

Report on an announced inspection of

Harmondsworth

Immigration Removal

Centre

11–15 January 2010

by HM Chief Inspector of Prisons

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Introduction

Harmondsworth immigration removal centre has had a troubled history. In 2006, we described Harmondsworth as the worst immigration removal centre we had inspected. Since then, inspections have charted slow but steady progress from this low point. This inspection showed that, while there was still more to be done, there had been demonstrable improvements in both culture and regime. However, the imminent opening of a new block, doubling the size of the centre and built to higher security prison standards, would pose a challenge to these improvements.

Detainees' first arrival in the centre was sometimes after excessive and unexplained movements around the detention estate. The reception area, though welcoming, was small and would be insufficient for an expanded population, and risk assessments needed improvement. Freedom of movement around the centre had lightened the atmosphere, and appeared to have contributed to a drop in incidents, use of force and separation. Detainees in general felt safe in the centre, but procedures for monitoring and preventing suicide, self-harm and bullying needed further development. Feelings of insecurity were strongly linked to uncertainty about immigration cases, not helped by lack of sufficient legal advice, limited contact with the immigration team and frequently uninformative reviews, which did not fully take into account evidence of mental ill-health or previous torture.

Relationships between detainees and staff were cordial, and improving. However, staff were not sufficiently proactive in supporting detainees and identifying their concerns, and there was insufficient use of interpretation. There was no evidence of tension or conflict among the many different nationalities and ethnic groups in the centre, though diversity structures were underdeveloped. Faith provision was good, and the chaplaincy provided both care and activities. Healthcare, however, was unacceptably poor – both in terms of the approach of healthcare staff and the quality and quantity of provision, particularly in relation to mental health, primary care and clinical governance. This requires urgent attention.

The range of available activities had increased, with enough work – some of it meaningful - for about a third of detainees, and opportunities for education. The art department was particularly good. However, work and education were inadequately promoted, and take-up was relatively low. There was good PE provision, though access was not effectively monitored.

The welfare team provided a good and much-needed service, but they were overstretched and sometimes redeployed. Detainees' access to the internet and to mobile phones had greatly improved contact with the outside world, though some internet sites were inappropriately blocked. Visits arrangements were good. Pre-discharge meetings were held for potentially problematic or risky removals, but there was no systematic process of pre-release assessment.

This is the most positive report we have issued on Harmondsworth. It reflects considerable work by managers and staff to improve the approach and provision at a difficult centre, with a mixed population, some of it very transient. This is to be commended. There is, however, further work to be done, both by the centre and the UK Border Agency.

We were also very concerned about the potential impact of the new building, about to be opened in June. This would provide prison-type accommodation, in small and somewhat oppressive cells - at odds with the atmosphere and facilities in the current centre. It would also double the population, making Harmondsworth the biggest removal centre in Europe. This

combination will pose a considerable challenge to managers in seeking to embed recent progress and run a single, safe and decent centre.

Anne Owers
HM Chief Inspector of Prisons

March 2010

Fact page

Task of the establishment

IRC Harmondsworth is a purpose-built, long-term centre where detainees are accommodated pending their case resolutions and subsequent removal from the United Kingdom.

Location

Harmondsworth, West Drayton

Contractor

GEO Group Limited, on behalf of the UK Border Agency

Number held

213

Certified normal accommodation (CNA)

251

Operational capacity

251

Escort provider

G4S, although GEO also manage some of the external escorts

Last inspection

17–21 January 2006

Brief history

IRC Harmondsworth opened in September 2001, under an eight-year contract to build and manage the centre was awarded to Kalyx, formally known as UKDS. On 28 June 2009, the contract to run and manage was won by the GEO Group. Following a second major disturbance in November 2006, the centre was partially out of commission and is currently being rebuilt. The original capacity of the centre was 501.

Description of residential units

IRC Harmondsworth consists of two house blocks, Cedar and Dove, accommodating 259 male detainees, mostly in two- or three-person rooms. There are also four cells in the care and separation unit (Detention Centre Rule 42) and up to 16 beds in the welfare and support unit (Detention Centre Rule 40), which are available for normal single accommodation when not in use for Rule 40.

Healthy establishment summary

Introduction

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

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

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

Activities – that detainees are able to be purposefully occupied while they are in detention

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

HE.2 Although this was a custodial establishment, we were mindful that detainees were not held because they had been charged with a criminal offence and had not been detained through normal judicial processes. In addition to our own independent *Expectations*, the inspection was conducted against the background of the Detention Centre Rules 2001, the statutory instrument that applies to the running of immigration removal centres. Rule 3 sets out the purpose of centres (now immigration removal centres) as being to provide for the secure but humane accommodation of detainees:

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

HE.3 The statutory instrument also states that due recognition will be given at immigration removal centres to the need for awareness of:

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

Safety

HE.4 Many detainees had experienced excessive and disorientating moves around the detention estate. The new reception area was welcoming but could not always cope with the number of detainees passing through. Not all detainees had first night risk assessments or received adequate induction. Freedom of movement around the centre had significantly improved the atmosphere in the centre. Use of separation had decreased, although some detainees were not returned to normal location at the

earliest opportunity. Detainees at risk of self-harm felt well cared for but there were some procedural gaps which were beginning to be addressed. There was little evidence of bullying and investigations were adequate, although there was no formal support mechanism for victims. Most detainees reported positively on feelings of safety and security in the centre. Access to legal representation was limited, and legal resources in the centre were poor. On-site immigration staff were not visible or proactive enough and most Rule 35 letters had received no replies. Outcomes for detainees against this healthy establishment test were reasonably good.

- HE.5** Most detainees reported reasonable experiences of escorts but reception staff often had little or no advance notice of arrivals. Some detainees reported long journeys without substantial food or sufficient comfort breaks. Overnight movements were common and many detainees had experienced excessive and unexplained moves around the detention estate. The UK Border Agency (UKBA) inappropriately required a presumption of handcuffing of those going out for escort, including medical escorts. The centre risk assessed handcuffing on escorts appropriately in most cases.
- HE.6** The new reception area was clean and bright, but too small to deal with the number of detainees sometimes arriving, and did not have sufficient information or reading material. Reception staff were respectful and helpful, but interpretation was not used in some cases of need. Facilities for private interviewing were not always used when detainees were imparting sensitive information. The initial risk assessment was limited and risk information from other centres or prisons was not used to inform initial assessments.
- HE.7** There were no first night interviews with staff on the units and in some cases first night checks on detainees had not been done or recorded. A number of detainees had not received induction, but this concern had recently been addressed and few detainees were missing it at the time of the inspection. However, induction was superficial in terms of information provided and did not take sufficient account of different language speakers. The induction leaflet was in translation and provided a reasonable amount of useful information.
- HE.8** Physical security was appropriate. The introduction of free flow had led to significant improvements in the atmosphere in the centre. The number of security information reports had dropped significantly in the previous six months and this may have been due to the limited interaction between residential staff and detainees. Analysis of security information was good, but few obvious trends had emerged. There was no routine strip-searching.
- HE.9** Use of force had reduced significantly over the previous six months. Documentation usually showed evidence of de-escalation, but sometimes lacked detail. Some recordings of uses of force were of poor quality, but they showed that appropriate procedures were generally followed. Health services staff saw detainees routinely after force was used and were present for all planned uses.
- HE.10** Separation had reduced over the previous six months. Collated statistics on length of separation did not include exact timings, so a precise picture could only be obtained by examining individual records. About a third of detainees held in temporary confinement had been separated for up to two days, some after they had ceased to be disruptive. In the previous six months, most uses of Rule 40 had been for less than 24 hours. The regime for separated detainees was adequate and included access to education and library facilities.

- HE.11** In the previous year, 49 detainees had claimed to be under 18 and most had been assessed and either released or returned to normal location within a few days. However, some waited long periods for an assessment and in one case for two months. Detainees whose age was disputed were appropriately risk assessed for access to the regime, rather than automatically isolated.
- HE.12** The number of self-harm incidents had increased and centre staff had managed some prolific self-harmers. There were no counselling services. Links had been developed with the Samaritans to offer one-to-one support but this was in its early stages. Detainees identified as being at risk of self-harm told us that they felt well cared for, but there was a lack of proactive support by residential staff. The safer custody meeting was poorly attended and there was no monitoring of trends or reflective discussion of incidents of self-harm. The safer custody manager had an overview of detainees who were at risk of self-harm and actively engaged with them. There had been some inappropriate use of detainees to interpret during assessment, care in detention and teamwork (ACDT) reviews. Some case reviews were not sufficiently multidisciplinary and the quality of care maps and entries was mixed. The quality assurance process had picked up these issues and this had resulted in some recent improvements. Not all staff accessed the daily briefing sheets containing information on those considered to be at risk.
- HE.13** There was little evidence of bullying. There were few violent incidents, despite a high population turnover. Both our survey and in-depth safety interviews were positive about the levels of safety in the centre. Investigations into identified bullying incidents were adequate. Allegations of bullying were taken seriously by staff and action was taken against perpetrators. There were no formal support arrangements for victims. There had been some incidents in the shop and games room, neither of which was well supervised. There was insufficient management data or analysis to help identify possible trends.
- HE.14** Many detainees, including the majority who were subject to the fast-track system, found it difficult to access legal advice and representation. Two legal surgeries were held each week, but they were oversubscribed, with delays of up to two weeks for a short appointment. Detainees reported a general lack of legal information; legal reference books in the library were out of date and there were no legal materials on the computers.
- HE.15** About 10% of detainees had been held in detention for more than six months. The longest detention was for over three years and there was no imminent prospect of removal in this case. Fast-track induction interviews did not adequately explain the asylum process, including timescales and rights. Fast-track immigration staff saw all relevant detainees but detainees found it difficult to access them subsequently. Local immigration staff saw most other detainees, but were not sufficiently proactive and visible. There was no local system for monitoring receipt of monthly review letters, some of which were late and/or uninformative. Some detainees did not receive bail summaries before hearings and there was no monitoring system to check this. In breach of legal confidentiality, correspondence sent to detainees from legal representatives was copied and placed on case files. Detainees reported that they had signed forms without understanding all of the contents. Of the 12 Rule 35 letters submitted in the previous two months, only three had received responses at the time of the inspection and they had not been followed up by on-site immigration staff. UKBA policy in relation to the detention of mentally ill people did not appear always to be followed.

Respect

- HE.16** Cleanliness in the centre was variable. Staff–detainee relationships were generally positive, but staff did not interact sufficiently with detainees and there was insufficient use of interpretation. Diversity structures were in the early stages of development and detainees with disabilities were not effectively identified. Not enough was done systematically to communicate with detainees who did not speak fluent English. Faith provision was excellent. Responses to complaints were not always thorough and sometimes defensive. There were significant concerns about health services management and provision, and this was the single biggest area of detainee complaint. The quality of food was variable. Outcomes for detainees against this healthy establishment test were not sufficiently good.
- HE.17** Cleanliness was variable on the units, and particularly poor in toilets and showers. The cleaning of rooms in between occupations was inadequate. There had been problems with the heating. Most rooms were large enough for two detainees but those used for three detainees were cramped. There were insufficient personal-issue room keys, and detainees either had to leave their doors open or ask staff to open them. Some detainees were smoking in some of the living accommodation without adequate challenge. Most television rooms were uncomfortable and uninviting. Centre-issue clothing was available for detainees on request, but there was a regular shortage of underwear and socks. Consultation arrangements were disorganised and issues were not always followed up. Residential notices were all in English.
- HE.18** Detainees reported respectful treatment from staff but limited interaction. The range of language skills among the staff group helped communication with some detainees, but for other groups there was insufficient use of professional interpreting services and no regular interpreter group sessions. Groups of staff were often found sitting in offices rather than interacting with detainees on the units. The computerised detainee management system had the potential to be a useful source of information, but history sheets contained little information. There was no care or personal officer scheme. Some staff entered detainees' rooms without waiting for an answer after knocking.
- HE.19** There was little evidence of racism or conflict between different nationality or ethnic groups. However, diversity structures were underdeveloped and the diversity policy had not been finalised. Staff received basic diversity training. There was inadequate nationality monitoring and the diversity manager had insufficient time to develop, promote and coordinate services across the diversity strands effectively. A quarter of those who responded to our survey said that they had a disability but only three had been identified by the centre. There was no care planning for detainees with disabilities.
- HE.20** Detainees reported positively on faith provision and had good access to well-maintained places of worship. There was easy access to a wide range of ministers, and services were well attended. Religious study classes were held every weekday evening. The chaplaincy team provided good pastoral and practical care, and worked closely with welfare officers. Members of the team also attended and contributed to relevant centre meetings. A number of religious celebrations had taken place and were welcoming to all.

