available for consultation. There were fax machines on each of the units, which detainees could use, free of charge. Neither legal nor other mail was opened unless there was specific intelligence suggesting a need.

⁴ The Legal Aid Agency superseded the Legal Services Commission shortly after the inspection on 1 April 2013.

Recommendation

- 1.75 Detainees should be able to obtain legal advice promptly and well in advance of removal dates.

Housekeeping points

- 1.76 Information promoting the services of the Legal Ombudsman should be available in a range of languages.
- 1.77 Detainees should be made aware that legal textbooks are held in the staff office.
- 1.78 The Refugee Action surgery should be widely publicised throughout the centre.

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.

- 1.79 Casework was not progressed sufficiently quickly in some cases, and the UK Border Agency (UKBA) was not sufficiently proactive in cases of detainee non-compliance. High risk of reoffending was consistently cited as a barrier to release by UKBA case owners, with no indication as to the basis of the judgement. UKBA induction interviews were reasonably well conducted but did not cover all pertinent information. The quality of Rule 35 initial reports was good and replies were prompt, but some did not address the issue of fitness for detention. We saw evidence of appropriate referral to the National Referral Mechanism for a victim of trafficking.
- 1.80 We saw evidence of some very long detentions; cumulative detention figures showed that 22 detainees had been held for more than a year, with the longest detention being almost three years. Some cases could clearly have been progressed more quickly, minimising the length and impact of detention.
- 1.81 In one case we looked at, a man had inexplicably been waiting six months for a decision from UKBA on legal representations he had made against deportation, and had been held in detention throughout that time. Another detainee, an Iranian national, had told UKBA in July 2012 that he wanted to return to Iran; at the time of the inspection he was still asserting his desire to return. He did not have a passport, so needed to obtain a travel document from the Iranian authorities. However, with no evidence of nationality, such as a birth certificate, and no family contacts to provide such evidence, the Iranian authorities refused to issue a travel document. UKBA maintained his detention and stated that the detainee was failing to comply, but had not used its powers of prosecution under section 35 of the Asylum and Immigration Act 2004 to deal with the non-compliance. This would have allowed a judicial decision on the level of cooperation and led to the detainee either being sentenced for his deliberate obstruction, or potentially being released on the grounds that there was no realistic possibility of removal. Instead, a 'stalemate' had developed, prolonging detention without a clear strategy for bringing

it to a conclusion. A second, similar case had resulted in a detainee remaining in detention for almost three years, with the attendant financial and psychological costs.⁵

- 1.82 A consistent issue cited in progress reports as a barrier to release in the cases of ex-foreign national prisoners was the high risk of reoffending. However, there was no indication that this judgement was based on a risk assessment undertaken by a trained professional such as a probation officer. In a detainee representative group held in October 2012, a detainee had asked if offending behaviour work initiated in custody could be continued in detention, as: *'if this has not been completed then the risk factor has not been lowered and this is being used against detainees when they attend immigration hearings'*.
- 1.83 The on-site UKBA contact management team did not make casework decisions but was responsible for inducting new arrivals and facilitating communication between detainees and their caseworkers. In our survey, 29% of detainees, similar to the comparator, said that it was easy to see immigration staff. The induction interviews that we observed were reasonably well conducted, with routine use of professional telephone interpreting services. However, bail rights were not explained, bail application forms were not provided and the facilitated return scheme and assisted voluntary return scheme were not explained, even though they were all on UKBA induction checklist. In addition, detainees were not asked directly for their next of kin details but rather: *'Do you have friends or family in the UK?'*, so that next of kin details may not have been recorded for those with family abroad.
- 1.84 Written reasons for detention were in English only and monthly progress reports were often identical, and always in English. At the time of the inspection, there were 39 overdue, and the local contact team had made efforts to chase them. A weekly UKBA surgery had been developed seven weeks before the inspection. Despite changing the time at which it was held, attendance had dropped from 21 detainees in week 1 to none in week 7, and staff were unsure why.
- 1.85 The quality of Rule 35 initial reports (relating to fitness to detain and experience of torture) was good; they were submitted regularly (102 between September 2012 and February 2013) and in some cases had led appropriately to the release of men who should not have been in detention. We were told that six detainees had been released as a result of a Rule 35 report since the centre had opened. It was difficult to confirm this number as caseworker responses, although generally prompt, were not consistently available in files. In one case there had been a delay of a week in getting the relevant manager to sign off the caseworker decision to release the detainee. In another, UKBA had treated the Rule 35 report as fresh representations for the detainee to remain in the UK on asylum and human rights grounds, and then refused to accept them. This approach failed to respond to the main issue in the Rule 35 process – whether the detainee was fit to be detained. We saw evidence of one detainee who had been referred to the National Referral Mechanism and subsequently granted temporary admission to the UK after being identified as a trafficking victim.

Recommendations

- 1.86 **Case owners should make clear the basis of their risk assessments relating to ex-prisoners, and UKBA should investigate with the National Offender Management Service how detainees could reduce this risk while in detention.**

⁵ This issue is noted in the report by HM Inspectorate of Prisons and the Independent Chief Inspector of Borders and Immigration in 2012, *The Effectiveness and Impact of Immigration Detainee Casework. A Joint Thematic Review*.

- 1.87 Detainees should have their bail rights explained, be given a bail application form and have the facilitated return/assisted voluntary return schemes explained during UKBA induction interviews.
- 1.88 Monthly progress reports should summarise key developments in detainees' cases and, along with written reasons for detention, be provided in a language the detainee understands.
- 1.89 UKBA should investigate why attendance at the drop-in surgery has dropped and act on the findings.
- 1.90 The issue of fitness for detention should be fundamental in all UKBA responses to Rule 35 reports.

Housekeeping point

- 1.91 UKBA should confirm detainees' next of kin during induction interviews, regardless of whether they are located in the UK or abroad.

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 Residential units were clean and well equipped but cellular accommodation was austere and unnecessarily locked at night. Outside areas were spacious and clean. Detainees had free access to showers and clean clothing. Cell call bells were answered promptly and detainees had keys to their rooms. Rules were not displayed on units. Access to property was delayed.
- 2.2 Residential units were bright and clean, although the corridors on units with cellular accommodation (Fry and Windsor units) were austere. Detainees' rooms were well furnished, with lockable cabinets, a wash basin, chair, table and television. All detainees had a kettle or free access to a water boiler to make hot drinks. Each spur of residential units had good association rooms and some limited food preparation facilities, which were adequate for making hot snacks. Heating was adequate. Most detainees said that units were quiet enough to sleep at night. Outside areas were spacious and clean.
- 2.3 All detainees had courtesy keys, enabling them to lock their rooms when away from them. On three units detainees were locked in their rooms at night, which was unnecessarily restrictive (see section on security and main recommendation HE.41).
- 2.4 Detainees wore their own clothes if they had them, and washing facilities on each unit were good. A good supply of clothing was provided for those who needed it. Detainees could wash their clothes easily and were able to shower every day. On the units where they were locked into cells, detainees' rooms had a toilet and shower. On the other units, shared toilets and showers could be used at any time and provided a decent level of privacy, although many were dirty. All detainees had access to cell call bells and they were answered promptly. Once a call bell was activated, if there was a delay in responding, a reminder was transmitted to staff from the control room.
- 2.5 Although detainees were provided with a written compact stating the rules of the establishment, these were not displayed on residential units. Staff did not generally overreact to breaches of the rules and action was taken only if there were repeated infractions. Although unit meetings to consult on the rules had been discontinued, consultation with detainee representatives was effective in keeping them under review (see section on staff–detainee relationships).
- 2.6 Detainees' property was stored safely in reception, and in our survey more than the comparator (60% against 52%) said that they could access it easily. However, during the inspection we found applications for access to property dating back two weeks which had not been dealt with.

Recommendation

- 2.7 Detainees should be able to access their property promptly.

Housekeeping points

- 2.8 Communal showers and toilets should be kept clean.
- 2.9 Centre rules should be displayed on the units in suitable languages.

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.

- 2.10 Staff–detainee relationships were mostly good. There was a good training package about immigration detention but it had not been delivered to all staff. Personal officer work was variable. Detainee consultation arrangements worked well.
- 2.11 In our survey, 77% of respondents (in line with the comparator) said that staff treated them with respect, and 70% (better than the 61% comparator) that they had a member of staff they could turn to if they had a problem; this was confirmed in our in-depth interviews with a small group of detainees. We saw mostly courteous and patient interactions during the inspection, although some detainees felt that staff lacked understanding of detainee issues.
- 2.12 There were some indications that relationships could be enhanced by improving the frequency of staff contact with detainees and their understanding of detainees' experiences. A comprehensive training package for staff about immigration detention and the backgrounds of detainees had been delivered but some staff told us that they had not received it or could not fully recollect the content.
- 2.13 All detainees were allocated a personal officer but in our groups and during our interviews, detainees' views about level of contact and helpfulness were mixed. Detainee files showed personal officer entries to be of variable quality; some were infrequent and cursory, whereas others showed a good knowledge of the detainee and considerable efforts to deal with problems.
- 2.14 Consultation with detainees was well developed. Community groups had been held on each residential unit but these had not been well attended. However, the monthly meeting with detainee representatives worked well and addressed issues positively, with evidence of improvements in response to detainees' concerns.

Recommendations

- 2.15 The immigration detention training package should be delivered regularly to all staff and developed further.
- 2.16 Personal officers should provide a consistent and high-quality service to detainees.

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.

2.17 The diversity equality action team effectively promoted diversity throughout the centre. Consultation was extensive but reactive. Professional interpreting services were well used. Most detainees were positive about equality and diversity at the establishment, but those with disabilities were under-identified and the promotion of support services for gay detainees was underdeveloped. Services for men over 50 were good but there was no focus on the needs of those under 21.

Strategic management

- 2.18 The centre's diversity policy was based on a needs analysis of the population and included all protected characteristics. There was a well-attended detainee and staff diversity equality action team (DEAT) meeting, which covered all the protected characteristics. It met bimonthly and was chaired by the centre manager. Detainees attended the meeting and had the opportunity to raise issues.
- 2.19 Monthly statistics were provided by each functional area about the potential impact of their work on each protected characteristic. Monitoring was carried out across a wide range of areas of the regime, including location, access to services, complaints, education, use of force and location in the care and separation unit. Analysis of each area was conducted for the DEAT to consider and any inconsistencies were investigated. There was some limited trend analysis using ethnic classifications against some functional areas, but there was no nationality monitoring, which would have been more useful for a foreign national population.
- 2.20 The DEAT was based in a drop-in centre, which was frequently used by detainees. The team was supported by two detainee representatives. However, this centre was due to close in April 2013. The team ensured that diversity and equality had a high profile through good promotion. There were dedicated television channels and cultural events, and information in many languages was available throughout the centre. Consultation meetings were held with groups of detainees from different nationality and ethnic groups; these were often held in response to issues raised rather than on a regular basis. We found no evidence that interpreters had been used in these meetings for the benefit of non-English speakers.
- 2.21 In our survey, non-English-speaking detainees reported positively across a range of indicators. Professional interpreting services were used frequently across the centre to communicate with detainees. The centre had some data on the extent to which each detainee spoke English and this was used systematically to inform decisions about when to engage interpreting services.

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

Recommendations

- 2.22 Monitoring should be developed by nationality and used to identify long-term trends.
- 2.23 There should be regular support and information groups for detainees with protected characteristics, which include interpretation for non-English speakers where necessary.

Protected characteristics

- 2.24 In our survey, most respondents were positive about their experiences across a range of indicators and most detainees we spoke to were generally satisfied with their treatment and the conditions at the establishment.
- 2.25 There had been a serious altercation between two groups of detainees in the previous year (see section on security), but at the time of the inspection there was no evidence of significant current tensions between different nationality or ethnic groups. This was supported by those we spoke to individually and in our groups. Discrimination information report forms (DIRFs) were available on each unit, in a number of different languages. Eight DIRFs had been submitted by detainees in 2012; they had all been investigated and dealt with appropriately. In our survey, fewer detainees than at comparator establishments said that they had been victimised because of their nationality.
- 2.26 There was a process to encourage men to disclose disabilities and to assess them for required support. However, although in our survey nearly a fifth of men identified themselves as having a disability, the centre was aware of only 12 such detainees. Personal emergency evacuation plans were prepared when necessary but there was no evidence that plans were reviewed as a detainee's condition changed. There were two adapted rooms in the centre, and we saw evidence of reasonable adjustments made, but there were no care plans for detainees with disabilities.
- 2.27 Seven gay detainees had disclosed their sexuality to the DEAT in the drop-in centre rather than through disclosure in reception. We had concerns that when the drop-in centre closed, staff would not become aware of new arrivals who were gay or bisexual. Gay detainees had been given some support from a diversity officer, but the promotion of support services was underdeveloped.
- 2.28 Men over 50 were identified on arrival and the DEAT met them individually. A support group for such detainees had recently taken place. We spoke to several older men and they were satisfied with the care they received.
- 2.29 Seven per cent of the population was aged under 21. While some data was collected on this group, there was no useful analysis of it to help identify and meet the specific needs of young adults.

Recommendations

- 2.30 Identification of detainees with disabilities should be improved. Care plans should be implemented to provide support, and personal emergency evacuation plans should be reviewed regularly.

- 2.31 Support services for gay detainees and young adults should be developed and promoted.
- 2.32 The needs of young adults should be systematically identified and met.

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.

- 2.33 Religious provision was mostly good, but there was no Sikh minister and the multi-faith room was too small.
- 2.34 In our survey, 59% of detainees, against the 52% comparator, said that they could speak to a religious leader of their own faith. Ministers in the religious affairs centre were proactive and an integrated part of the staff team.
- 2.35 The religious affairs centre had a welcoming environment and offered an appropriate range of weekly religious activities, as well as providing open access to detainees who preferred private contemplation. Christian and Muslim ministers were on site each weekday, supported by a number of sessional faith leaders. Ministers were available for all religions except Sikhism. Although the centre was actively recruiting to cover this post, Sikh detainees (of whom there were 42 at the time of the inspection) told us that the lack of a minister affected their ability to practice their faith.
- 2.36 There was one multi-faith room, which could be sectioned to provide two areas of worship. This venue was too small to hold the number of Muslim detainees who regularly attended Friday prayers. These detainees told us that the ablution facility was too small, and they had raised this with staff.
- 2.37 Consultation took place with detainees from different faith groups and led to appropriate action.

Recommendations

- 2.38 There should be provision for all detainees, including Sikhs, to practice their faith.
- 2.39 The multi-faith room should provide adequate space for worship and associated activity.

Complaints

Expected outcomes:

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

2.40 Detainees were generally satisfied with the complaints procedure. The informal resolution system was a good initiative.

2.41 In January 2013, the centre had undertaken a survey with detainees about complaints and had identified issues around knowledge of the complaints system. There were plans to promote the formal complaints system, to improve detainees' understanding. Nevertheless, in our survey more detainees than at comparator establishments said that it was easy to access formal complaint forms, which were readily available on all units in 15 languages.

2.42 An informal resolution system operated on all units. A log of issues raised was kept and responses were entered when an answer had been received. Good-quality assurance ensured that responses were timely. This approach meant that many issues which might have resulted in unnecessary use of the formal complaints system were dealt with more quickly and informally, and had also reduced the number of complaints submitted from 25 per month in April 2012 to the current 15 per month.

2.43 Locked complaints boxes were emptied daily by UKBA staff. Responses to formal complaints were timely, replies were polite and they generally addressed the issues raised. Monthly data were collected and used by the senior management team to analyse trends and patterns and take action where required.

Good practice

2.44 *The informal resolution system worked effectively to provide detainees with quicker resolution to problems, and had reduced the number of formal complaints submitted.*

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 could expect to receive elsewhere in the community.

2.45 Health services were very good and included an excellent environment and health promotion. There were robust clinical governance structures. Detainees were satisfied with the services provided. The management of lifelong conditions was reasonable but was hampered by the rapid turnover of detainees. Medicines management was good. Mental health services were limited but those that were available were good.

Governance arrangements

2.46 The service commissioner was NHS Lincolnshire and the provider was G4S Medical (G4SM). A health needs assessment and accompanying action plan completed in 2012 informed service delivery. There were regular, well-attended clinical governance and contract monitoring meetings. Adverse incidents were reported and reviewed, and learning from them was shared with staff and prompted service review. There were regular, comprehensive clinical audits and

there was good consultation with service users. The health care complaints process was advertised in several languages, and the 23 complaints that had been submitted in 2012 had been managed appropriately.

- 2.47 The health care team had a good skill mix and they were all in date with mandatory training. Nursing staff received regular performance reviews and clinical supervision, and had good access to appropriate training. There was 24-hour nursing cover and a daily GP clinic was provided by a G4SM salaried GP and regular GP locums. Detainees received a translated health care leaflet in reception and had easy access to services.
- 2.48 All health services staff received training on Rule 35 (relating to allegations of torture) from a senior nurse with considerable detention experience and a specialist qualification in transcultural psychiatry. Health services staff had a good awareness of the needs of detainees, and the interactions we observed were good, with extensive use of interpreting services. Staff used the wide range of clinical policies, including communicable disease management, adult safeguarding and information sharing.
- 2.49 The emergency equipment available was appropriate and checked regularly. There were automatic external defibrillators (AEDs) on each unit. Some detention staff were trained to manage medical emergencies but too few had been trained in the use of AEDs, and those we spoke to did not consider this to be their responsibility.
- 2.50 All health care rooms met required infection control standards. The waiting area was bright and welcoming, with extensive health promotion literature (including detainees' health care rights) in multiple languages. There were monthly targeted health initiatives, health promotion displays throughout the centre, a smoking cessation clinic and a weekly drop-in health promotion clinic, held in a dedicated well-resourced room. Condoms were freely available in the health care reception, the health promotion room and the diversity office. There was no older persons' lead member of staff, but there was a regular over-50s health clinic and access to mobility/health aids. Detainees had access to age-appropriate screening, and immunisation and vaccination programmes.

Recommendation

- 2.51 The centre manager should coordinate strategies for the training and deployment of detention staff to ensure a rapid appropriate response to medical emergencies.

Housekeeping point

- 2.52 A senior nurse should have responsibility for the overall care of older detainees and should ensure that all health services staff are trained to identify the social care needs of older detainees.

Good practice

- 2.53 *A comprehensive Rule 35 and torture training package was delivered to all health services staff.*

Delivery of care (physical health)

- 2.54 All detainees saw a nurse within two hours of their arrival, day or night, for a comprehensive health assessment. Nurses used translated assessment documents and telephone interpreting services for detainees with poor use of English. Consent to liaise with key services to ensure continuity of care was obtained. Those requiring follow-up care were referred promptly.
- 2.55 In our survey, 66% of respondents, against the 37% comparator, said that the quality of health services was good or very good. Detainees could attend the department twice daily to book appointments. They saw a nurse before seeing a GP, to ensure that they were seen by the most appropriate health professional, but some detainees we spoke to considered this as an attempt to stop them from accessing a doctor. There was a full range of primary care clinics. The monthly failure-to-attend rate was monitored and was 15% at the time of the inspection. Additional GP clinics had recently been added due to increased need. There was good out-of-hours and emergency medical cover. We found that detainees were seen appropriately, within acceptable time limits.
- 2.56 Each detainee had a paper clinical record, which was held securely, although we found patient information on desks in open health care offices. Records were completed to a good standard and regularly audited. Pre-printed care plans were used extensively, but were too complex and not individualised, although clinical records demonstrated more personalised care-planning.
- 2.57 There was a lifelong conditions register. Each registered nurse ran regular specialist clinics and patients received appropriately evidence-based care. However, because of the rapid turnover of detainees, many left the centre without being seen. Detainees who refused food and/or fluids were well identified and managed. There was no palliative and end-of-life care policy.
- 2.58 Detainees were appropriately referred for external hospital appointments. Few appointments were cancelled and waiting times were reasonable; however, handcuffs were used routinely at these times (see recommendation 1.9). Detainees were appropriately held at the centre on medical grounds to facilitate ongoing treatment.
- 2.59 In preparation for release, detainees were given photocopies of their clinical records and any of their remaining medication, and patients with HIV received three months of medication. The detainee's person escort record was kept with the medicines required for discharge, to ensure that medicines were not left behind. Anti-malarial medication was not provided but detainees who were immunosuppressed and returning to a high-risk area were given a free mosquito net.