- HE.21** The rewards scheme had been suspended because managers believed that it was not possible to provide sufficient differentiation between levels. There were provisional plans for differentiation of privilege levels by location after the expansion of the centre. However, there was a danger that location in the new units would be seen in terms of punishment or deprivation.
- HE.22** Not all complaints boxes were secure and some investigations into complaints were not thorough, especially where different issues were raised on one complaint form. Responses were usually polite, but often defensive, and not always based on thorough investigations. Quality checking by a senior manager had recently been introduced. All complaint replies were in English, even if the complaint had been submitted in another language. Responses were usually prompt for complaints dealt with by centre staff, but there was no tracking of complaints dealt with by the UKBA, and the centre was not informed of outcomes. The high number of complaints against healthcare had been investigated but no clear conclusions reached.
- HE.23** Detainee feedback on healthcare was poor. The approach of health services staff was often functional and brusque, and failed to deliver a responsive or caring service. There was no current health needs assessment. Overall clinical governance was weak. The existing paper healthcare data system was poorly managed. Clinical records were poor, with duplicate records and illegible entries. There was a good range of policies but these were undated. Interpretation was used during healthcare screening on arrival, but not in all cases of subsequent need. There was a lack of information-sharing protocols. Primary mental health needs were not adequately met. Primary mental health was largely dealt with by the GP, and the three registered mental health nurses had no dedicated time to address mental health needs. Psychiatric services were limited and there were no aggregated figures of those with mental health problems. There was no counselling service. There was little health promotion. There were some detainees with chronic diseases but limited structured management. There was a basic supply-only pharmacy service. The dentist attended weekly, for acute problems only.
- HE.24** The food was of variable quality and there was poor cultural variety. Options, including halal, were not properly labelled at the servery and there was a lack of understanding among some staff about cross-contamination issues. A limited number of detainees were employed in the kitchen and in serveries, but not to cook. The shop offered a growing range of items and was responsive to detainee requests for additional goods.

Activities

HE.25 Detainees had considerable freedom of movement around the centre and this allowed access to most activities. Provision of education was reasonable but promotion was poor and take-up low. There was sufficient paid work for the demand and some meaningful roles. The library was accessible but management of stock was poor. The gym provided a good service. Outcomes for detainees against this healthy establishment test were reasonably good.

HE.26 A number of detainees said that they were too worried and preoccupied by their cases to engage in activities. Management of activities had recently improved. Freedom of movement around the centre was good and it was much easier for

detainees to attend activities as a result of the freeflow system. The games room had insufficient equipment, was no longer monitored and had become a hotspot for aggressive behaviour.

- HE.27** There was enough work for approximately a third of the population. There were no waiting lists and some vacancies remained unfilled. All detainees were interviewed before appointment and allocation was fair. Pay rates were equitable. There was a wide range of jobs, many of which were mundane, but some were meaningful. Detainees working in the kitchen and servery had not had basic hygiene training before starting the role. The UKBA could veto appointments to work, which inappropriately mixed centre and UKBA roles.
- HE.28** Education accommodation was welcoming, clean and well decorated. Detainees' art work was well displayed throughout the centre. Only a quarter of detainees were participating in education at the time of the inspection. Attendance was adversely affected by changing staff shift patterns and lack of advertised times for classes. Current monitoring of participation was insufficient and did not allow analysis by individual user, or identify specific groups who did not participate.
- HE.29** Promotion of education was inadequate and many detainees did not know what was available. Learning resources in art were good and work was of a good standard. Tutors provided adequate individual coaching in information and communications technology and English for speakers of other languages. There was insufficient activity at weekends. The library and games rooms were available, but the internet room was not always open and there was no education.
- HE.30** There was an adequate range of newspapers and foreign language books in the library. The dictionary stock was limited because borrowed copies were not returned. The library's opening times were good, but it was not always staffed by a librarian. Book and DVD stock loss was high and there was no system to control this effectively. The range of easy reading and large print books was limited. Attendance monitoring was basic.
- HE.31** PE provided a wide range of activities, and there was a well-equipped gym, a sports hall and an outside courtyard area used for team games. A visiting tutor provided yoga sessions once a fortnight. The gym was open seven days a week. Detainees were regularly surveyed to determine their needs and interests, and gym staff were responsive to suggestions. Most PE staff were appropriately qualified. The monitoring, recording and analysis of participation was adequate, but the results were not compared with the population as a whole to determine if any groups were under-represented. There was no healthcare assessment for detainees before using the gym.

Preparation for release

- HE.32** Welfare provision was good, although welfare staff were overstretched. Visits provision was adequate. Access to telephones was good. Detainees had reasonable access to the internet but some websites and email providers were inappropriately blocked. Pre-removal strategy meetings were held for some detainees, but there was a lack of systematic pre-release assessment. Outcomes for detainees against this healthy establishment test were reasonably good

- HE.33 Welfare staff saw every detainee after arrival to assess needs. The team provided a good service, often using interpretation, and issues were diligently followed up. However, welfare staff were working under great pressure as a result of reduced numbers and were often redeployed. Unit staff did not take a sufficiently active role in performing basic welfare tasks. Workloads often built up over the weekend, when there was no welfare cover. Contacts and information had been lost at the changeover of contract and this had hindered the service provided, although links with outside groups were developing.
- HE.34 The visits area was adequate and the environment had been improved, but the supply of refreshments was unreliable. The new visits booking system was applied with appropriate flexibility. The level of searching in visits was appropriate, and staff made visitors feel welcome. Family visits were available, but there was little take-up. There was a reasonable amount of information for visitors, but no confidential telephone line.
- HE.35 Access to telephones was good, but calls could be expensive. Mail handling and fax transmission were well organised, but there were delays to incoming faxes. Internet access was reasonable but the range of websites accessible to detainees was unduly limited without adequate reason. Detainees had access to email only on hotmail accounts and were not able to open attachments.
- HE.36 Pre-discharge strategy meetings considered risk issues that could have hindered removal, and in some cases the care needs of detainees were also discussed. These meetings covered a small number of detainees only. While other detainees were assisted by welfare staff on an ad hoc basis before removal or release, this provision was not systematic. Some detainees were removed from association before removal, but this was on the basis of risk assessment only.

Main recommendations

- HE.37 Detainees should not be subject to excessive and unnecessary transfer around the detention estate without notice or explanation.
- HE.38 Reception staff should complete a formal risk assessment covering new arrivals' risk to themselves and others, which takes account of all documentation arriving with detainees, including prison records.
- HE.39 The centre should consult with the Legal Services Commission and local legal aid solicitors undertaking immigration work to facilitate better detainee access to legal advice and representation.
- HE.40 UKBA caseworkers should respond to a Rule 35 letter within the required two working days, with a response that recognises the full scope of the rule. The on-site immigration team should follow up late responses promptly.
- HE.41 All health services staff should undertake communication skills training which includes awareness of the emotional and physical consequences of being an immigration detainee.
- HE.42 A comprehensive health needs analysis (including mental health) should be undertaken and services mapped against it.

- HE.43 Clinical governance meetings should take place at least quarterly and demonstrate evidence of review and action related to clinical incidents, serious untoward incidents, complaints, staff training and other service quality indicators.
- HE.44 All detainees for whom release or removal is planned should receive a pre-release assessment of need, with actions following where appropriate.
- HE.45 The centre should take steps to promote and increase the take-up of activities, including education.
- HE.46 Staff should be encouraged to interact proactively with detainees and a care of personal officer scheme should be introduced.

Section 1: Arrival in detention

Expected outcomes:

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

Escort vans and transfers

- 1.1 Detainees experienced excessive movements around the immigration detention estate, often with little notice or explanation, and many transfers took place overnight, adding to their stress and disorientation. Detainees said that they were generally well treated by escorting staff but many had not been offered comfort breaks. Those arriving from police custody were not accompanied by police custody records.
- 1.2 We observed polite and respectful interactions between escorting staff and detainees, and good working relationships between escorting and reception staff. Despite this, reception staff told us that escorting staff rarely telephoned to give them advance notice of their arrival or to let them know who they were carrying.
- 1.3 The escorting vehicles we examined were clean and carried hygiene packs, water and snack packs. Most also carried sandwiches, although two vans had only two packs of sandwiches which were not suitable for a wide range of diets.
- 1.4 In our focus groups, detainees said that they had long journeys without comfort breaks, although most had been offered a sandwich and water. Escort records rarely showed comfort breaks between places of detention, despite journeys in excess of two and a half hours – in one case, six hours.
- 1.5 In the previous three months, most new arrivals, 68%, had been transferred to Harmondsworth from another immigration removal centre, a further 21% came from short-term holding facilities or reporting centres, 9% had been held at a police station and 2% arrived from prison.
- 1.6 In the sample of cases we examined, none of the detainees who had arrived from police custody had copies of the police custody records attached to the IS91 authority to detain notification. Escorting staff said that they did not realise that they should request this information when collecting detainees from police custody.
- 1.7 In our survey, 20% of respondents said that they had been held in six or more places of detention, against the comparator of 8%. We reviewed records of 50 detainees and found many examples of detainees being moved from centre to centre, often over short periods. In one case, a detainee had been in four places of detention in nine days.
- 1.8 Detainees were given little notice of planned transfers between centres. Movement notices were frequently issued on the day of transfer, and some were not conveyed to the detainee straightaway. In one case, the movement order indicating that a detainee was due to be transferred to another centre was received at 1.15pm on the day of transfer but the detainee was not informed until 7.30pm – 15 minutes before he was moved to reception. This gave him little time to pack his belongings, inform family, friends or legal advisers, or to say goodbye to friends in the centre. Detainees also frequently had no idea why they were being transferred,

as the reasons detailed on some movement orders provided little explanation. They were not given written information about the centre they were being moved to. Many transfers took place overnight, with detainees leaving and arriving very late at night or in the early hours of the morning.

- 1.9 Detainees were not routinely handcuffed for an escort to outside appointments. An individual risk assessment was carried out before every escort. We examined 30 records. In 50% of cases, the risk assessment concluded that the detainee should be cuffed. In many cases, the only explanation for using handcuffs was that the detainee had not been escorted by the centre previously and the risk was marked as unknown. In other cases, the decisions lacked consistency – some detainees recorded as low risk were cuffed while others were not. The centre had received guidance from the UK Border Agency (UKBA) that detainees should be handcuffed when escorted, except where health services professionals said that there were medical contraindications.

Recommendations

- 1.10 Detainees should not be transferred between centres overnight.
- 1.11 Copies of police custody records should be attached to the IS91 authority to detain notification when a detainee is transferred from police custody.
- 1.12 Escort vehicles should carry sufficient food for detainees, with a range suitable for different diets.
- 1.13 Detainees should be given comfort breaks on journeys of over two and a half hours.
- 1.14 Escorting staff should contact the centre to give advance notice of their arrival time and details of who they are carrying.
- 1.15 Detainees should be given as much notice as possible of any transfer.
- 1.16 Detainees being transferred should be given written information about the centre they are going to.
- 1.17 Detainees should only be handcuffed during an escort if a risk assessment indicates a specific increased risk of escape or to the safety of the public or staff.