Housekeeping points

- 2.60 Health care offices should be locked when not in use.
- 2.61 A palliative and end-of-life care policy should be developed in partnership with local services.

Pharmacy

- 2.62 Detainees received medicines in a timely manner; most were given in-possession following a comprehensive risk assessment. Patients were encouraged to reorder their medication when required. Detainees could access weekly pharmacist clinics, and patients prescribed four or

more medications or on complex prescribing regimes were referred for medication reviews. A pharmacy technician was available daily for advice and there were good relationships between the pharmacy and wider health care teams.

- 2.63 There was an appropriate prescribing formulary (a list of medications used to inform prescribing). Patient group directions (to enable nurses to supply and administer prescription-only medicine) were in advanced development. Medicines were stored appropriately in a clean, tidy pharmacy room, and stock ordering and rotation were good. There was some audit of medicine use, but it was limited by the lack of computerised prescribing.

Dentistry

- 2.64 Time for Teeth provided two dental clinics every weekend, including dental hygienist sessions as needed. The dental team maintained separate dental records. The dental suite was reasonable; equipment was appropriately maintained and instruments were sterilised off-site. Waiting times for assessment and treatment were satisfactory. Emergency dental services were available. We were unable to observe dental consultations during the inspection.

Recommendation

- 2.65 The dental team should consult and record in the detainee core clinical record.

Delivery of care (mental health)

- 2.66 Detention staff received brief mental health awareness training as part of their assessment, care in detention and teamwork (ACDT) self-harm monitoring training, and recent dementia awareness training had been provided at a full staff briefing, although this was insufficient to identify and support detainees with mental health problems.
- 2.67 Mental health services were stretched but of good quality. Two part-time primary registered mental health nurses (RMNs) provided mental health services for 40 patients. There was an open referral system. Urgent referrals were seen within 48 hours and routine referrals within 14 days. The RMNs attended most ACDT reviews to support the detainee and provide guidance to centre staff. There was no access to psychological therapies, groups or counselling. There was a pathway for managing severe mental health crisis through the community crisis team. Psychiatrist input was arranged on a case-by-case basis. Two detainees had been referred to Nafsiyat, an intercultural counselling service for brief intervention work. There was a wide range of guided self-help materials. Two detainees had been transferred to external mental health services within the Department of Health two-week transfer guidelines during the previous two years.

Recommendations

- 2.68 Custodial staff should have the appropriate training to recognise mental health problems and take appropriate action.
- 2.69 Patients should have access to a full range of timely support for mental health problems, including counselling, clinical psychology and group therapies.

Substance misuse

Expected outcomes:

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

- 2.70 Health services staff provided detoxification for detainees with substance dependence, but there was no other support available.
- 2.71 Lincolnshire Primary Care Trust commissioned G4SM to provide clinical drug services. First night treatment for drug- and alcohol-dependent detainees had started in October 2012 and was provided by health services staff. Clinical prescribing was flexible and reflected national clinical guidance. Detainees requiring detoxification were identified and managed well. The number requiring treatment was low and in most cases this was for alcohol. Mental health support was provided by the RMNs as needed. All health services staff had completed appropriate specialist substance misuse training.
- 2.72 In a local needs assessment, 50% of respondents had reported that it was difficult to get help with a drug problem at the centre. There were no ongoing education, group or individual sessions to help detainees to address their substance misuse and there was no general harm minimisation advice before release.
- 2.73 The centre managed regular small drug finds with proportionate security measures, staff education, good intelligence and police liaison. The drug strategy was reviewed annually, informed by a needs assessment, but focused on drug supply reduction and detoxification; there was insufficient emphasis on alcohol and treatment, and there was no action plan. The monthly drug strategy meetings had variable attendance, but benefitted from UKBA and local public health involvement.

Recommendation

- 2.74 Suitable drug and alcohol support that meets the assessed needs of detainees should be introduced.

Housekeeping point

- 2.75 The drug strategy should include alcohol and treatment, supported by an overall action plan outlining responsibilities, timescales and performance measures.

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.

2.76 Although extensive consultation took place, many detainees were critical of the quality and type of food. We found the food bland and uninspiring. The dining hall was too small. The cultural kitchen was a good initiative. Access to the shop and the range of goods on sale were limited.

2.77 Following a consultation with detainees, there had been a change from a pre-select menu to detainees choosing at the servery. The menu attempted to address the varied cultural requirements of the population at the centre but the catering manager said that this was difficult because of the large number of different nationalities and cultures. There were extensive consultation arrangements with detainees of many nationalities and faiths, and menus were changed regularly to meet needs. However, throughout the inspection, detainees told us that the food was of poor quality, bland and did not meet their needs, and that the menu was repetitive. We sampled the food and concurred with this assessment. An incident of concerted indiscipline on Christmas Day 2012, involving over 40 detainees, had been directly related to the quality of the food.

2.78 Most detainees ate in the communal dining hall but this was not large enough to accommodate everyone at one sitting. The centre operated a rotation system for attendance, which meant that the quality of the food waiting to be served could deteriorate by the time the last detainees attended the servery.

2.79 The servery was small and cross-contamination of food had been raised as an issue by detainees, although this had been addressed by the catering manager. The kitchen, although small, was clean and well maintained.

2.80 The centre operated a small cultural kitchen, which detainees could use to cook their own food twice weekly. Raw ingredients were supplied by the kitchen at no cost to detainees and they appreciated the opportunity to cook cultural food. The centre had advanced plans to extend this facility to each weekday from April 2013.

2.81 Detainees were able to make daily purchases from a small shop via a cashless system. The shop was very small, so the stock was limited, and it was not open for long enough. Many detainees said that the shop did not sell enough cultural items to meet their needs, and some items were expensive. Detainees who arrived with no monies were lent £5, which they had to pay back at a £1 a day. Those who arrived after the shop had closed were given a smoker's pack but there was no alternative for non-smokers. A range of goods was available from a catalogue, for which there was no administration fee for purchases.

Recommendations

2.82 The range and quality of food should be improved, and should be of consistent quality whenever detainees eat.

2.83 Detainees should have increased access to a shop with a wider range of items.

Housekeeping point

2.84 An alternative to a smoker's pack should be provided for late arrivals.

Section 3: Activities

Expected outcomes:

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

- 3.1 The centre offered a wide range of purposeful activity. Most detainees said that they had enough to do to fill their time. Recreational amenities were good. Learning and skills and work activity catered well for detainees remaining at the centre for extended periods. Teaching and learning in education sessions met detainees' needs, but take-up of some classes was low. There was an extensive choice of paid work available, although not all vacancies were filled. There was a wide range of workplace learning. Accreditation of educational achievements and workplace skills was readily available and well structured. Library provision was good and books in a range of languages were available. Fitness provision was of a good standard.
- 3.2 The centre offered a wide range of activities which met the needs of most detainees. In our survey, more than two-thirds of detainees, a substantially greater proportion than at other centres, said that there was enough to do to fill their time. Recreational amenities were good and catered well for detainees staying for a short time at the centre. Residential units were suitably equipped with facilities such as pool tables and table football. Detainees organised informal games of football and cricket in a multi-use outdoor area close to the residential units.
- 3.3 A wide range of learning and skills and work activity catered well for detainees remaining at the centre for extended periods. There were sufficient activity places for around 80% of the population. Although take-up was variable, around three-quarters of those staying at the centre for more than a fortnight were occupied at the time of the inspection, with 129 detainees in jobs and a further 40 or so in full-time education. A third of detainees responding to our survey said that they were taking part in education, compared with a fifth at other centres, and two-thirds said that they knew they could work if they wanted to, which was well above the proportion at comparator centres.
- 3.4 The timing of learning and skills and work activity was satisfactory. Most education and workshop-based provision took place in the mornings and afternoons on weekdays, although some jobs entailed working seven days a week. Nearly all provision was accessible for learners with mobility restrictions. Schedules were not routinely planned to allow detainees to combine work and education, but those wanting to take up this option were generally able to. Evening and weekend library and fitness sessions catered for detainees working or studying during weekdays.
- 3.5 The centre used a reasonable range of methods to promote activities. All detainees received information on what was on offer at their initial induction to the centre. Education staff provided a more detailed, personalised introduction to the jobs and learning available at a subsequent induction in the education building, although attendance at this was voluntary. Posters advertising classes were widely displayed in residential units, supplemented by information leaflets and booklets. A monthly newsletter included information about education and work. Tutors providing individual training to detainees in the residential units and workshops helped to publicise education classes. However, the take-up of education classes was low, at around 55% of capacity, and many work roles remained vacant. The centre's follow-up and engagement with detainees not participating in activities was not sufficiently systematic. The centre used a suitable range of methods to gather detainees' views through surveys and focus

groups. Nevertheless, the information this yielded was not consistently used in planning and improving activities.

- 3.6 Detainees were locked up for too long, and their movement around the centre was too restricted (see sections on security and residential units). When not locked up, detainees could move freely within the area where the residential blocks were sited. This allowed unimpeded access to the gym and outdoor recreation facilities, the internet suite, the shop and the library. The four training workshops and the education building were fenced off in an adjacent part of the centre. Although access was relatively straightforward, some detainees and education staff identified this as affecting the take-up of classes.

Recommendation

- 3.7 **The centre should investigate the reasons for low take-up of education classes and work vacancies, and act on the results.**

Housekeeping point

- 3.8 Detainee views should be consistently used in planning and improving activities.