Reception

- 1.18 A new reception area had recently opened. Although it was clean and bright, the arrivals area was not large enough and it had no showers. Reception staff treated detainees with respect, but rarely used professional interpreting services. Risk assessments were too limited and did not make use of all available information. A health services professional saw all new arrivals. There was no translated information in reception about the centre or the reception process.
- 1.19 A new reception had opened just days before the inspection and staff were still getting used to the environment. Reception was open 24 hours a day and detainees arrived at all times of the day and night. Four staff were detailed to work in the area, normally two in departures and two in the arrivals area.

- 1.20 The new area was clean and bright. Departures were on the ground floor and arrivals on the first floor, with a lift for detainees with mobility problems. The departures area had an open waiting area with seating and a television, with a large open hatch from the staff office with good staff observation. There was also a small waiting room and toilet facilities, including a toilet adapted for users with disabilities.
- 1.21 The arrivals area had a small central waiting area with seating in front of the staff desk. There were also two small windowless waiting rooms with bench seating. One contained the only toilet, which was not fully screened from the waiting area. Both these areas were bare and institutional. We observed that detainees were invited to use the central waiting area, with free access to the waiting rooms and toilet.
- 1.22 The central arrivals area had a low table and facilities for making drinks. There was also a television, but this was above the seating area, which made it difficult to see the screen. There were no newspapers, magazines or books in English or other languages. There were several UKBA leaflets about detention and information from the London Detainee Support Group in different languages, but no information about reception procedures or the centre's facilities. Notice boards displayed some limited information about safer detention, sources of information and advice, and details of voluntary work available in the centre, but these were in English only.
- 1.23 A second holding area consisted of a single waiting room with bench seating and a small foyer with seats and a television. This area was meant to hold detainees after they had completed reception procedures and were waiting to be moved to their first night accommodation, but it was difficult for staff to supervise, as it was separated from the main arrivals area. In practice, detainees were usually taken to their accommodation as soon as they had completed the reception process.
- 1.24 There were no shower facilities in the reception area and detainees had to wait until they reached their first night accommodation before they were able to shower. This was a particular concern for detainees who had been held in police custody or in short-term holding facilities without access to shower facilities, sometimes for days.
- 1.25 During the inspection, we noted that the arrivals area quickly became crowded with as few as six detainees. In the three months to November 2009, there were an average of 221 arrivals and 223 discharges a month.
- 1.26 On arrival, reception staff checked the identity of the detainees and the details on the IS91. Detainees were offered a hot drink and told to help themselves to more drinks whenever they wished. Those who arrived after the canteen was shut were offered sandwiches or a hot meal. However, during the inspection, detainees arriving during the day were not always offered any food.
- 1.27 After they were booked in, detainees were taken into the separate search area, where they were given a rub-down search and their property was searched and logged. The searching we observed was conducted in a relaxed and respectful manner. Detainees could store property in the property store and any valuables in the safe. They were given a behaviour compact, available in most languages spoken by detainees, which they were asked to sign.
- 1.28 Detainees without clean or sufficient clothing were offered two sets of clothes. They could keep their own mobile telephone and SIM card as long as it did not have a camera or internet access. Those without a suitable telephone were loaned a mobile. If detainees had no credit, we were told that they were given a free call in reception to inform their family, friends or legal

advisers of their arrival. However, in our survey, only 37% said they had received such a call, significantly worse than the comparator of 68%.

- 1.29 Although there was a separate interview room, we observed that not all detainees were seen in private. Reception staff told us that they used the room if reception was very busy or if they believed the detainee was vulnerable. It had been equipped with a telephone with a dual handset to facilitate telephone interpreting, but this disappeared during the inspection and could not be located. Staff indicated that they would use telephone interpretation if they had any concerns about a detainee but that detainees usually knew some English and made themselves understood by using sign language. On two occasions during the inspection we noted that staff did not use interpretation, even when it was clear that the detainee's grasp of spoken English was poor.
- 1.30 Reception staff checked any risk information noted on the IS91 and any accompanying documents. Prison records were sometimes transferred with the detainee, but reception staff told us that prison core and security records were often sent directly to the centre's security department, so they did not have the opportunity to consider any risk information in them in the initial risk assessment.
- 1.31 Reception staff asked new arrivals basic questions relating to their risk to others and their suitability to share accommodation. Any concerns were noted on the computerised detainee management system (DMS) and relayed to managers, who could place the detainee in a single room or in separation in the event of serious concerns. Reception staff did not complete a formal risk assessment to assess the detainee's vulnerability or risk to themselves, but if they had any concerns they contacted the duty manager and opened an assessment, care in detention and teamwork (ACDT) self-harm monitoring form if necessary.
- 1.32 After reception staff had completed their procedures, a nurse saw all new arrivals for an initial healthcare screening in a separate reception healthcare room.

Recommendations

- 1.33 The reception area should be equipped with shower facilities.
- 1.34 The toilet should be fully screened from the waiting area.
- 1.35 All new arrivals should be given information leaflets about reception procedures and the centre in their own language.
- 1.36 All new arrivals should be offered a hot meal.
- 1.37 All detainees should be offered a free telephone call on arrival and this should be documented.
- 1.38 Interpretation should be used to communicate with detainees who are not fluent in English.

Housekeeping points

- 1.39 Televisions should be located where they can be seen by detainees.
- 1.40 The reception area should have reading material in different languages for waiting detainees.

First night and induction

- 1.41 There was no formal first night interview, and first night checks on new arrivals were sometimes missed or not recorded. Induction consisted of a tour of the centre and a brief talk. Apart from a short leaflet, none of the induction information was translated and the process was generally inadequate for non-English speakers.
- 1.42 The first night accommodation was on Dove unit. Officers on the unit greeted new arrivals, showed them to their accommodation and gave them fresh bedding. If possible, they located them with or near detainees of the same nationality and introduced them to detainees who spoke the same language.
- 1.43 Unit staff could access the limited room-sharing assessment on the DMS completed in reception and were informed if reception or health services staff had opened an ACDT document, but did not interview detainees themselves or complete any risk assessment.
- 1.44 In our survey, respondents who did not speak English were significantly more negative than English speakers about the information they received on their first day. Only 10% of non-English speakers said that they had received information about the support available to people feeling depressed or suicidal on their day of arrival, which was significantly below the response of 34% for English speakers. However, 57% of all respondents said that they felt safe on their first night, which was similar to the comparator of 51%.
- 1.45 The centre's procedures stated that all detainees should be checked by staff twice during their first night. On some records, there was no evidence of checks having been done.
- 1.46 Detainees were informed by text message that they had induction. Induction staff, assisted by detainee 'Friends', collected them from Dove unit and took them to the induction room in the world faith area. The room displayed posters and leaflets with a range of information about detention, the complaints procedures and sources of assistance, such as the London Detainee Support Group. Detainees were given an information leaflet about the centre, which was available in a range of languages.
- 1.47 The induction officer gave detainees a tour of the centre. If detainees were unable to understand English, detainee Friends or other detainees were sometimes asked to interpret but, in the absence of a member of staff or detainee who spoke the same language, the information was conveyed by sign language. A PowerPoint presentation with basic information about the centre was available, but it was only in English and staff said that they often found it easier to give the information to detainees during the tour. We spoke to one detainee who had arrived the previous day but had bought his own lunch as he did not understand that meals were provided free in the canteen. Detainees told us that they had obtained most information about the centre from other detainees.
- 1.48 The induction officer noted on the DMS when each detainee completed induction. We noted from the computer records that not all detainees had received induction. The centre's own checks indicated that in October and November 2009, a substantial number of records did not indicate whether the detainee had received induction. Managers had taken steps to ensure that staff recorded completion of induction on the system, and that any detainees who missed induction on the day after arrival were followed up. Records for January 2010 showed a substantial improvement.

- 1.49 In addition to the main induction, the duty welfare officer saw all new arrivals as soon as possible. The team planned to see all new arrivals within their first 24 hours, but this was not always possible (see section on welfare).

Recommendations

- 1.50 Staff on the first night unit should interview detainees individually in private to identify any concerns and complete an assessment of risk, including of self-harm and suicide.
- 1.51 All detainees should be checked at least twice on their first night, and the checks should be recorded.
- 1.52 All detainees held in the centre for more than 24 hours should be given a full induction, using translated material and interpretation wherever necessary.

Section 2: Environment and relationships

Residential units

Expected outcomes:

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

Family accommodation is child friendly.

2.1 The environment was clean and well maintained, except for the toilets and showers in the accommodation areas. There were problems with ventilation in the rooms. Most accommodation was shared, some rooms by three detainees. There were not enough personal issue keys. Detainees smoked in some of the living accommodation. TV rooms were uninviting, but there were more pleasant living rooms. Residential staff were unaware of personal evacuation plans for detainees with mobility problems, but were aware of those who needed assistance. Consultation arrangements were disorganised and residential notices were all in English. Centre-issue clothing was available, but there was a regular shortage of underwear and socks.

Accommodation and facilities

2.2 Living accommodation was light and in a reasonable state of repair. Staff undertook daily fabric checks of rooms. Some rooms were dirty and unoccupied rooms were not always cleaned before new occupants were placed there. Where rooms were dirty or untidy, this was noted and sometimes mentioned to the detainee.

2.3 There had been recent problems with heating, although this had improved and detainees' rooms were warm by the end of the inspection. Windows were sealed and ventilation relied on the air conditioning system. Despite the smoking ban, some detainees smoked in their rooms. One detainee had sickle cell anaemia, which might have been exacerbated by smoke.

2.4 Most rooms were shared by two detainees, although eight rooms with integral sanitation were occupied by one person only. Eighteen rooms on Cedar and four on Dove held three detainees. It was not clear why these rooms were designated for three, as they were no larger than those holding two. Not every detainee in these rooms had a chest of drawers. There were not enough keys for all detainees to have one to their room. As a result, rooms were either left open and vulnerable to theft, or detainees had to find the detainee with the key or a member of staff to open the room. Although wardrobes had a locker with a clasp, these were not wholly secure and there had been problems with cash being stolen. The freeview for several televisions was not working and took time to replace.

2.5 Two rooms on Dove were adapted for detainees with mobility problems. We were told that detainees with other disabilities were located in the healthcare centre. Two rooms on Cedar were nominally identified for mobility-impaired detainees, but had no special adjustments. Mobility-impaired detainees on Dove had cards to access the lifts, but those on Cedar had to be accompanied by staff. Residential staff were aware of detainees with special needs and of the help they needed in an emergency. However, although the central residential manager's office displayed personal evacuation plans for three detainees on the notice board, residential staff were unable to locate these in the offices in the living accommodation.

- 2.6 Communal areas were clean and well decorated, except for the showers, baths and toilets (see section on hygiene). These areas were spartan and institutional, although there were some murals and displays of detainees' artwork. The TV rooms were bare, and detainees perched on high ledges covered with mattresses. There were smaller, more pleasant living room areas, but they could accommodate only four or five people.
- 2.7 In our survey, only 60% of respondents said it was normally quiet enough to sleep in their rooms at night, which was significantly worse than the 72% finding at our previous inspection. During our night visit, the residential areas were quiet. Night staff said that they sometimes had to ask detainees who used the association rooms to pray at night to reduce the noise, but that this was not a significant problem.
- 2.8 Notices on residential units were in English only. Some had pictures to explain their content, but much of the written information posted was meaningless to many detainees.
- 2.9 There were regular fire checks and up-to-date certificates. The centre had adequate staffing during the night. All the residential staff we spoke to had received first aid training and were aware of the action to take in a medical emergency and the procedures for an emergency evacuation. All rooms had emergency call bells, which staff checked weekly. Calls went to a central area that sent out a radio call to alert residential staff to answer them. Detainees were not locked in their rooms, but were confined to the units between 11pm and 4am.
- 2.10 There were monthly residents' committee meetings, which included a range of standing agenda items about life at the centre. Attendance at these was limited, and detainees expressed frustration that issues were not taken forward. Minutes showed a mixed response to suggestions, and matters arising were not clearly dealt with. There was no dissemination of the outcomes of these meetings to the wider population.

Clothing and possessions

- 2.11 Most detainees wore their own clothes. They could receive clothes from families and friends as well as buy them through the centre shop. In our survey, only 25% of respondents, against the comparator of 56%, said they were offered enough clean and suitable clothes for the week. If detainees did not know to ask for centre-issue clothing, it was not clear that they would have been able to access it. Reception staff understanding of when the centre would provide clothing was mixed, and they said they would only be issued with two sets and would have to ask for more. There was a continual shortage of underwear and socks due to heavy demand. Although there was snow during the inspection, the warmest centre-issue clothing for detainees was a sweatshirt. Detainees were not allowed hats other than for religious wear.
- 2.12 Each residential unit had working laundries, which detainees could access at any time. They were not secure and detainees were encouraged to stay with their laundry while they were washing and drying. Irons and ironing boards were readily available.
- 2.13 Detainees could store valuable and personal property in a secure area in reception, which was covered by CCTV and well managed. There were few problems with lost property, but on the occasions when property had inadvertently been handed to the wrong detainee or lost, compensation was paid.

Hygiene

- 2.14 Detainees could always access showers, except for five hours during the night. Toilets, washing facilities and drinking water were always available. Toilets, baths and showers were not kept clean, were in a poor state of repair, could not withstand the amount of use, and were often closed off because of flooding. Detainees reported that some toilet and shower areas were locked off for weeks before they were cleared. The washing areas and toilets were in individual cubicles and the doors were lockable. The baths on Cedar and Dove, except for one adapted for use by those with mobility issues (see below), had no plugs and were only seen as ablution areas for Muslim worship.
- 2.15 A bathroom on Dove had been adapted for detainees with disabilities, but there was no equivalent on Cedar. The shower in the care and separation unit (CASU) had been adapted, although the water did not drain properly. It was available when staff had the time to take individuals across.
- 2.16 There were basic toiletries available, but none specifically for black and minority ethnic detainees.
- 2.17 All new arrivals were given a pillow, duvet, sheet, duvet cover and pillowcase. Bedding was exchangeable weekly, but many detainees washed theirs themselves. There was a system for replacing mattresses, and mattresses were available at the time of the inspection.

Recommendations

- 2.18 Detainees' rooms should be thoroughly cleaned between occupations.
- 2.19 Communal living areas should be less institutional and fitted with comfortable furniture.
- 2.20 Staff should ensure detainees do not smoke in their rooms or elsewhere in the centre.
- 2.21 Rooms designed for two detainees should not be used to accommodate three.
- 2.22 There should be sufficient room keys for all detainees.
- 2.23 All detainees requiring the lift because of mobility problems should be able to access it.
- 2.24 The personal evacuation plans for detainees should be available in residential offices and understood by staff.
- 2.25 Detainee consultation meetings should be better promoted. Action points should be followed up and reported against at subsequent meetings.
- 2.26 A wide range of relevant information in different languages should be displayed.
- 2.27 Showers and toilets should be refurbished to be robust enough to withstand their heavy usage.
- 2.28 A purpose-built shower for detainees with mobility problems should be installed.
- 2.29 There should be basic toiletries suitable for black and minority ethnic detainees.

Housekeeping points

- 2.30 All showers, baths and toilets should be kept clean throughout the day.
- 2.31 All baths should be fitted with plugs.
- 2.32 Detainees requiring clothing should be given a minimum of three full sets.
- 2.33 The centre should supply warm outdoor coats to detainees who do not have their own.

Staff–detainee relationships

Expected outcomes:

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

- 2.34 Staff-detainee relationships were friendly and relaxed, and most detainees felt that staff treated them with respect. Staff were not sufficiently proactive in communicating with detainees. There was no personal officer scheme, and history sheets were poorly completed. There was a lack of systematic communication with detainees who spoke little English.
- 2.35 We observed friendly interactions and a generally relaxed atmosphere in the centre. In our survey, nearly three-quarters of detainees said that most staff treated them with respect. Our in-depth interviews with detainees about relationships with staff were mainly positive but also suggested the need for staff to be more proactive and communicate more with detainees. In group meetings with detainees, disrespect by health services staff was a major negative point mentioned (see section on health services), while the friendliness of other staff was considered one of the most positive aspects of life at the centre.
- 2.36 The range of language skills among the staff group helped communication with some detainees, especially Urdu and Punjabi speakers. However, there was a lack of systematic communication and consultation with other groups with little English, such as Chinese detainees. Some detainees felt that staff had insufficient understanding of their situation as immigration detainees.
- 2.37 Staff numbers had been reduced and the officers who remained worked shifts of 13 hours. We often saw groups of staff sitting in offices, rather than interacting with detainees around the unit. Staff were regularly seen going into detainees' rooms without waiting for an answer after knocking.
- 2.38 There were no paper history sheets but the computerised detainee management system was available in all offices and could easily be accessed to complete history sheet entries. However, the records contained scant information. There was no care or personal officer scheme and therefore no systematic means of assessing and addressing the needs of quieter detainees who might not otherwise come to the attention of staff.

Recommendations

- 2.39 Staff should receive training to enhance their understanding of the experiences and histories of people seeking asylum, refugees and those detained under immigration powers.
- 2.40 Staff should communicate and consult with detainees through regular group meetings using professional interpretation wherever necessary.
- 2.41 History sheet entries should be regular and substantial, building a meaningful picture of detainees.
- 2.42 Staff should always knock and wait for an answer before entering detainees' rooms.

Section 3: Casework

Legal rights

Expected outcomes:

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

- 3.1 Detainees had problems with access to prompt legal advice and representation. There was inadequate information about legal rights, and the library had no up-to-date legal reference materials.
- 3.2 The detention duty advice surgeries (DDAS) organised by the Legal Services Commission (LSC) did not adequately meet the needs of the centre's population. The surgeries ran twice a week and offered 10 half-hour advice slots. They were oversubscribed, with waiting lists of two weeks. This was too long for a detainee going through the detained fast track (DFT) process or facing imminent removal. Thirty minutes was also not long enough for the legal representative to ascertain the detainee's legal problem and give adequate advice. The shortage of time was compounded when an interpreter was required. Bail for Immigration Detainees (BID) provided a quarterly bail workshop with limited individual surgery time.
- 3.3 Some detainees going through DFT found it difficult to access the duty rota system of legal representatives. For example, one detainee was dropped by his legal representative after the initial UK Border Agency (UKBA) decision to refuse asylum because he could not afford to pay for his appeal. Although the case had merit and the detainee no means, it was not possible for him to access legal representation either through the DDAS or the DFT duty rota scheme.
- 3.4 Some detainees underwent the DFT asylum interview without a legal representative present. In one case, a detainee had instructed a private solicitor, who failed to attend the asylum interview. The detainee told the UKBA case owner that he was unwilling to continue with the interview, but said he was 'coerced' into proceeding. The case owner had acknowledged the detainee's 'reluctance' in the case record, and this alone should have led to the interview being postponed. The UKBA's DFT process operational instruction states: 'Where the non-attendance is due to problems unrelated to the applicant, the situation should be fully explained to the applicant, who should be offered the options of conducting the interview without the representative or of delaying the interview.'
- 3.5 There were no facilities in the interview rooms to tape record asylum interviews. Non-DFT asylum applicants were offered the option of having their asylum interviews tape recorded to safeguard against interpreting mistakes. Detainees who had their DFT asylum interviews without a legal representative were not offered the opportunity to have the interview recorded.
- 3.6 The ability to obtain legal advice, particularly legal representation from local solicitors in addition or as an alternative to the legal surgeries, continued to be a problem. The library held the immigration law practitioners' *Members Directory* as a way of identifying a solicitor, but this was 159 pages long and covered the whole country, which made it an inappropriate referral document. The information centre had two lists: one for detainees whose duty solicitor had withdrawn in DFT cases, and another for detainees more generally. Detainees were advised to

fax six or seven firms out of a list of over 50. It was acknowledged that this 'cold-faxing' produced a very poor response; one member of staff described the system as 'not working'.

- 3.7 Detainees could contact their legal representatives easily, as they retained their mobile telephones and had landlines in their rooms for incoming calls. The information centre provided a post, fax and photocopying service, which ran efficiently during office hours. The procedure for sending a fax after 5pm and at weekends was not made clear to detainees. It was not possible to send faxes abroad, except to the European Court of Human Rights. There was only one fax line into the information centre, despite the high volume of faxes. Attachments to emails were blocked, even though many legal representatives now emailed detainees attaching witness statements and client care letters. Given the timescales involved in DFT and imminent removal cases, this blocking of attachments could have had serious consequences.
- 3.8 Detainees reported a general lack of information about legal rights. In our survey, only 20% of respondents, against the comparator of 29%, said that it was easy to obtain bail information. There were no leaflets advertising the services of legal advice organisations, including BID, in the induction room or library. The on-site immigration team gave no written material on legal rights to new arrivals.
- 3.9 The library had no suitable up-to-date legal reference books – the two books available were out of date and therefore misleading. There was no legal material on the computers accessed by detainees. Although there were copies of reports on about 40 countries, they were not up to date.
- 3.10 Detainees could request relevant legal forms from the information centre, but they received no assistance in completing them. There was insufficient information about how to complain about legal representatives. The library stocked complaints forms for the two relevant regulatory bodies, the Office of the Immigration Services Commissioner (OISC) and the Legal Complaints Service (LCS), although library staff were unclear about the difference between them. Posters and leaflets about the OISC and LCS complaints scheme were not displayed in the library or elsewhere in the centre.

Recommendations

- 3.11 Information about legal rights, including prominent posters and leaflets about legal advice organisations in the centre, should be available to detainees in a range of languages.
- 3.12 The library should stock sufficient, up-to-date legal reference materials to meet the needs of the population.
- 3.13 A trained member of staff should be available daily to assist detainees completing legal forms.
- 3.14 The latest Office of the Immigration Services Commissioner and Legal Complaints Service posters, leaflets and complaints should be prominently displayed and available in a range of languages.
- 3.15 The UK Border Agency (UKBA) should consult with the Legal Services Commission about meeting the legal needs of unrepresented detainees passing through the detained fast track (DFT) system.

- 3.16 The UKBA should, in accordance with its own DFT process operational instruction, delay DFT asylum interviews for 24 hours where a detainee is unrepresented. Any interview involving unrepresented detainees should be tape recorded and a copy made available to the detainee.

Housekeeping points

- 3.17 There should be a second fax line in the information centre.
- 3.18 The centre should clarify and inform detainees how to send faxes out of hours and abroad.