Learning and skills

- 3.9 Education provision included classroom study in English for speakers of other languages, information and communications technology (ICT), computer-based art and design, business studies and music. Tutors provided individual English and mathematics tuition in residential wings to around 10 detainees.
- 3.10 All learning led to accreditation, primarily through certification from the education provider, Lincoln College, and in some instances enabled detainees to gain externally accredited awards. Learning programmes were well structured; most were divided into units, which detainees could complete within four weeks or less and which they could combine to form a full qualification. Most study was at levels 1 and 2, with progression in areas such as ICT to level 3.
- 3.11 Teaching and learning generally met detainees' needs. Tutors responded flexibly and effectively to the sometimes rapid turnover of detainees attending classes. Small class sizes ensured that detainees received individual coaching and made suitable progress. However, tutors sometimes relied too much on explanations and did not use question and answer techniques well enough to check and develop learners' understanding. Classrooms were welcoming, with colourful wall displays relevant to the subjects studied, or promoting diversity. Learning resources and furnishings were appropriate. Tutors were well qualified and had suitable expertise for their roles.
- 3.12 In four well-equipped workshops, instructors offered carefully planned on-the-job training in garment and other textile manufacturing, garden tool refurbishment and reprographics. Detainees learnt worthwhile vocational skills, progressed from simple to more complex activity, and gained units and certificates accrediting their skills.
- 3.13 There was extensive training in employability skills. Education staff regularly visited detainees in workshops, the hairdressing salon, work areas (such as the kitchens) and residential wings,

coaching them and accrediting skills, including timekeeping, team building and customer care. At the time of inspection, more than 25 detainees were enrolled in this provision.

- 3.14 Arrangements to assure and improve the quality of learning and skills were thorough and effective. Evaluative and self-critical self-assessment reports provided comprehensive coverage of purposeful activity across the centre. Associated quality improvement plans were detailed and appropriate. Observations of teaching and learning to monitor the quality of classroom learning were well established. Meetings of the centre's quality improvement group were regular and effective.

Housekeeping point

- 3.15 Education tutors should improve their use of questioning to check and develop learners' understanding.

Paid work

- 3.16 There was an extensive choice of paid work. In total, there were around 250 roles available, of which just over half were filled at the time of the inspection. Waiting lists were rare and where these existed, primarily for kitchen work, the number waiting was small and the wait was short.
- 3.17 Job application procedures were simple and required minimal form filling. However, the UK Border Agency reviewed all applications and in a small number of cases vetoed detainees' applications for non-compliance with the agency.
- 3.18 Training for those in work was good. All detainees received a brief induction to their role and could gain accreditation of their employability skills. In some areas, such as kitchen work, detainees worked towards vocationally related accreditation.
- 3.19 Detainees were generally content with their jobs. Even those in mundane roles, such as cleaning, valued the relief it provided from boredom and the modest pay they received.

Recommendation

- 3.20 **Detainees should not be prevented from taking up jobs because of non-compliance with UKBA.**

Library

- 3.21 Library provision was good. It was provided by Lincolnshire County Council, and was well used by detainees. The book stock was high in relation to the number of detainees at the centre, and around 60% was in languages other than English, with books in 44 languages and bilingual dictionaries in 66 languages. Detainees could order additional items through inter-library loans. The library stocked a suitable range of British and foreign newspapers and several hundred DVDs for loan, mostly in English.
- 3.22 The library was well organised, and opened six days and one evening a week. In our survey, more than 80% of respondents said that it was easy or very easy to go to the library, which was higher than the comparator. The librarian was experienced, well trained and enthusiastic. However, there was insufficient monitoring of stock loss and the computer-based library

management system had not enabled analysis of the popularity of books by language. The library was very cramped at peak times.

Recommendation

- 3.23** The library should effectively monitor stock and analyse the popularity of books by language to inform purchasing decisions.

Sport and physical activity

- 3.24** Fitness provision was good. Indoor facilities comprised a weights room, a well-equipped cardiovascular room and an adequately sized sports hall. Outside, there was an all-weather pitch and a multi-activity area.
- 3.25** Fitness staff were well qualified, and had good links with the centre's health care team to confirm that detainees were healthy enough to participate in fitness activities. Before engaging in such activity, detainees routinely attended a thorough induction provided by PE staff. Staff with pertinent training provided specialist remedial PE for individual detainees when requested by health services professionals.
- 3.26** PE sessions ran during the day and in the evenings on every weekday, and during the day at weekends. Three-quarters of detainees responding to our survey said that it was easy or very easy to go to the gym.
- 3.27** Clean PE kit was readily available. Showers in the gym area were appropriately supervised, although most detainees used facilities on the residential units.
- 3.28** Monitoring and analysis of attendance at PE were thorough, as were arrangements to record accidents and injuries. The centre took appropriate steps to monitor accident records and took action when necessary.

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 Good support was provided by the welfare team and the voluntary sector agency, Children's Links, and detainees could obtain assistance for complex needs.
- 4.2 There were six dedicated centre welfare staff plus one voluntary sector worker from Children's Links, and they provided good support. Initial queries into any pressing welfare issues were made in reception and on the induction unit, and in our survey 56% of detainees, against a comparator of 32%, said that they had been given assistance with these issues within the first 24 hours of arrival at the centre. The welfare team had received training from the Refugee Council, UK Border Agency (UKBA) and the Children's Links manager.
- 4.3 Welfare staff, wearing distinctive polo shirts, visited the induction unit daily to see detainees. The Children's Links worker also held a daily drop-in service, which was well attended. Records indicated that over 2,000 queries had been dealt with in 2012, with the two biggest concerns being family contact and immigration issues. Detainees were given help with a wide range of other problems, including the retrieval of property from a detainee's home or previous place of detention and closure of bank accounts before removal. We saw good examples of work to address complex welfare needs, such as negotiations with landlords to store detainees' property until it could be shipped overseas, and liaison with social services and the police to address a detainee's concerns about a child who had been left alone in the community. Telephone links had been developed with local support organisations, which provided advice on bail applications, judicial review and other key immigration issues.
- 4.4 Although the data collected by Children's Links was detailed, specific and included some evaluation of outcomes via detainee feedback, those collected by the centre were largely taken from the applications book and were less informative.

Housekeeping point

- 4.5 All welfare work should be recorded and its effectiveness evaluated.

Visits

Expected outcomes:

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

- 4.6 The visitors centre was welcoming, visitors were well treated and the visits room offered a pleasant environment. Visits were too short at weekends.
- 4.7 Social visits were available every day for two and a half hours, and were extended into the evening on two days during the week but not at weekends. The hours were short relative to most other centres, but visits took place on time and they appeared adequate for most detainees. In our survey, the proportion of detainees who reported that they had received a visit was in line with that at other centres, and they reported positively on their experience of visits.
- 4.8 There was a comfortable visitors centre outside the immigration removal centre, where visitors could wait and buy refreshments. It was managed by Children's Links, which also managed the booking system. Visitors told us that they were able to book visits easily and that they could also visit without making a booking.
- 4.9 There were some good services to support visitors. Children's Links provided family support advice, written information about visits in a range of appropriate languages and assistance with travel costs. The centre paid for taxis from nearby railway stations for visitors reliant on public transport. An active volunteer visitor group was also available for detainees who had no external social contact.
- 4.10 Visitors were treated with respect and subjected to minimal searching by staff who had been trained in respecting cultural sensitivities. There were lockers in which visitors could leave possessions during visits, and property for detainees could be handed in.
- 4.11 The visits room was large, well decorated and had comfortable seating. The atmosphere was relaxed. The different coloured seating designated for detainees was unnecessary and inappropriate. In addition, visitors were required to wear distinguishing wrist bands. An outside area was available for visits during good weather. There were no unreasonable restrictions on contact, and staff supervision was unobtrusive. There was a play area and a Children's Links child activity worker was available. Detainees could obtain a wide range of refreshments, including hot snacks. Children's Links collated feedback from visitors and prepared a report to identify possible improvements to visiting arrangements.

Recommendations

- 4.12 **Extended visits should be available at weekends.**
- 4.13 **Detainees should not be required to sit in different coloured seating and visitors should not have to wear identifying bands.**

Communications

Expected outcomes:

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

4.14 Detainees had ready access to telephones, email and the internet. Skype and social networking were not available.

4.15 Telephone access was reasonably good, and 70% of respondents to our survey said that it was easy to use the telephone. Detainees who needed mobile telephones were given them, although some told us that mobile telephone reception could be poor, despite the installation of a booster. The shop stocked only standard mobile network top-up cards and did not sell discounted telephone cards to enable cheaper international mobile calls. There were no payphones on the units, and the old prison PIN telephones were unused. A free letter and 10-minute telephone call were available weekly to those without money, and the centre had recently included information on this provision in the information booklet, to increase detainee awareness.

4.16 A suite of computers was available all day and into the evening, seven days a week, and detainees had good access to the internet and email, and could open email attachments. The centre appropriately vetted internet sites that detainees wished to visit, and a wide range of legal websites and foreign language news sites were accessible. However, social networking sites and Skype, which could have significantly improved family contact, were routinely blocked.

Recommendations

4.17 Detainees should have access to payphones and to discounted telephone cards for cheaper international mobile calls.

4.18 Detainees should only be prevented from accessing social networking sites and Skype on the basis of an individual risk assessment.

Removal and release

Expected outcomes:

Detainees leaving detention are prepared for their release, transfer, or removal. Detainees are treated sensitively and humanely and are able to retain or recover their property.

4.19 Pre-removal assessment was not systematic. Detainees being removed were not given the means to reach a safe final destination.

4.20 In the three months before the inspection, 74 detainees had been removed, 257 released and 755 transferred from the centre. A discharge questionnaire was undertaken in reception but detainees being released or removed were not systematically seen and assessed by welfare staff before leaving the centre to ensure that their needs had been met. However, detainees due to be removed received information about support services in their destination countries, printed from the International Organization for Migration website, and welfare staff also made efforts to research specific home country services for them on the internet.

4.21 Detainees with no means who were to be removed to their country of origin were not given financial support to ensure that they could reach their final destination, although suitable clothing and bags were provided. Those being released were given a small grant by the centre

if they required it. Although the orderly officer completed a basic paper risk assessment for detainees being served removal directions, there was no evidence of multidisciplinary planning for more complex removals involving UKBA and health services staff to address particular vulnerabilities. If allegations of assault were made by a detainee during the removal process, supported by medical evidence, UKBA did not delay the removal pending the police investigation. People were not routinely separated before removal and there was little use of force on removal.

Recommendations

- 4.22 Welfare staff should systematically assess all detainees before release or removal to ensure that their needs have been met.
- 4.23 Detainees should be provided with the means to reach a safe final destination.
- 4.24 Planning for complex removals of vulnerable detainees should be multidisciplinary, with input from all relevant departments.
- 4.25 If allegations of assault are made during removal, supported by medical evidence, the removal should be delayed pending the police investigation.

Section 5: Recommendations, housekeeping points and good practice

The following is a listing of recommendations and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report.

Main recommendation

To the centre manager

- 5.1 Detainees should not be locked into cells and should not be restricted to units in the early evening. (HE.41)

Main recommendation

To UKBA and the centre manager

- 5.2 All casework should be progressed promptly. The UK Border Agency (UKBA) should take proactive action when 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. (HE.42)

Recommendations

To UKBA

- 5.3 Restraints should not be used during escorts to outside medical or dental facilities unless identified as necessary, following an individual risk assessment. (1.9)
- 5.4 Separation should only be authorised following a full examination of the facts of the case by the authorising manager. (1.68)
- 5.5 Detainees should have their bail rights explained, be given a bail application form and have the facilitated return/assisted voluntary return schemes explained during UKBA induction interviews. (1.87)
- 5.6 UKBA should investigate why attendance at the drop-in surgery has dropped and act on the findings. (1.89)
- 5.7 The issue of fitness for detention should be fundamental in all UKBA responses to Rule 35 reports. (1.90)
- 5.8 Detainees should not be prevented from taking up jobs because of non-compliance with UKBA. (3.20)

Recommendation

To UKBA and the escort contractor

- 5.9 Detainees should not be subjected to excessive or overnight transfers around the detention estate. (1.8)

Recommendation**To UKBA and the centre manager**

- 5.10 Case owners should make clear the basis of their risk assessments relating to ex-prisoners, and UKBA should investigate with the National Offender Management Service how detainees could reduce this risk while in detention. (1.86)

Recommendation**To the escort contractor**

- 5.11 Detainees who require one should be allowed a toilet stop on long journeys. (1.7)

Recommendations**To the centre manager**

Early days in detention

- 5.12 Detainees should not be kept waiting on escort vans or in reception for long periods. (1.17)

Bullying and violence reduction

- 5.13 The violence reduction strategy should be fully implemented and overseen by well-attended violence reduction meetings that consider all forms of violence. (1.28)

Safeguarding (protection of adults at risk)

- 5.14 Safeguarding procedures and staff training should be developed, and links made with the local authority adult safeguarding board. (1.38)

Safeguarding children

- 5.15 All detainees claiming to be minors should undergo a Merton compliant assessment by social services. Assessment should be timely and release should follow promptly if the detainee is confirmed as a minor. (1.43)
- 5.16 All staff who may come into contact with minors should undertake child protection training. (1.44)

Rewards scheme

- 5.17 The rewards scheme should focus on incentive and reward rather than on penalising non-compliance. (1.56)

The use of force and single separation

- 5.18 Detainee custody officers should not carry batons. (1.66)
- 5.19 The rule 42 cell should be refurbished and redecorated. (1.67)

Legal rights

- 5.20 Detainees should be able to obtain legal advice promptly and well in advance of removal dates. (1.75)

Casework

- 5.21 Monthly progress reports should summarise key developments in detainees' cases and, along with written reasons for detention, be provided in a language the detainee understands. (1.88)

Residential units

- 5.22 Detainees should be able to access their property promptly. (2.7)

Staff–detainee relationships

- 5.23 The immigration detention training package should be delivered regularly to all staff and developed further. (2.15)
- 5.24 Personal officers should provide a consistent and high-quality service to detainees. (2.16)

Equality and diversity

- 5.25 Monitoring should be developed by nationality and used to identify long-term trends. (2.22)
- 5.26 There should be regular support and information groups for detainees with protected characteristics, which include interpretation for non-English speakers where necessary. (2.23)
- 5.27 Identification of detainees with disabilities should be improved. Care plans should be implemented to provide support, and personal emergency evacuation plans should be reviewed regularly. (2.30)
- 5.28 Support services for gay detainees and young adults should be developed and promoted. (2.31)
- 5.29 The needs of young adults should be systematically identified and met. (2.32)

Faith and religious activity

- 5.30 There should be provision for all detainees, including Sikhs, to practice their faith. (2.38)
- 5.31 The multi-faith room should provide adequate space for worship and associated activity. (2.39)

Health services

- 5.32 The centre manager should coordinate strategies for the training and deployment of detention staff to ensure a rapid appropriate response to medical emergencies. (2.51)
- 5.33 The dental team should consult and record in the detainee core clinical record. (2.65)

- 5.34 Custodial staff should have the appropriate training to recognise mental health problems and take appropriate action. (2.68)
- 5.35 Patients should have access to a full range of timely support for mental health problems, including counselling, clinical psychology and group therapies. (2.69)

Substance misuse

- 5.36 Suitable drug and alcohol support that meets the assessed needs of detainees should be introduced. (2.74)

Services

- 5.37 The range and quality of food should be improved, and should be of consistent quality whenever detainees eat. (2.82)
- 5.38 Detainees should have increased access to a shop with a wider range of items. (2.83)

Activities

- 5.39 The centre should investigate the reasons for low take-up of education classes and work vacancies, and act on the results. (3.7)
- 5.40 The library should effectively monitor stock and analyse the popularity of books by language to inform purchasing decisions. (3.23)

Visits

- 5.41 Extended visits should be available at weekends. (4.12)
- 5.42 Detainees should not be required to sit in different coloured seating and visitors should not have to wear identifying bands. (4.13)

Communications

- 5.43 Detainees should have access to payphones and to discounted telephone cards for cheaper international mobile calls. (4.17)
- 5.44 Detainees should only be prevented from accessing social networking sites and skype on the basis of an individual risk assessment. (4.18)

Removal and release

- 5.45 Welfare staff should systematically assess all detainees before release or removal to ensure that their needs have been met. (4.22)
- 5.46 Detainees should be provided with the means to reach a safe final destination. (4.23)
- 5.47 Planning for complex removals of vulnerable detainees should be multidisciplinary, with input from all relevant departments. (4.24)

- 5.48 If allegations of assault are made during removal, supported by medical evidence, the removal should be delayed pending the police investigation. (4.25)

Housekeeping points

To the escort provider

- 5.49 Written information for travelling detainees about what is going to happen next should be provided in a language which they can understand. (1.10)
- 5.50 Escort staff should give adequate notice of arrival. (1.11)

Housekeeping point

To UKBA

- 5.51 UKBA should confirm detainees' next of kin during induction interviews, regardless of whether they are located in the UK or abroad. (1.91)

Housekeeping points

To centre manager

Early days in detention

- 5.52 Detainees should not be locked in waiting rooms in reception unless there are specific individual risk factors. (1.18)
- 5.53 Detainees waiting in reception should be given food within a reasonable time of their last meal. (1.19)

Safeguarding children

- 5.54 Information on trafficking victims and the national referral mechanism should be included in the child protection policy. (1.45)

Rewards scheme

- 5.55 Detainees reduced to the standard level of privileges should be set specific targets related to their behaviour. (1.57)

The use of force and single separation

- 5.56 Use of force data should be analysed to identify emerging trends and inform violence reduction strategies, and links between use of force and violence reduction staff should be strengthened. (1.69)
- 5.57 Toilets in cells on the separation unit should be clean. (1.70)

Legal rights

- 5.58 Information promoting the services of the Legal Ombudsman should be available in a range of languages. (1.76)

- 5.59 Detainees should be made aware that legal textbooks are held in the staff office. (1.77)
- 5.60 The Refugee Action surgery should be widely publicised throughout the centre. (1.78)

Residential units

- 5.61 Communal showers and toilets should be kept clean. (2.8)
- 5.62 Centre rules should be displayed on the units in suitable languages. (2.9)

Health services

- 5.63 A senior nurse should have responsibility for the overall care of older detainees and should ensure that all health services staff are trained to identify the social care needs of older detainees. (2.52)
- 5.64 Health care offices should be locked when not in use. (2.60)
- 5.65 A palliative and end-of-life care policy should be developed in partnership with local services. (2.61)
- 5.66 The drug strategy should include alcohol and treatment, supported by an overall action plan outlining responsibilities, timescales and performance measures. (2.75)

Services

- 5.67 An alternative to a smoker's pack should be provided for late arrivals. (2.84)

Activities

- 5.68 Detainee views should be consistently used in planning and improving activities. (3.8)
- 5.69 Education tutors should improve their use of questioning to check and develop learners' understanding. (3.15)

Welfare

- 5.70 All welfare work should be recorded and its effectiveness evaluated. (4.5)

Good practice

Complaints

- 5.71 The informal resolution system worked effectively to provide detainees with quicker resolution to problems, and had reduced the number of formal complaints submitted. (2.44)

Health services

- 5.72 A comprehensive Rule 35 and torture training package was delivered to all health services staff. (2.53)

Appendix I: Inspection team

Nick Hardwick	Chief Inspector
Hindpal Singh Bhui	Team leader
Gordon Riach	Inspector
Beverley Alden	Inspector
Andy Lund	Inspector
Andy Rooke	Inspector
Deri Hughes-Roberts	Inspector
Elizabeth Tysoe	Health services inspector
Majella Pearce	Substance use inspector
Alastair Pearson	Ofsted inspector
Joe Simmonds	Researcher
Ewan Kennedy	Researcher
Amy Radford	Researcher
Lesley Young	HMIP observer

Appendix II: 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	26	7.1
22 years to 29 years	144	39.6
30 years to 39 years	122	33.5
40 years to 49 years	48	13.7
50 years to 59 years	18	5
60 years to 69 years	4	1
70 or over		
Total	362	100