Immigration casework

Expected outcomes:

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

- 3.19 The length of detention and uncertainty over cases caused considerable distress. Some detainees continued to be detained for long periods, despite no prospect of their imminent removal. The continued detention of detainees with mental illness was not fully reviewed in accordance with the rules. There were no systems for monitoring receipt of monthly detention review letters or bail summaries. Caseworkers often failed to respond to Detention Centre Rule 35 letters concerning potential torture and fitness to detain.
- 3.20 Uncertainty over immigration cases was the main concern highlighted by our in-depth safety interviews with detainees (see Appendix IV), and caused considerable distress. More than 10% of the detainees had been held for more than six months, with five detained for over two years and eight for over a year. The longest detention had been for three years and three months, despite significant concern by on-site immigration staff (see below).
- 3.21 In our survey, only 20% of detainees said that they could see immigration staff when they wanted. Detainees complained specifically that it was difficult to see fast-track immigration staff (see below). Two separate immigration teams were based at the centre. One team with 38 caseworkers was dedicated to the DFT asylum process – 74% of Harmondsworth beds (191) were assigned to fast track. The refusal rate in fast-track cases was 99%. For the other detainees, there was a smaller on-site immigration team linked with UKBA caseworkers located elsewhere. This team inducted detainees within 72 hours of arrival. Requests by detainees to see this team were monitored and responded to within 24 hours.
- 3.22 All DFT detainees had an induction interview with a UKBA caseworker within 48 hours of arrival, which included the completion of a DFT induction pro forma, a medical consent form and a bio-data form. Detainees were given a leaflet explaining the DFT process in a language they could understand, together with information on the International Organisation for Migration's voluntary return scheme. Telephone interpreters were used when detainees did not understand English, but the sound quality on the speakerphone was sometimes poor. Some chairs in the interview room were chained to the floor, which was unwelcoming and disrespectful to detainees.

- 3.23 Two induction interviews were observed by inspectors. Neither adequately explained timescales, bail rights, appeal rights or possible outcomes. Although the leaflet explained the DFT process in plain language, the caseworkers did not highlight important events and expected timescales to reinforce the detainees' understanding of the process. The detainees were not advised of the date and time of their asylum interviews. Their understanding of the DFT process was not checked at the end of the interviews. They were asked to sign bio-data forms to confirm that the contents were correct, without them being read back.
- 3.24 Several of the case files we examined of those detained for longer than six months showed that detention was continuing despite no imminent prospect of removal. For example, the longest-serving detainee, an Algerian who had been held for over three years, had been refused travel documents by the Algerian Embassy three times, even though his UKBA caseworker accepted that he had been complying. Although not disclosed to the detainee, his file noted that there had been a number of cases where removal of a person had not been possible due to the 'intransigence' of the Algerian Embassy.
- 3.25 In two cases of long detention, it appeared that the Immigration Directorate Instructions that mentally ill persons are normally considered suitable for detention 'in only very exceptional circumstances' were not being followed. In both cases, there was recorded medical opinion that continued detention was having an adverse effect on the detainee's mental health. Both detainees had also spent some weeks detained under Section 48 of the Mental Health Act at Hillingdon Hospital, and in neither case had their detention been reviewed under Rule 35 (see below).
- 3.26 In one of the cases, the detainee had been in detention for over two years, and a psychiatric report in October 2009 called for an urgent review of his mental illness and treatment plan, noting that the 'detention is at least contributing to maintaining (and possibly aggravating) his mental symptoms'. In response, a doctor in healthcare agreed that the prolonged detention was having an effect on the detainee's mental health. However, neither of these medical opinions were considered or even referred to in the subsequent detention review letter. In the other case, the detainee had been in detention for a year. In June 2009 the medical opinion was that his 'mental health will deteriorate due to continued detention', but again this matter had not been considered in subsequent detention review letters.
- 3.27 There was no system in the on-site immigration office for monitoring late receipt of monthly detention review letters. In the case files we examined, some were late and repetitive, and failed to identify any progress in the case or reasons for no progress. In one case, a detainee who had been at the centre since November 2009 still had no allocated UKBA caseworker at the time of the inspection and had not received a letter giving reasons for his detention. The on-site immigration team mostly sent the monthly letters to detainees rather than delivering them personally.
- 3.28 The on-site immigration office did not monitor or ensure that detainees received the bail summary before hearings. In the case files examined, only unrepresented detainees were sent a bail summary - the present UKBA arrangement. Some detainees either did not receive the bail summary or received it later than the required time of 2pm the day before the hearing. By contrast, the fast-track immigration team sent the bail summary to all detainees irrespective of whether they were legally represented.
- 3.29 The on-site immigration office breached legal confidentiality by copying correspondence sent to detainees through the office, including from legal representatives, and placing a copy on the case file.

- 3.30 The central log of Rule 35 (potential torture of detainees) forms held in the on-site immigration office recorded that 12 forms had been received since November 2009 but only three had been responded to by the UKBA caseworker at the time of the inspection. There had been no follow-up by immigration staff until the first day of the inspection. Although a centre doctor had stated in one case that the detainee had scabs on his back that 'looked like stubbed-out cigarettes', the caseworker had considered there was 'no diagnosis finding' about the injuries and that the case remained suitable for the DFT process.

Recommendations

- 3.31 UKBA fast-track caseworkers should emphasise timescales, bail rights, appeal rights and possible outcomes to detainees during induction interviews, and should check the detainee's understanding at the end of the interview.
- 3.32 UKBA case owners should advise detainees of the date and time of their asylum interview at the induction interview.
- 3.33 Monthly review letters should be timely and reflect a balanced consideration of all factors relevant to continuing detention. In particular, the review letter should state the reasons for any lack of progress since the last letter.
- 3.34 UKBA should adopt a national policy that bail summaries are issued by caseworkers to all detainees, whether they are legally represented or not, at least one day before the hearing. For non-fast track detainees, bail summaries should be sent via the on-site immigration team with a system to monitor their receipt and timeliness.
- 3.35 Where there is no prospect of a detainee being removed, the UKBA caseworker should specifically address any continued detention in these circumstances as a matter of law and fact.
- 3.36 Medical evidence that a detainee's mental health is being adversely affected by continued detention should trigger a prompt review of detention by the UKBA caseworker, which takes account of the Immigration Directorate Instructions that only in exceptional circumstances should mentally ill persons be detained. The detainee should be informed of the basis and outcome of this review.
- 3.37 All legal correspondence addressed to a detainee arriving through the on-site immigration team should be passed directly to the detainee without being read or copied by immigration staff.
- 3.38 Where there is medical evidence of previous torture or that a detainee's health is likely to be injuriously affected by detention, the Detention Centre Rule 35 process should be followed.

Housekeeping points

- 3.39 The centre should install good quality telephones with two handsets in the interview rooms to ensure better quality interpretation.
- 3.40 UKBA caseworkers should not routinely interview detainees in rooms with chained chairs, which should only be used following an individual risk assessment.

Section 4: Duty of care

Expected outcomes:

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

Bullying and suicide and self-harm

4.1 Despite a high population turnover the number of violent and bullying incidents was low. Investigations were of reasonable quality but victim support procedures were inadequate. Bullying had taken place in the games room and shop area, which were not well supervised. There were insufficient management data or analysis to help identify possible bullying. The safer custody manager had an overview of detainees at risk, and detainees who were monitored for self-harm said that they felt well cared for. Residential staff were not active enough in supporting people identified as vulnerable. Incidents of self-harm had increased, and there were some prolific self-harmers, but there was no counselling service or befriending scheme.

Bullying

- 4.2 The centre's bullying policy document was not informed by consultation with detainees. The document was being updated to include information about support for victims. Anti-bullying was an agenda item at the safer custody group meeting, but the meeting had insufficient management data or analysis to help identify possible bullying.
- 4.3 In our survey, 41% of respondents said that they currently felt unsafe, similar to the comparator. However, our in-depth safety interviews (see Appendix IV) showed that this mainly related to the uncertainty of their immigration cases and the lack of information in the centre, rather than intimidating or threatening behaviour by staff or other detainees. During the inspection, most detainees told us that they felt safe, although they identified areas, such as the shop and games room, where incidents had occurred. They were aware that sanctions would be imposed if they were found to be involved in bullying, but were less sure what they would be.
- 4.4 The level of violence was low, with 15 assaults and six fights in 2009, despite the high population turnover. In our safety interviews, detainees were positive about the level of safety in the centre. We observed reasonable interactions between detainees and staff, and the atmosphere between detainees was civil and relaxed. The records we reviewed, which dated back to July 2009, showed a low level of bullying, with 13 investigations in the previous six months.
- 4.5 The quality of the investigations was adequate and considered the views of the victim. Anti-bullying booklets were opened on detainees where there was sufficient evidence that they were involved in bullying or intimidating behaviour. The four-stage anti-bullying approach started with monitoring and culminated in removal from association (Rule 40).
- 4.6 The anti-bullying booklets we reviewed were mainly for detainees on stage one, who were removed from the measures after the first review, which took place within seven days. The

entries were mainly observational, but the reviews reflected on the detainee's behaviour as well as information from the victim.

- 4.7 The support for victims was insufficient. In two bullying investigations, one victim said he wanted someone to speak to, and another expressed anxiety; there was no evidence that they were given support. There were no victim support plans. Although staff were required to consider referring victims to healthcare or the chaplaincy, or placing them on enhanced observations, or relocating them to another unit, there was no evidence that these measures were implemented. Additionally, if victims refused to relocate to another unit, they were required to sign a disclaimer to that effect, which was inappropriate.
- 4.8 We were informed of a violent incident that had occurred in the games room the previous week. A number of detainees confirmed that the small room, with its limited equipment, created tension among detainees who wanted to play pool, and that there was often name-calling intimidating behaviour. There were also recorded incidents of detainees bullying others at the shop area for food. Neither of these locations was supervised by staff. .

Suicide and self-harm

- 4.9 Suicide and self-harm arrangements were managed by the full-time safer custody manager, overseen by the head of residence and monitored at the safer custody group. The suicide and self-harm policy document outlined the procedures for managing and supporting vulnerable detainees, but some of its content did not reflect current practice. For example, buddies were not used and there was no care suite.
- 4.10 The safer custody group met monthly, but attendance was poor. Information on the number of detainees who had harmed themselves and/or been placed on assessment, care in detention and teamwork (ACDT) documents was mentioned, but there was no discussion about trends. The safer custody meeting we observed had little input from participants and mainly focused on the safer custody manager presenting her report. There was insufficient discussion about incidents of self-harm. For example, although a detainee had been taken to hospital in December 2009 after harming himself seriously, there was no discussion of lessons that could have been learned or practice that needed to be changed.
- 4.11 Incidents of self-harm had increased year on year, and there were some prolific self-harmers at the centre. Detainees were not located in separation units solely to manage the risk of self-harm; those located in the welfare, assessment and support unit (WASU) were there appropriately as a result of challenging behaviour. Detainees placed on constant or intermittent watch were located in ward one of the healthcare inpatients department and were the responsibility of detainee custody officers (DCOs), if there were no clinical issues. Detainees who refused food were appropriately monitored and comprehensive food refusal logs were maintained. There was no counselling service (see recommendation 5.118) or befriending scheme, although there had been recent discussions with the Samaritans about offering one-to-one support.
- 4.12 The safer custody manager had a good overview of detainees at risk of harming themselves and actively engaged with them. There were morning and evening briefings for all staff about vulnerable detainees, but not all staff were aware of how to access this information. Over 70% of staff were up to date with ACDT training, although some were not clear about the centre's practices, such as when it was appropriate to put a detainee on the at-risk register, enhanced observations or open an ACDT. During the inspection, a detainee having a health screening

said that he had thought of harming himself, but this did not trigger any action until we brought it to the safer custody manager's attention (see section on health services).

- 4.13 At the time of the inspection, five detainees were on ACDT documents, and there was an average of 17 open ACDTs a month. The main trigger for their placement on monitoring was the stress of being detained. The quality of the assessments was generally good, but the subsequent care maps were mixed, with little thought to objectives that could reduce the risk of the detainee harming himself. Where detainees had confirmed that they were in contact with their family and friends, they were not always supported in making contact with them or organising a visit, and they were not involved in case reviews.
- 4.14 The daily entries in ACDT documents were mixed. Many were observational, but some staff recorded good quality interactions with detainees. The safer custody manager told us that the free-flow arrangements had affected staff's ability to speak with detainees easily because it was harder to find them. Some case reviews were not sufficiently multidisciplinary, but we saw good examples of immigration staff participating via telephone. The quality assurance process, under the safer custody manager's responsibility, had picked up some deficiencies – including the inappropriate use of a detainee to interpret during an ACDT review – and some improvements had been made.
- 4.15 Detainees who were on ACDTs said that they felt well cared for, although we saw too little residential staff activity in supporting people identified as vulnerable. One example was a detainee who had arrived the previous night on an open ACDT. When we asked unit staff his whereabouts after his first night, they were not sure if he had had breakfast or if he was in his room, and appeared unconcerned.
- 4.16 The at-risk register was a good initiative that enabled the safer custody manager and other staff to monitor detainees during high-risk periods, such as being refused bail or being issued with removal documents. Detainees whose ACDTs had recently closed were placed on the register for a short period. Immigration staff checked the register and liaised with the safer custody manager before any sensitive information was relayed to detainees flagged as vulnerable.