Nationality Please add further categories if necessary	No. of men	%
Afghan	9	2.5
Albanian	4	1
Algerian	9	2.5
Angolan	1	.3
Bangladeshi	34	9.3
Belarusian	0	0
Cameroonian	3	0.8
China	15	4.1
Congolese	1	0.3
Ecuadorian	0	0
Estonian	0	0
Georgian	0	0
Ghanaian	9	2.5
Indian	73	20.1
Iranian	8	2.2
Iraqi	11	3
Ivorian	3	.8
Jamaican	8	2.2
Kenyan	0	0
Latvian	2	0.5
Lithuanian	0	0.3
Malaysian	1	0.3
Moldovan	0	0
Nigerian	13	3.6
Pakistani	69	19
Russian	1	0.3
Sierra Leonean	3	0.8

Turk	5	1.4
Ukrainian	0	0
Vietnamese	18	4.9
Zambian	0	0
Zimbabwean	7	1.9
Not stated	2	0.5
Other		
Bosnian Herzegovinian	1	0.3
British	1	0.3
Czech	1	0.3
Dominican	1	0.3
Dutch	1	0.3
Egyptian	1	0.3
Eritrean	4	1.1
Ethiopian	3	0.8
French	1	0.3
Gambian	4	1.1
Grenadian	1	0.3
Honduran	1	0.3
Libyan	3	0.8
Malian	1	0.3
Moroccan	2	0.5
Namibian	1	0.3
Nigerian	3	0.8
Polish	1	0.3
Portuguese	1	0.3
Ruanda	2	0.5
Somalia	5	1.4
South African	3	0.8
Sri Lankan	4	1.1
Sudanese	1	0.3
Syrian	2	0.5
Togolese	1	0.3
Trinidadian	1	0.3
Ugandan	1	0.3
Uzbekistan	1	0.3
Total	362	100

Religion/belief	No. of men	%
Please add further categories if necessary		
Rastafarian	3	0.8
Buddhist	8	2.2
Roman Catholic	10	3
Orthodox	0	
Christian and other Christian religion	53	14.6
Hindu	18	4.9
Muslim	169	46.4
Sikh	43	11.8
Agnostic/atheist	22	6

Unknown	39	11.1
No religion		
Total	362	100

Length of time in detention in this centre	No. of men	%
Less than 1 week	88	24.2
1 to 2 weeks	43	11.8
2 to 4 weeks	57	15.7
1 to 2 months	66	18.1
2 to 4 months	42	11.5
4 to 6 months	32	8.8
6 to 8 months	15	4.1
8 to 10 months	4	1.1
More than 10 months (please note the longest length of time)	15	4.1
Total	362	100

Detainees' last location before detention in this centre	No. of men	%
Community/Court	335	92
Another IRC	0	
A short-term holding facility (e.g. at a port or reporting centre)		
Police station		
Prison	27	8
Total	362	100

Appendix III: 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.

Choosing the sample size

At the time of the survey on 25–26 February 2013, the detainee population at Morton Hall Immigration Removal Centre (IRC) was 372. The sample size was 279. Overall, this represented 75% of the detainee population.

Selecting the sample

Questionnaires were offered to a sample of adult detainees available at the time of the visit. A liaison officer, supplied to us by the IRC, provided a list of all detainees in the centre and a sample was selected at random.

Completion of the questionnaire was voluntary.

Questionnaires were offered in 13 different languages, and interviews were carried out with any respondents with literacy difficulties. In total, one respondent was interviewed.

Methodology

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

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

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

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

Response rates

In total, 142 respondents completed and returned their questionnaires. This represented 38% of the detainee population. The response rate was 51%. In total, eight detainees refused to complete a questionnaire and 94 questionnaires were not returned or returned blank. We were unable to locate 35 detainees.

Eighty-eight questionnaires (62%) were returned in English, 12 (8%) in Bengali, 11 (8%) in Punjabi, eight (6%) in Urdu, five (4%) in both Chinese and Vietnamese, four (3%) in Arabic, three (2%) in Tamil, two (1%) in both Farsi and Hindi and one (1%) both in Pashto and Tigrinya.

Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2013 against comparator figures for all detainees surveyed in detention centres. This comparator is based on all responses from detainee surveys carried out in nine detention centres since April 2009.
- A comparison within the 2013 survey between the responses of non English speaking detainees with English speaking detainees.
- A comparison within the 2013 survey between the responses of detainees who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2013 survey between the responses of detainees who identify themselves as Muslim and non-Muslim detainees.

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

It should be noted that, in order for statistical comparisons to be made between the most recent survey data and those of the previous survey, both sets of data have been coded in the same way. This may result in percentages from previous surveys looking higher or lower. However, both percentages are true of the populations they were taken from, and the statistical significance is correct.

Summary

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

No questions have been filtered within the summary, so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary – for example, 'Not made a complaint' options across questions – may differ slightly. This is due to different response rates across questions, meaning that the percentages have been calculated

out of different totals (all missing data are excluded). The actual numbers will match up as the data are cleaned to be consistent.

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

Survey summary

Section 1: About you

Q1	Are you male or female?	
	Male	139 (100%)
	Female.....	0 (0%)
Q2	What is your age?	
	Under 18.....	1 (1%)
	18-21.....	15 (11%)
	22-29.....	52 (37%)
	30-39.....	50 (35%)
	40-49.....	18 (13%)
	50-59.....	4 (3%)
	60-69.....	2 (1%)
	70 or over.....	0 (0%)
Q3	What region are you from? (Please tick only one.)	
	Africa.....	30 (22%)
	North America.....	2 (1%)
	South America.....	4 (3%)
	Indian subcontinent (India, Pakistan, Bangladesh, Sri Lanka).....	69 (51%)
	China.....	7 (5%)
	Other Asia.....	12 (9%)
	Caribbean.....	4 (3%)
	Europe.....	3 (2%)
	Middle East.....	4 (3%)
Q4	Do you understand spoken English?	
	Yes.....	105 (75%)
	No.....	35 (25%)
Q5	Do you understand written English?	
	Yes.....	97 (72%)
	No.....	37 (28%)
Q6	What would you classify, if any, as your religious group?	
	None.....	6 (4%)
	Church of England.....	8 (6%)
	Catholic.....	6 (4%)
	Protestant.....	1 (1%)
	Other Christian denomination.....	12 (9%)
	Buddhist.....	6 (4%)
	Hindu.....	9 (6%)
	Jewish.....	2 (1%)
	Muslim.....	75 (54%)
	Sikh.....	14 (10%)
Q7	Do you have a disability?	
	Yes.....	25 (19%)
	No.....	106 (81%)

Section 2: Immigration detention

Q8	When being detained, were you told the reasons why in a language you could understand?	
	Yes.....	107 (79%)
	No.....	28 (21%)
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.....	83 (60%)
	Three to five.....	48 (35%)
	Six or more.....	7 (5%)
Q10	How long have you been detained in this centre?	
	Less than 1 week.....	18 (13%)
	More than 1 week less than 1 month.....	33 (24%)
	More than 1 month less than 3 months.....	41 (30%)
	More than 3 months less than 6 months.....	22 (16%)
	More than 6 months less than 9 months.....	11 (8%)
	More than 9 months less than 12 months.....	1 (1%)
	More than 12 months.....	12 (9%)

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.....	76 (55%)
	No.....	40 (29%)
	Do not remember	23 (17%)
Q12	How long did you spend in the escort vehicle to get to this centre on your most recent journey?	
	Less than one hour.....	10 (7%)
	One to two hours.....	28 (20%)
	Two to four hours.....	57 (41%)
	More than four hours.....	33 (24%)
	Do not remember	11 (8%)
Q13	How did you feel you were treated by the escort staff?	
	Very well.....	35 (25%)
	Well.....	55 (39%)
	Neither.....	30 (21%)
	Badly.....	10 (7%)
	Very badly.....	7 (5%)
	Do not remember	3 (2%)

Section 4: Reception and first night

Q15	Were you seen by a member of healthcare staff in reception?	
	Yes.....	121 (86%)
	No.....	14 (10%)
	Do not remember	6 (4%)
Q16	When you were searched in reception, was this carried out in a sensitive way?	
	Yes.....	84 (60%)
	No.....	40 (28%)
	Do not remember/ Not applicable	17 (12%)

Q17	Overall, how well did you feel you were treated by staff in reception?	
	Very well.....	37 (26%)
	Well.....	60 (42%)
	Neither.....	30 (21%)
	Badly.....	3 (2%)
	Very badly.....	7 (5%)
	Do not remember	5 (4%)
Q18	On your day of arrival did you receive information about what was going to happen to you?	
	Yes.....	58 (41%)
	No.....	67 (48%)
	Do not remember	15 (11%)
Q19	On your day of arrival did you receive information about what support was available to you in this centre?	
	Yes.....	84 (59%)
	No.....	44 (31%)
	Do not remember	14 (10%)
Q20	Was any of this information given to you in a translated form?	
	Do not need translated material	46 (33%)
	Yes.....	45 (32%)
	No.....	48 (35%)
Q21	On your day of arrival did you get the opportunity to change into clean clothing?	
	Yes.....	108 (77%)
	No.....	25 (18%)
	Do not remember	7 (5%)
Q22	Did you feel safe on your first night here?	
	Yes.....	90 (64%)
	No.....	38 (27%)
	Do not remember	12 (9%)
Q23	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)	
	Not had any problems	53 (40%)
	Loss of property.....	12 (9%)
	Contacting family.....	8 (6%)
	Access to legal advice.....	19 (15%)
	Feeling depressed or suicidal.....	39 (30%)
	Health problems.....	34 (26%)
Q24	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	
	Not had any problems	53 (42%)
	Yes.....	41 (33%)
	No.....	32 (25%)

Section 5: Legal rights and immigration

Q26	Do you have a lawyer?	
	Do not need one	11 (8%)
	Yes.....	90 (65%)
	No.....	37 (27%)
Q27	Do you get free legal advice?	
	Do not need legal advice	20 (15%)