Recommendations

- 4.17 The safer custody group meeting should analyse relevant data for trends.
- 4.18 There should be a safety survey of detainees, which should be used to update the policy and practice.
- 4.19 Victims of bullying should have an individual plan to offer them appropriate support.
- 4.20 Victims should not be required to sign a disclaimer if they do not choose to move accommodation units.
- 4.21 The shop area and the games room, and any other communal areas where bullying or violence is identified, should be supervised by staff.
- 4.22 The safer custody policy should reflect current practice at the establishment.
- 4.23 There should be a buddy/befriending scheme for detainees who are vulnerable and require additional support.

- 4.24 All relevant departments should attend the safer custody group meetings.
- 4.25 The safer custody group meeting should monitor incidents of self-harm, analyse and respond to any emerging trends, and reflect on any lessons that can be learned from serious incidents of self-harm.
- 4.26 Staff should be aware of how to access important information identifying vulnerable detainees.
- 4.27 The safer custody manager should provide training to staff on the suicide and self-harm prevention arrangements at the centre and their responsibility for keeping detainees safe.
- 4.28 Where appropriate, family and friends should be engaged in case reviews.
- 4.29 Professional interpreters should be used to interpret during case reviews.

Housekeeping point

- 4.30 The finalised bullying policy document should be distributed to staff and made available to detainees.

Childcare and child protection

Expected outcomes:

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

- 4.31 Some detainees whose ages were disputed had waited long periods for social services assessments. They were appropriately risk assessed for regime access. A new age-dispute policy had some shortcomings.
- 4.32 In 2009, 49 detainees had claimed to be under 18 and for most it took only a few days for assessments to be completed. They were either released or, more often, returned to normal location after it was decided that they were adults. However, some had waited a long time for an assessment. In the two longest running cases, detainees had waited for 38 days and two months before assessments were completed and they returned to normal location. In two cases, age assessments had been overturned by an immigration judge who ruled the detainees to be minors.
- 4.33 A basic policy on the management of detainees whose age was in dispute had been produced at the end of 2009 and had been used for two cases so far. It included multidisciplinary case review paperwork but not a case management process or separate initial risk assessment documentation. Detainees were appropriately risk assessed for access to the regime, rather than automatically isolated. The risk assessment included factors such as time previously spent on normal location. However, the risk assessment documentation we examined was vague about precise risk factors and did not adequately explain the basis for decisions to allow

or disallow regime access. Initial risk assessments were recorded on case review documentation.

- 4.34 Age-disputed detainees were seen regularly by welfare staff, who opened a welfare log as soon as such detainees were identified. One detainee claiming to be a child during the inspection had been identified two days previously. He spoke very little English and was confused and worried about his situation. He had been seen by welfare staff, but did not feel well cared for and said he needed to have more interaction with staff through an interpreter. He was located in healthcare and was not permitted to go into the residential areas but, following a risk assessment, could move freely around the rest of the centre. He was due to be assessed by social services, but this had been delayed because of a disagreement between social services areas about which was responsible for the assessment.

Recommendations

- 4.35 The new policy on detainees whose age is in dispute should be reviewed in consultation with the local safeguarding children board. The policy should include risk assessment and review paperwork, and describe a case management process with clear timings for reviews.
- 4.36 The UKBA should actively pursue the earliest possible social services assessment of detainees whose age is in dispute.

Diversity

Expected outcomes:

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

- 4.37 Different groups of detainees appeared to live together harmoniously. The diversity manager had insufficient time for the role, and diversity structures were underdeveloped. There was insufficient nationality monitoring, and little focus on the needs of detainees with disabilities or other minorities. There was no care planning or monitoring of detainees with disabilities. There was insufficient consultation on race, nationality and religious matters.
- 4.38 The safer custody manager was responsible for the diversity arrangements, but had insufficient time to develop, promote and coordinate the services across the diversity strands effectively. She had not received additional training to investigate racist incidents or manage and promote diversity issues. Another manager was being recruited to develop this work. Diversity structures were underdeveloped. The policy was still in a draft form and made no mention of the needs of gay and transgender detainees. There had been no impact assessments of locally implemented policies.
- 4.39 Membership of the race and diversity team was publicised across the centre and a monthly meeting was chaired by the head of residence. The membership was limited and did not include a range of staff or disciplines. While the agenda was comprehensive, the minutes of the meeting were poor and highlighted insufficient monitoring of the different nationalities at the establishment. There was very little focus on the needs of detainees with disabilities.

- 4.40 Detainees appeared to live harmoniously, without significant conflict between different groups, and there was little evidence of racism. There was limited translated information for non-English speakers. There had been only one racist incident report form submitted in the previous six months, which was appropriately investigated and completed. Racist incident report forms were available in 21 languages, but information on race equality displayed around the centre was in English only (see recommendation 2.26).
- 4.41 In our survey, non-English speaking detainees had significantly poorer perceptions than English-speakers about the information they received on arrival and having had their detention explained in a language they could understand. Although telephone interpretation was used on the units, especially by welfare staff, we observed situations where it should have been used but was not. In our groups, Chinese detainees told us that they felt ostracised and treated less favourably than other detainees. Although there were weekly detainee committee meetings, there was insufficient consultation on matters relevant to race or nationality.
- 4.42 Approximately 80% of staff had received a race relations training pack. This training did not sufficiently address the full range of diversity issues or give staff the opportunity to discuss gaps in their knowledge or understanding.
- 4.43 There was an under-recording of detainees with disabilities, who had no care planning or monitoring. A quarter of respondents to our survey said that they had a disability, but the centre had identified only three detainees with disabilities. In our survey, significantly more detainees with a disability than without said that they had felt unsafe at the centre (75% compared with 32%), and felt unsafe at the moment (68% compared with 27%). There were good quality personal emergency evacuation plans for detainees identified as having a disability, but residential staff were unaware of them.
- 4.44 Before the inspection, detainees with significant mobility restrictions had been issued with cards to use the lifts and access all areas of the centre. Two adapted rooms on Dove unit were large enough for wheelchair access, and had low beds and an emergency pull cord. There were no shower chairs, so detainees had to use baths. There was no formal support for detainees with disabilities.

Recommendations

- 4.45 The diversity policy should be finalised, include attention to the needs of gay and transgender detainees, and be distributed to staff and detainees.
- 4.46 There should be diversity impact assessments of local policies.
- 4.47 The diversity manager should receive relevant training.
- 4.48 All relevant departments should attend the race and diversity meetings, which should consider issues of nationality, race, religion, disability and sexuality.
- 4.49 Detainees should have access to a range of translated information about the centre.
- 4.50 Detainees should be consulted on race, nationality and religious matters.
- 4.51 All staff should have relevant diversity training.

- 4.52 Detainees with disabilities should be identified at the earliest stage and included in regime monitoring.
- 4.53 All detainees with disabilities should have their needs assessed and care plans and personal emergency evacuation plans should be drawn up where appropriate. Staff should be aware of these.
- 4.54 There should be a mentoring/carers scheme for detainees who require additional support with daily tasks.

Faith

Expected outcomes:

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

- 4.55 Detainees had good access to faith leaders and to welcoming and well-equipped places of worship. The chaplaincy team attended relevant meetings and was involved in the life of the centre. The team provided good pastoral care and worked closely with the welfare team to help detainees with a range of welfare issues.
- 4.56 In our survey, significantly more respondents than the comparator, 75% compared with 57%, said that they could speak to a religious leader of their own faith, and significantly more than at the last inspection said that their religious beliefs were respected. Overall detainee feedback on the chaplaincy was very good. The small world faith team included a full-time manager, the Christian chaplain and the deputy world faith manager, who was the Muslim chaplain. They were supported by a group of paid chaplains to cover the five main faiths at the centre. An impressive range of volunteers and occasional chaplains attended as required. The world faith managers had worked particularly hard to meet the needs of individuals from different ethnic and faith groups, and had identified chaplains for Chinese Christians and an Arabic-speaking Christian detainee.
- 4.57 Chaplaincy managers reported relatively good co-existence among the different faiths. Although the team felt well integrated into the establishment, they told us that staff could benefit from religious diversity training to have a better understanding of some of the different faith needs of detainees and appropriate responses to these. World faith team members attended the safer custody and diversity meetings.
- 4.58 The places of worship were well equipped and peaceful environments where detainees could spend time. Access to the chapel, church and mosque had been extended from 7.30am to 9pm to offer detainees more opportunities to use the facilities and engage in activities. Detainees could attend Bible classes, Arabic classes, watch films or spend quiet time in the faith areas during the evening, and these events were well publicised in translated formats. There were also prayer rooms on the residential units. Weekend worship was well attended by approximately 50% of the population, and up to 80 detainees went to Friday prayers. The world faith team promoted a range of celebrations, which were open to all detainees and well publicised in the residential units.

- 4.59 The team provided good pastoral care. They helped support detainees during significant events, and visited those on open ACDT documents. They visited all units, including healthcare, and the two world faith managers shared statutory duties.
- 4.60 The team worked closely with welfare staff to assist detainees with a range of welfare issues. They helped detainees to maintain links with family and friends, and offered international telephone cards for detainees to make cheaper calls home. They also held a stock of used clothes for detainees. A lay chaplain held a surgery in the chapel one afternoon each week, which responded to questions about immigration concerns and directed detainees to appropriate staff and departments.
- 4.61 Detainees had access to a range of artefacts that they could keep in their possession. The world faith team continuously sought donations of religious materials for detainees. The draft diversity policy had a list of artefacts that detainees could keep and the relevant faiths. It also contained information about how visitors and detainees' property should be searched in a religiously sensitive manner.

Recommendation

- 4.62 Staff should receive awareness training in religious diversity.

Section 5: Health services

Expected outcomes:

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

5.1 Detainees complained of difficulties in accessing health services and of lack of care from nursing staff. Primary care services were adequate and there was good access to the dentist and optician for short-stay detainees. Clinical governance was weak. Inpatient care was poor, with little focused care from staff. Secondary care was adequate, with few cancellations, but a small number of detainees had been handcuffed to attend hospital appointments. Primary mental healthcare was inadequate and there was limited access to secondary mental health care. There was no day care. Substance use services were weak and just adequate for the population. There was access to first night symptom relief and there were clear maintenance and reduction programmes for detainees using prescribed medication. Detainees reporting high alcohol intake were monitored and there were withdrawal regimes.

General

- 5.2 Health services had been subcontracted to Drummond Medical since June 2009 when the centre contract transferred from Kalyx to GEO. The contract between GEO and Drummond Medical specified the broad level of services, with limited quality indicators. There was no relationship with Hillingdon primary care trust (PCT) but the healthcare manager had recently made efforts to engage with it. Most planned and all emergency secondary care services were provided by the local district general hospital at Hillingdon and there was a good relationship with the hospital.
- 5.3 The health services were registered with the Care Quality Commission (previously Healthcare Commission) as an independent hospital, walk-in centre and for GP services. There had been a Healthcare Commission inspection in November 2008 and there was an associated action plan. There was no health development or health promotion plan.
- 5.4 There was no current comprehensive health needs assessment to inform the planning and delivery of health services.
- 5.5 The healthcare department was located on two adjoining floors in the main residential unit building. Outpatient services were on the first floor and detainees accessed this area through an electronic swipe card-controlled door. The department was clean, bright and of adequate size for the current population. There was a waiting room for detainees, with fixed seating and a health promotion board with a reasonable range of health promotion literature in different languages. The GP consulting room was clean and pleasant, containing an examination couch, privacy screen, hand wash basin and a desk with a telephone. There was a large optician's room, an X-ray room and a clean, bright and well-equipped dental surgery. The dedicated pharmacy was located on this corridor and could only be accessed by detainees via the administration hatch; all staff access was from behind a second electronic swipe card-controlled door. Behind this second door there was a second, smaller consulting room used by GPs and nurses, the healthcare manager's office, a nurses' office, staff toilets, a shower and changing rooms, a staff kitchen and staff rest room, and access to inpatients on the upper floor via a lift and stairs. There was also a large storage room containing cleaning materials.

- 5.6 The second floor housed the eight-bedded inpatient area, which included a six-bed bay and two isolation rooms; in addition, there were 12 other beds described as 'healthcare' but used for non-healthcare reasons (see paragraph 5.53). The inpatients and outpatients areas appeared clean.
- 5.7 There was a dedicated healthcare room in the new reception area. The room was clean and pleasant but untidy, with open drawers on the floor, and paperwork was difficult to locate. There was no hand wash basin for staff to wash their hands. The panic button was behind the detainee's chair.
- 5.8 A significant number of detainees told us that they found it difficult to access healthcare and that they often experienced unhelpful attitudes from health services staff, especially nursing and administrative staff. We observed several brusque and sometimes patronising responses from nursing and administrative staff toward detainees. We saw one complaint from a detainee about the healthcare administrator being present during his medical consultation with the GP. We were told that this was due to the detainee having complex needs and behaviour and there being no health services staff available to assist the GP.
- 5.9 Detainees were able to access a second opinion from another of the centre's GPs without charge and an external opinion at their own expense, and were informed of this through a notice in English in the waiting area.
- 5.10 A professional telephone interpreting service was used for detainees who were not able to communicate in English. Records showed that the service had been used approximately 435 times in the previous 10 months for arrival health screening. There was no loudspeaker function on the handset for the purposes of telephone interpretation. Detainees told us that they sometimes struggled to make themselves understood during subsequent healthcare consultations, and that other detainees had sometimes been used to interpret, even when the detainee did not want this to happen. One detainee, whose understanding and ability to express himself fully in English was limited, was not offered the interpreting service until we prompted the nurse.
- 5.11 Healthcare appointments were not monitored for equity of access, largely because of the absence of a clinical information system.
- 5.12 All detainees were asked whether they wished to report experience of torture (under Rule 35) during the arrival health screening and asked to sign an agreement for this information to be shared with the UK Border Agency (UKBA). We saw several Rule 35 assessments by GPs in clinical records but it was not always clear whether the doctor had determined the probable cause of injuries to be torture, as the entries were usually descriptive and inconclusive (see section on immigration casework). Health services staff provided information to detainees on how to access external specialist support organisations.
- 5.13 The healthcare department was usually notified the night before detainees were due to be transferred out, and a week in advance of removals. Health services staff attended all planned removals. In cases of alleged assault during removal, detainees were seen by health services staff either immediately or within a couple of hours. There was a policy for medical hold. We saw two examples in the clinical records where a GP had indicated clearly that the detainee should not be moved, and the detainee had remained at the centre. It was not clear from other clinical records that this always happened. We were told that in one case, health services staff had not been told about the transfer of a detainee with ongoing healthcare needs and external appointments, but they had managed to secure the transfer back of the detainee. We were unable to establish whether medical hold had been requested and ignored.

- 5.14 There was a policy and a risk assessment for the use of handcuffs, completed for all external hospital appointments, with a presumption that handcuffs would always be used unless health services staff made a case which was accepted by security staff (see section on escort vans and transfers).
- 5.15 There was a policy for the clinical management of detainees who refused food, including a protocol for re-feeding; this was undated. There was no evidence of audit of the policy. There had been two such cases in the previous year, and during the inspection an inpatient detainee was admitted to hospital for re-feeding. There was no palliative care policy.

Clinical governance

- 5.16 There was a clinical governance policy which was undated. There had been two healthcare governance meetings in August and September 2009. These had been attended only by healthcare managers from the establishment and Campsfield immigration removal centre (IRC), but there were plans to widen the representation. The agenda for this meeting reflected key items such as complaints, serious untoward incidents and staff training, but there was no evidence of analysis or learning from incidents or complaints.
- 5.17 There had been one healthcare review meeting in November 2009. None of the scheduled governance or staff meetings had been held in the last quarter of 2009.
- 5.18 None of the staff accessed clinical supervision. Staff had received mandatory training, including in assessment, care in detention and teamwork (ACDT) processes. Two registered nurses had been trained as ACDT case managers. All trained nurses had undertaken minor injury and illness training within the previous three years. Two registered nurses had received e-learning updates in tuberculosis (TB) and one registered general nurse (RGN) had attended Mantoux (TB) testing training at local NHS chest clinics. We were told that efforts had been made to secure staff training in the recognition and care of victims of torture but that it was unavailable. No training had been undertaken by staff in the recognition of mental health problems in older detainees. Staff appraisals had not been conducted in the previous six months and there was no training needs analysis.
- 5.19 The healthcare manager was an RGN. There were 6.4 whole-time equivalent registered nurses in post and three vacancies; two staff had already been appointed but were awaiting security clearance. Three of the nurses were registered mental nurses (RMNs). There were six whole-time equivalent healthcare support workers and one whole-time equivalent administrator.
- 5.20 Appropriate emergency equipment was located in the nurses' office in the healthcare department, including suction apparatus, an automated external defibrillator and oxygen. A sealed bag containing emergency medication was kept in the emergency cupboard in the pharmacy. There were records showing regular checks of equipment and medication.
- 5.21 There was no formal arrangement with external local authority occupational therapy services. There was a limited supply of aids such as raised toilet seats, wheelchairs and crutches kept in the department. One detainee had lodged a complaint that he had been refused use of crutches owing to a report of previous use of these as a weapon. The detainee was an amputee, which had resulted in difficulties in moving around the centre.
- 5.22 There was a paper clinical records system; we were told that the electronic system had been removed when the previous contract had ended. Current records were stored in unlocked

metal filing cabinets in the administration office; the office door was locked whenever there was no member of staff there. There were old records stored in cardboard boxes on the floor and several current records remained out of the cabinets during the inspection. The archived records were stored securely in a room in the healthcare department. We were told that all records waiting to be archived were logged by the administrator electronically, to aid retrieval.

- 5.23 Records were poorly collated and managed and there was no tracking system. We were unable to locate several sets of records. The quality of entries was sometimes poor, with illegible entries, signatures and staff designations. We saw two examples of duplicate clinical records, which included two occasions, for the same patient, where the primary record had been cited as missing by the GP. This had resulted in the GP being unable to refer to the detainee's previous history and consultations. There was a policy for the transfer of records when detainees were sent to another IRC. For detainees being discharged, we were told that a copy of their medical notes could be provided but that this did not happen routinely. Records of detainees being removed or released were stored in a separate archive in the healthcare department. The healthcare manager was the designated Caldicott guardian.
- 5.24 There was a range of printed care plans for inpatients. We saw care plans in clinical records but no evidence of review of the plans for individual patients.
- 5.25 Healthcare complaints were dealt with through the centre's complaints process (see section on complaints). There had been 32 such complaints recorded between January 2009 and January 2010. Of these, six were about staff attitude, six about appointments and four about medication. Responses were usually by the healthcare manager and some were undated. There were two healthcare complaints for which the response had been made by non-health services staff. The quality of responses was variable, with a large proportion being functional and lacking diplomacy, and only a few acknowledged that the healthcare department had responsibility for the issues raised. There was no consultation mechanism for detainees to discuss healthcare with staff and no evidence of detainees being involved in their individual care planning.
- 5.26 There had been seven reported clinical incidents in the previous year, of which two were instances of misfiling/difficulties in locating clinical records.
- 5.27 There was an infection control policy but no evidence of an infection control audit.
- 5.28 There was an outbreak policy and a flu pandemic policy which was undated and referenced old Department of Health, World Health Organisation and local guidance. There were stocks of Tamiflu, additional stocks of paracetamol and masks in the pharmacy. There were no flu pandemic planning links with the local health community.
- 5.29 There was no routine screening for blood-borne viruses, and health services staff said that they responded to detainees with identified risks, such as substance use, by asking if they wished to be screened. There was a brief policy on HIV and hepatitis testing which did not specify the indications for offering testing and indicated that all test results would be dealt with by follow-up through the local genito-urinary medicine clinic. There were links with this clinic and we saw evidence of detainees receiving care there.

Primary care

- 5.30 Our survey showed that 41% of new arrivals reported health problems, compared with the 29% comparator. In the subset of detainees who regarded themselves as having a disability, this rose to 68% compared with 35% of those who did not consider themselves to have a disability.
- 5.31 All detainees were given a basic health screening by a registered nurse on arrival. This included previous medical history, family history, current medication, current health problems, alcohol intake, smoking, substance use, self-harm or suicidal ideation, TB testing and an invitation to report torture (Rule 35 report). Blood pressure and weight were recorded; height was usually recorded but there was no height measure in the reception healthcare room. Basic information about health services was given, including an information sheet in a range of languages, although it had no icons or pictures for detainees with literacy difficulties. In our survey, only 20% of non-English speakers reported receiving information compared with 51% of English speakers. There was no self-completion assessment. Health services staff contacted GPs in the community to provide previous medical history for those detainees who had registered with a practice before arrival at the centre.
- 5.32 During the inspection, one newly arrived detainee who reported current suicidal thoughts to the nurse did not have an ACDT document opened but was put onto a risk register, apparently because he would see the GP the same afternoon (see section on suicide and self-harm). We were told that all detainees were routinely offered an appointment with the GP the following day, but in one arrival screening we observed, the detainee was not offered a GP appointment.
- 5.33 Detainees with substance use withdrawal needs were given appropriate symptom relief and referred to the GP the following day. Where necessary, the detainee's GP in the community was contacted to confirm an existing prescription and fax new prescriptions to the centre. Detainees with mental health needs were seen by the GP the following day.
- 5.34 There were daily GP sessions between Monday and Friday between 9.30am and 11.30am, and the GP attended the care and separation unit (CASU) and welfare, assessment and support unit (WASU), inpatients and outpatients daily. Both male and female GPs visited but there was no information for detainees indicating that they could choose which gender of GP to see. We were told that detainees were usually seen by the GP within 24 hours for non-urgent problems, but could be seen on the same day when necessary. There were twice-daily nurse appointments between 8.30am and 9am, and 3pm and 4pm. The optician visited monthly for a session; there was no waiting list and Ready Specs were available for detainees who needed non-prescription reading spectacles. The dentist provided two sessions weekly for urgent dental treatment only. There was provision for a radiographer to attend to take X-rays where required. A podiatrist and physiotherapist attended as required.
- 5.35 Out-of-hours cover was provided by the same GP practice. There was no record kept of calls to the service but we were told that there had been approximately four out-of-hours visits in the previous six months.
- 5.36 There was a verbal appointments system and health services staff gave appointment cards, in English, to inform detainees of their appointments or medication times. We spoke to detainees with little understanding of English, who seemed to be confused about when they should attend the healthcare department. There was no buzzer or bell system to the outpatients corridor, which meant that detainees had to knock hard on the door to be heard. Detainees who were late for their appointments were given a new appointment on the first occasion, but were routinely chastised for being late. Detainees were expected to attend only at specific

appointment or medication times, with little flexibility shown by health services staff. Detainees were discouraged from coming to the healthcare department at other times.