	Yes.....	62 (46%)
	No.....	54 (40%)
Q28	Can you contact your lawyer easily?	
	Yes.....	70 (52%)
	No.....	16 (12%)
	Do not know/not applicable	48 (36%)
Q29	Have you had a visit from your lawyer?	
	Do not have one	48 (38%)
	Yes.....	36 (28%)
	No.....	43 (34%)
Q30	Can you get legal books in the library?	
	Yes.....	75 (56%)
	No.....	23 (17%)
	Do not know/not applicable	37 (27%)
Q31	How easy or difficult is it for you to obtain bail information?	
	Very easy.....	14 (11%)
	Easy.....	36 (27%)
	Neither.....	24 (18%)
	Difficult.....	27 (20%)
	Very difficult.....	20 (15%)
	Not applicable	12 (9%)
Q32	Can you get access to official information reports on your country?	
	Yes.....	39 (28%)
	No.....	65 (47%)
	Do not know/not applicable	33 (24%)
Q33	How easy or difficult is it to see the centre's immigration staff when you want?	
	Do not know/ have not tried	37 (28%)
	Very easy.....	19 (14%)
	Easy.....	20 (15%)
	Neither.....	27 (20%)
	Difficult.....	18 (13%)
	Very difficult.....	13 (10%)

Section 6: Respectful detention

Q35	Can you clean your clothes easily?	
	Yes.....	115 (83%)
	No.....	23 (17%)
Q36	Are you normally able to have a shower every day?	
	Yes.....	126 (91%)
	No.....	12 (9%)
Q37	Is it normally quiet enough for you to be able to relax or sleep in your room at night time?	
	Yes.....	97 (72%)
	No.....	38 (28%)
Q38	Can you normally get access to your property held by staff at the centre if you need to?	
	Yes.....	82 (60%)
	No.....	27 (20%)
	Do not know	28 (20%)

Q39	What is the food like here?	
	<i>Very good</i>	6 (4%)
	<i>Good</i>	34 (25%)
	<i>Neither</i>	42 (31%)
	<i>Bad</i>	21 (15%)
	<i>Very bad</i>	34 (25%)
Q40	Does the shop sell a wide enough range of goods to meet your needs?	
	<i>Have not bought anything yet</i>	19 (14%)
	<i>Yes</i>	60 (44%)
	<i>No</i>	58 (42%)
Q41	Do you feel that your religious beliefs are respected?	
	<i>Yes</i>	97 (71%)
	<i>No</i>	28 (21%)
	<i>Not applicable</i>	11 (8%)
Q42	Are you able to speak to a religious leader of your faith in private if you want to?	
	<i>Yes</i>	81 (59%)
	<i>No</i>	22 (16%)
	<i>Do not know/not applicable</i>	35 (25%)
Q43	How easy or difficult is it to get a complaint form?	
	<i>Very easy</i>	34 (24%)
	<i>Easy</i>	49 (35%)
	<i>Neither</i>	13 (9%)
	<i>Difficult</i>	8 (6%)
	<i>Very difficult</i>	7 (5%)
	<i>Do not know</i>	28 (20%)
Q44	Have you made a complaint since you have been at this centre?	
	<i>Yes</i>	29 (21%)
	<i>No</i>	98 (71%)
	<i>Do not know how to</i>	11 (8%)
Q45	If yes, do you feel complaints are sorted out fairly?	
	<i>Yes</i>	8 (6%)
	<i>No</i>	20 (15%)
	<i>Not made a complaint</i>	109 (80%)

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?	
	<i>Yes</i>	90 (70%)
	<i>No</i>	39 (30%)
Q48	Do most staff at the centre treat you with respect?	
	<i>Yes</i>	101 (77%)
	<i>No</i>	30 (23%)
Q49	Have any members of staff physically restrained you (C and R) in the last six months?	
	<i>Yes</i>	16 (14%)
	<i>No</i>	102 (86%)
Q50	Have you spent a night in the separation/isolation unit in the last six months?	
	<i>Yes</i>	21 (17%)
	<i>No</i>	102 (83%)

Section 8: Safety

- Q52 Do you feel unsafe in this centre?**
 Yes 38 (29%)
 No 95 (71%)
- Q53 Has another detainee or group of detainees victimised (insulted or assaulted) you here?**
 Yes 30 (25%)
 No 90 (75%)
- Q54 If you have felt victimised by a detainee/group of detainees, what did the incident(s) involve? (Please tick all that apply to you.)**
Physical abuse (being hit, kicked or assaulted) 6 (5%)
Because of your nationality 6 (5%)
Having your property taken 2 (2%)
Drugs 0 (0%)
Because you have a disability 2 (2%)
Because of your religion/religious beliefs 8 (7%)
- Q55 Has a member of staff or group of staff victimised (insulted or assaulted) you here?**
 Yes 24 (22%)
 No 87 (78%)
- 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 to you.)**
Physical abuse (being hit, kicked or assaulted) 3 (3%)
Because of your nationality 5 (5%)
Drugs 0 (0%)
Because you have a disability 2 (2%)
Because of your religion/religious beliefs 8 (7%)
- Q57 If you have been victimised by detainees or staff, did you report it?**
 Yes 20 (19%)
 No 8 (7%)
Not been victimised 80 (74%)
- Q58 Have you ever felt threatened or intimidated by another detainee/group of detainees in here?**
 Yes 17 (14%)
 No 105 (86%)
- Q59 Have you ever felt threatened or intimidated by a member of staff in here?**
 Yes 19 (15%)
 No 104 (85%)

Section 9: Health care

- Q61 Is health information available in your own language?**
 Yes 69 (51%)
 No 33 (25%)
Do not know 32 (24%)
- Q62 Is a qualified interpreter available if you need one during health care assessments?**
Do not need an interpreter/ Do not know 66 (50%)
 Yes 37 (28%)
 No 28 (21%)

Q63	Are you currently taking medication?	
	Yes.....	67 (51%)
	No.....	65 (49%)
Q64	What do you think of the overall quality of the health care here?	
	Have not been to healthcare	20 (15%)
	Very good.....	28 (21%)
	Good.....	46 (35%)
	Neither.....	16 (12%)
	Bad.....	9 (7%)
	Very bad.....	14 (11%)

Section 10: Activities

Q66	Are you doing any education here?	
	Yes.....	44 (33%)
	No.....	89 (67%)
Q67	Is the education helpful?	
	Not doing any education	89 (70%)
	Yes.....	35 (28%)
	No.....	3 (2%)
Q68	Can you work here if you want to?	
	Do not want to work	17 (13%)
	Yes.....	87 (68%)
	No.....	24 (19%)
Q69	Is there enough to do here to fill your time?	
	Yes.....	89 (69%)
	No.....	40 (31%)
Q70	How easy or difficult is it to go to the library?	
	Do not know/do not want to go	9 (7%)
	Very easy.....	73 (55%)
	Easy.....	37 (28%)
	Neither.....	6 (5%)
	Difficult.....	3 (2%)
	Very difficult.....	4 (3%)
Q71	How easy or difficult is it to go to the gym?	
	Do not know/do not want to go	21 (16%)
	Very easy.....	70 (53%)
	Easy.....	28 (21%)
	Neither.....	10 (8%)
	Difficult.....	1 (1%)
	Very difficult.....	3 (2%)

Section 11: Keeping in touch with family and friends

Q73	How easy or difficult is it to use the phone?	
	Do not know/ Have not tried	9 (7%)
	Very easy.....	52 (40%)
	Easy.....	40 (31%)
	Neither.....	12 (9%)
	Difficult.....	9 (7%)
	Very difficult.....	9 (7%)

Q74	Have you had any problems with sending or receiving mail?	
	Yes	26 (20%)
	No	75 (57%)
	Do not know	31 (23%)
Q75	Have you had a visit since you have been here from your family or friends?	
	Yes	64 (48%)
	No	68 (52%)
Q76	How did staff in the visits area treat you?	
	Not had any visits	38 (31%)
	<i>Very well</i>	28 (23%)
	<i>Well</i>	32 (26%)
	<i>Neither</i>	19 (15%)
	<i>Badly</i>	1 (1%)
	<i>Very badly</i>	6 (5%)

Main comparator



Detainee survey responses: Morton Hall 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

	Any percentage highlighted in green is significantly better	Morton Hall 2013	IRC comparator
	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		142	1127
SECTION 1: General information			
1	Are you male?	100%	88%
2	Are you aged under 21 years?	11%	11%
4	Do you understand spoken English?	75%	75%
5	Do you understand written English?	72%	68%
6	Are you Muslim?	54%	43%
7	Do you have a disability?	19%	15%
SECTION 2: Immigration detention			
8	When being detained, were you told the reasons why in a language you could understand?	79%	72%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	5%	8%
10	Have you been detained in this centre for more than one month?	63%	62%
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?	55%	34%
12	Did you spend more than four hours in the escort van to get to this centre?	24%	25%
13	Were you treated well/very well by the escort staff?	64%	55%
SECTION 4: Reception and first night			
15	Were you seen by a member of health care staff in reception?	86%	85%
16	When you were searched in reception was this carried out in a sensitive way?	60%	66%
17	Were you treated well/very well by staff in reception?	68%	59%
18	Did you receive information about what was going to happen to you on your day of arrival?	41%	32%
19	Did you receive information about what support was available to you in this centre on your day of arrival?	59%	35%
For those who required information in a translated form:			
20	Was any of this information provided in a translated form?	48%	23%
21	Did you get the opportunity to change into clean clothing on your day of arrival?	77%	59%
22	Did you feel safe on your first night here?	64%	49%
23a	Did you have any problems when you first arrived?	60%	71%
23b	Did you have any problems with loss of transferred property when you first arrived?	9%	15%
23c	Did you have any problems contacting family when you first arrived?	6%	20%

Main comparator

Key to tables

	Any percentage highlighted in green is significantly better	Morton Hall 2013	IRC comparator
	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?	15%	21%
23e	Did you have any problems with feeling depressed or suicidal when you first arrived?	30%	35%
23f	Did you have any health problems when you first arrived?	26%	27%
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?	56%	32%
SECTION 5: Legal rights and immigration			
26	Do you have a lawyer?	65%	69%
For those who have a lawyer:			
28	Can you contact your lawyer easily?	81%	71%
29	Have you had a visit from your lawyer?	45%	51%
27	Do you get free legal advice?	46%	41%
30	Can you get legal books in the library?	56%	40%
31	Is it easy/very easy for you to obtain bail information?	38%	31%
32	Can you get access to official information reports on your country?	28%	19%
33	Is it easy/very easy to see this centre's immigration staff when you want?	29%	24%
SECTION 6: Respectful detention			
35	Can you clean your clothes easily?	83%	75%
36	Are you normally able to have a shower every day?	91%	93%
37	Is it normally quiet enough for you to be able to sleep in your room at night?	72%	60%
38	Can you normally get access to your property held by staff at the centre, if you need to?	60%	52%
39	Is the food good/very good?	29%	28%
40	Does the shop sell a wide enough range of goods to meet your needs?	44%	39%
41	Do you feel that your religious beliefs are respected?	71%	71%
42	Are you able to speak to a religious leader of your own faith if you want to?	59%	52%
43	Is it easy/very easy to get a complaint form?	60%	52%
44	Have you made a complaint since you have been at this centre?	21%	28%
For those who have made a complaint:			
45	Do you feel complaints are sorted out fairly?	29%	21%

Main comparator

Key to tables

	Any percentage highlighted in green is significantly better	Morton Hall 2013	IRC comparator
	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?	70%	61%
48	Do most staff treat you with respect?	77%	74%
49	Have any members of staff physically restrained you in the last six months?	14%	14%
50	Have you spent a night in the segregation unit in the last six months?	17%	15%
SECTION 8: Safety			
52	Do you feel unsafe in this centre?	29%	40%
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	25%	27%
54a	Have you been hit, kicked or assaulted since you have been here? (By detainees)	5%	6%
54b	Have you been victimised because of your nationality since you have been here? (By detainees)	5%	9%
54c	Have you ever had your property taken since you have been here? (By detainees)	2%	6%
54d	Have you been victimised because of drugs since you have been here? (By detainees)	0%	3%
54e	Have you ever been victimised here because you have a disability? (By detainees)	2%	2%
54f	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	7%	5%
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	22%	21%
56a	Have you been hit, kicked or assaulted since you have been here? (By staff)	3%	5%
56b	Have you been victimised because of your nationality since you have been here? (By staff)	5%	8%
56c	Have you been victimised because of drugs since you have been here? (By staff)	0%	2%
56d	Have you ever been victimised here because you have a disability? (By staff)	2%	2%
56e	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	7%	4%
For those who have been victimised by detainees or staff:			
57	Did you report it?	71%	47%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	14%	19%
59	Have you ever felt threatened or intimidated by a member of staff in here?	16%	16%

Main comparator

Key to tables

	Any percentage highlighted in green is significantly better	Morton Hall 2013	IRC comparator
	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?	52%	33%
62	Is a qualified interpreter available if you need one during health care assessments?	28%	16%
63	Are you currently taking medication?	51%	44%
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?	66%	37%
SECTION 10: Activities			
66	Are you doing any education here?	33%	20%
For those doing education here:			
67	Is the education helpful?	92%	84%
68	Can you work here if you want to?	68%	54%
69	Is there enough to do here to fill your time?	69%	41%
70	Is it easy/very easy to go to the library?	83%	69%
71	Is it easy/very easy to go to the gym?	74%	71%
SECTION 11: Keeping in touch with family and friends			
73	Is it easy/very easy to use the phone?	70%	62%
74	Have you had any problems with sending or receiving mail?	20%	25%
75	Have you had a visit since you have been in here from your family or friends?	49%	48%
For those who have had visits:			
76	Do you feel you are treated well/very well by staff in the visits area?	70%	70%



Diversity analysis - Disability

Key questions (disability analysis) Morton Hall 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

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		25	106
4	Do you understand spoken English?	80%	76%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	8%	4%
10	Have you been in this centre for more than one month?	80%	58%
13	Were you treated well/very well by the escort staff?	67%	64%
15	Were you seen by a member of health care staff in reception?	88%	91%
16	When you were searched in reception was this carried out in a sensitive way?	68%	56%
17	Were you treated well/very well by staff in reception?	64%	71%
22	Did you feel safe on your first night here?	48%	68%
23	Did you have any problems when you first arrived?	59%	61%
23f	Did you have any health problems when you first arrived?	28%	27%
26	Do you have a lawyer?	64%	65%
33	Is it easy/very easy to see this centre's immigration staff when you want?	33%	28%
35	Can you clean your clothes easily?	96%	80%
36	Are you normally able to have a shower every day?	76%	94%
43	Is it easy/very easy to get a complaint form?	60%	63%
44	Have you made a complaint since you have been at this centre?	15%	22%
47	Do you have a member of staff you can turn to for help if you have a problem?	74%	71%
48	Do most staff treat you with respect?	87%	76%
49	Have any members of staff physically restrained you in the last six months?	16%	14%
50	Have you spent a night in the segregation unit in the last six months?	16%	17%

Diversity analysis - Disability

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
52	Do you feel unsafe in this centre?	29%	27%
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	20%	26%
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	26%	19%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	9%	16%
59	Have you ever felt threatened or intimidated by a member of staff in here?	18%	15%
62	Is a qualified interpreter available if you need one during health care assessments?	36%	25%
63	Are you currently taking medication?	61%	49%
66	Are you doing any education here?	50%	30%
69	Is there enough to do here to fill your time?	78%	67%
70	Is it easy/very easy to go to the library?	76%	84%
71	Is it easy/very easy to go to the gym?	72%	75%
73	Is it easy/very easy to use the phone?	68%	71%
74	Have you had any problems with sending or receiving mail?	32%	17%
75	Have you had a visit since you have been in here from your family or friends?	54%	49%



Key questions (non-English speakers) Morton Hall 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		35	105
8	When being detained, were you told the reasons why in a language you could understand?	71%	82%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	0%	7%
10	Have you been in this centre for more than one month?	56%	66%
11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	58%	53%
13	Were you treated well/very well by the escort staff?	58%	67%
17	Were you treated well/very well by staff in reception?	74%	68%
18	Did you receive information about what was going to happen to you on your day of arrival?	57%	37%
19	Did you receive information about what support was available to you on your day of arrival?	66%	58%
22	Did you feel safe on your first night here?	73%	62%
23	Did you have any problems when you first arrived?	48%	63%
26	Do you have a lawyer?	60%	67%
33	Is it easy/very easy to see the centre's immigration staff when you want?	27%	30%
35	Can you clean your clothes easily?	91%	82%
36	Are you normally able to have a shower every day?	97%	89%
43	Is it easy/very easy to get a complaint form?	54%	63%
44	Have you made a complaint since you have been at this centre?	16%	23%
47	Do you have a member of staff you can turn to for help if you have a problem?	68%	71%
48	Do most staff treat you with respect?	79%	76%
52	Do you feel unsafe in this centre?	37%	27%
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	39%	22%

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		
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	18%	23%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	12%	15%
59	Have you ever felt threatened or intimidated by a member of staff in here?	7%	18%
61	Is health information available in your own language?	45%	53%
62	Is a qualified interpreter available if you need one during health care assessments?	53%	21%
66	Are you doing any education here?	32%	34%
68	Can you work here if you want to?	62%	70%
69	Is there enough to do here to fill your time?	70%	69%
70	Is it easy/very easy to go to the library?	87%	82%
71	Is it easy/very easy to go to the gym?	66%	77%
73	Is it easy/very easy to use the phone?	87%	66%
74	Have you had any problems with sending or receiving mail?	10%	23%
75	Have you had a visit since you have been in here from your family or friends?	37%	53%



Diversity analysis - Religion

Key questions (religion analysis) Morton Hall 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

		Muslim detainees	Non-Muslim detainees
	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		75	64
4	Do you understand spoken English?	75%	77%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	7%	3%
10	Have you been in this centre for more than one month?	58%	69%
13	Were you treated well/very well by the escort staff?	63%	65%
15	Were you seen by a member of health care staff in reception?	84%	87%
16	When you were searched in reception was this carried out in a sensitive way?	57%	63%
17	Were you treated well/very well by staff in reception?	74%	63%
22	Did you feel safe on your first night here?	60%	69%
23	Did you have any problems when you first arrived?	62%	55%
23f	Did you have any health problems when you first arrived?	26%	25%
26	Do you have a lawyer?	63%	67%
33	Is it easy/very easy to see this centre's immigration staff when you want?	32%	23%
35	Can you clean your clothes easily?	77%	90%
36	Are you normally able to have a shower every day?	93%	89%
43	Is it easy/very easy to get a complaint form?	59%	60%
44	Have you made a complaint since you have been at this centre?	16%	26%
47	Do you have a member of staff you can turn to for help if you have a problem?	69%	73%
48	Do most staff treat you with respect?	77%	76%
49	Have any members of staff physically restrained you in the last six months?	14%	14%
50	Have you spent a night in the segregation unit in the last six months?	14%	20%

Diversity analysis - Religion

Key to tables

	Any percentage highlighted in green is significantly better	Muslim detainees	Non-Muslim detainees
	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		
52	Do you feel unsafe in this centre?	32%	25%
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	25%	24%
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	24%	17%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	14%	15%
59	Have you ever felt threatened or intimidated by a member of staff in here?	15%	17%
62	Is a qualified interpreter available if you need one during health care assessments?	23%	33%
63	Are you currently taking medication?	49%	52%
66	Are you doing any education here?	28%	37%
69	Is there enough to do here to fill your time?	71%	66%
70	Is it easy/very easy to go to the library?	80%	87%
71	Is it easy/very easy to go to the gym?	76%	71%
73	Is it easy/very easy to use the phone?	72%	67%
74	Have you had any problems with sending or receiving mail?	19%	22%
75	Have you had a visit since you have been in here from your family or friends?	40%	58%