- 5.37 Registered nurses were responsible for the supervision of outpatient and inpatient care and usually saw patients before a GP appointment was made. There were no triage protocols to support nurses' decision making or care of detainees.
- 5.38 There was a paper chronic disease register. A registered nurse with a postgraduate qualification in respiratory medicine took the lead but there was no structured chronic disease management and there were no designated clinics. We were told that there were approximately 25 detainees at any one time with identified chronic diseases (asthma, diabetes, epilepsy, coronary heart disease and chronic obstructive airways disease). During the inspection, there was one detainee with confirmed TB, located on the inpatients unit, and two on the residential units with suspected TB. There was no policy for the clinical management of patients with TB.
- 5.39 There was a policy for the care of detainees with disabilities, but it was not clear to what extent health services staff engaged with centre staff in the wider care of such detainees, for example in advising on room location. There was no specific lead or policy for the care of older detainees.
- 5.40 There were some health promotion leaflets available for detainees but no structured health promotion or education. Condoms were readily available in the waiting room in the healthcare department.

Pharmacy

- 5.41 There was a supply-only service from a local community pharmacy. Neither the pharmacist nor technician visited the centre and could only be accessed by telephone.
- 5.42 The pharmacy room was clean and appropriately equipped, with lockable cupboards, including a small controlled drugs cabinet.
- 5.43 Medications were administered by nursing staff in the pharmacy room. There was a screened hatch which offered some privacy, although detainees tended to cluster around it. Medication times were 8am, 11.30am, 2pm and 7pm, except for those on controlled drugs, who received their medication at 11am. Detainees could collect prescribed medication and special sick medication, ask for advice and request healthcare appointments during these times. The nurse took the medications to detainees on the inpatients unit, the CASU or the WASU in a closed container.
- 5.44 Medication was administered daily or given for up to a month in possession, with patient information leaflets given to detainees. In-possession risk assessments were completed by nurses, but we saw some examples of incomplete assessments. Detainees told us that they found it difficult to obtain necessary medication, including obtaining in possession simple pain relief that they had brought with them into the centre. They also complained that paracetamol was given inappropriately for a range of health issues, but we were not able to establish whether there was inappropriate prescribing or administration because of the absence of an electronic prescribing system or dual labelling.

- 5.45 Out of hours, access to medication was through the out-of-hours GP service, via faxed prescriptions following telephone consultation with the nurse or, on occasion, a GP visit; medication was then provided from stock. There was no out-of-hours medication policy.
- 5.46 When detainees were transferred, released or removed, those on prescribed medication (except controlled drugs) were given two weeks' supply, and sometimes more, dispensed into a transfer bag. Detainees on treatment for TB were given the whole course and those on hepatitis and HIV treatment were given three months' supply. Those returning to countries where a medication was not available were sometimes given additional supplies. The daily methadone dose was given before removal, release or transfer.
- 5.47 There was a range of patient group directions (PGD) but no specific PGD for dental pain. The standard operating procedures for controlled drugs did not meet current requirements. The arrangements for the destruction of controlled drugs were unclear. There were no specific procedures for dealing with untoward incidents relating to controlled drugs.
- 5.48 A large proportion of medication was administered from stock, but named patient medication was ordered where possible for those requiring regular prescriptions or allowed medication in possession. Signed orders for stock medicines were not compiled against an agreed stock list and were not always countersigned by a doctor. There was evidence of stock items without appropriate labelling, expiry dates or batch numbers. There was no dual labelling system, no audit of general stock against prescriptions issued and no recording of date checks on stock medicines.
- 5.49 There were out-of-date copies of the British National Formulary in the pharmacy and GP consulting rooms. There was no specific medicines and therapeutics committee meeting. The clinical governance group had met twice in the previous six months but there had been no representation by the pharmacy provider or the GP. There were no prescribing data available.

Dentistry

- 5.50 The dentist provided two sessions weekly, with a maximum of 18 planned appointments and four emergency appointments. The dentist treated clinically urgent cases only; we were told that detainees staying over six months were offered a routine dental check-up but we were unable to confirm this. We were told that detainees were usually seen the week after submitting an application. There appeared to be a 'did not attend' rate of at least 30%.
- 5.51 The dental suite was clean and well equipped. All equipment was serviced regularly and was up to date. Risk assessments were up to date, including a Radiological Protection Advisory Board report completed in February 2009. There was no dental health promotion.

Inpatients

- 5.52 There was a six-bed healthcare bay and two isolation rooms, with two bathrooms and toilets adapted for use by detainees with disabilities. There were also 12 beds which were used by centre staff to house detainees at risk of self-harm, age-dispute cases and detainees who were proving difficult to manage effectively elsewhere for a range of reasons. While the health services staff responsible for the eight inpatient beds seemed to be clear about which detainees were their responsibility, there were concerns that the use of the term 'healthcare' to describe the whole floor was confusing and posed a potential risk for all the detainees there.

- 5.53 There were three detainees in the inpatients unit during the inspection; one was on food refusal and two were there for clinical reasons. There had been 94 detainees admitted during the previous year. The inpatient beds were staffed by one healthcare support worker, supervised by a registered nurse based in outpatients. The GP visited daily, except at weekends. Detainees with acute medical needs were always transferred out to the local hospital, including those being re-fed following food refusal.
- 5.54 There were care plans for inpatients but the care was basic and functional and there were concerns that detainees with specific needs such as pain management could be overlooked or not dealt with appropriately. There was no therapeutic activity on the unit.
- 5.55 There was basic equipment in the unit but some of the bedside tables were not functioning properly and there were insufficient pillows for detainees to sit up comfortably in bed.

Secondary care

- 5.56 All external referrals were made by the GP and faxed, or sometimes telephoned, to the appropriate hospital. Copies of referrals were placed in the detainee's clinical record and a tracker folder in the administration office. In some cases, a copy was also given to the detainee.
- 5.57 When a detainee arrived at the centre with a pre-existing appointment, the GP would either make a local referral or, in a small number of cases, would request that the detainee was moved to facilitate the appointment. There had been 199 booked appointments between July 2009 and January 2010, and a total of 15 appointments had been cancelled because of security-related issues. In the previous 10 months, there had been three recorded instances where detainees had missed an external hospital appointment because they had refused to wear handcuffs.

Mental health

- 5.58 Many of the detainees reported symptoms of low-level depression and stress related to their situation. There had been no mental health needs analysis to provide evidence of the level and type of need. Primary mental health services were limited to GP consultations and some nurse consultations, but there was no dedicated RMN time. There was no counselling service.
- 5.59 On arrival, detainees were asked about their mood and any mental health problems, and were then referred to the GP and could also be seen by an RMN for a more detailed mental health assessment.
- 5.60 Referrals to the psychiatrist were made by the RMN or GP. The psychiatrist provided one session twice a month. Detainees with an urgent need could be seen within a maximum of two weeks. There had previously been links with the local psychiatric intensive care unit at Hillingdon Hospital, although we were told that there had been some uncertainty about funding in recent months. All detainees subject to the Mental Health Act, Section 48 were transferred to Hillingdon Hospital. There had been one transfer under the Mental Health Act during 2009. We were told that once the appropriate paperwork had been completed, there was usually a wait of approximately seven days for a bed.
- 5.61 There was no day care available. There was no separate mental health training for centre staff. We were told that the ACDT training provided an element on mental health, but this was not provided by health services staff.

Substance use

- 5.62 There were 12 detainees on methadone and one on Subutex during the inspection. The GPs supervised the treatment of substance users. All of the visiting GPs had accredited training to Royal College of General Practitioner (Substance Use) level one, two were trained to level two and a third was in the process of training to level two. There were no nurses who had completed accredited training in substance use.
- 5.63 There was a draft local operating protocol for the clinical management of substance use which was undated and not referenced. The protocol provided for appropriate first night symptom relief for detainees who reported using opiates and/or whose arrival urine test was positive. The detainees were then seen by the GP the following day and a full history was taken; if appropriate, a maintenance or reduction regime was then prescribed. All detainees were encouraged to detoxify using methadone or lofexidine.
- 5.64 There was a full range of detailed treatment regimes for alcohol detoxification, methadone detoxification and lofexidine detoxification. During the inspection, one detainee was on a methadone reduction programme and was being monitored regularly by the GP. Detainees reporting benzodiazepine use, confirmed by previous prescription and/or urine test, were started on a slow detoxification programme.
- 5.65 Detainees arriving on prescribed opiates at the weekend were urine tested and, if positive, the clinic they had previously attended was contacted to confirm the dose; if the dose could not be confirmed, the out-of-hours GP prescribed an appropriate dose, by fax if necessary.
- 5.66 Detainees reporting high alcohol intake (over 15 units a day) were monitored for withdrawal symptoms. Those reporting over 20 units a day were admitted to the inpatient unit for observation. All detainees with alcohol dependency were put onto the chlordiazepoxide withdrawal programme.
- 5.67 There was no specialist dual diagnosis service provided. There was no specific psychosocial support offered, other than through GP consultations. The nurses' role appeared to be confined to medication administration and monitoring. There were no alcohol services.

Recommendations

- 5.68 **A health development plan should be produced which includes health promotion.**
- 5.69 **There should be a clear distinction between inpatient healthcare beds and other beds which are used for detainees without an identified health need.**
- 5.70 **Administrative staff should not attend healthcare consultations.**
- 5.71 **Detainees with little or no use of English should be offered the use of interpreting services for all healthcare consultations, and other detainees should only be used to interpret for other detainees with clear consent.**
- 5.72 **All healthcare appointments should be monitored for equity of access.**
- 5.73 **An infection control audit should be conducted of all healthcare areas.**

- 5.74 Chronic disease clinics should be set up to ensure effective monitoring of the health of detainees and audit of their care.
- 5.75 A policy on the management of blood-borne viruses with clear indications for testing should be produced.
- 5.76 There should be a designated lead for the care of older detainees.
- 5.77 Information on health services for detainees should enable those with literacy as well as language difficulties to understand when and how to access services.
- 5.78 All health services staff should be trained in recognising and dealing with torture and its consequences.
- 5.79 Rule 35 healthcare reports should clearly identify whether injuries are likely to have resulted from torture.
- 5.80 All detainees on formal 'medical hold' should stay at the centre pending a clinical decision on their condition.
- 5.81 A palliative care policy should be developed.
- 5.82 All policies should be dated, appropriately referenced to current national and/or local NHS guidance and subject to regular review.
- 5.83 Clinical supervision should be available and encouraged for all nursing staff.
- 5.84 There should be a current training needs analysis for nursing staff.
- 5.85 All staff should have regular appraisals and a personal development plan which informs their continuing professional development.
- 5.86 There should be a formal agreement with the local authority/primary care trust for the loan of occupational therapy equipment.
- 5.87 Detainees with disabilities should be provided with aids appropriate to their disability to ensure their independent mobility and dignity.
- 5.88 Clinical records should be appropriately and safely managed, with specific reference to their day-to-day storage and a tracking system to ensure fast locating of records for clinical consultations.
- 5.89 All duplicate or additional clinical records for the same detainee should be co-located and fastened securely together.
- 5.90 Entries in clinical records should be complete, legible and the entry author identifiable by name and designation.
- 5.91 The records of current and previous detainees should be stored safely and securely to comply with Caldicott requirements.
- 5.92 Healthcare complaints should be reviewed and always responded to by a senior member of health services staff.

- 5.93 There should be a consultation mechanism for detainees to raise healthcare issues.
- 5.94 Links should be developed with the local health and social care community in respect of flu pandemic arrangements.
- 5.95 Routine screening for blood-borne viruses should be offered on or soon after arrival.
- 5.96 There should be a self-completion arrival assessment available in detainees' own language.
- 5.97 All detainees reporting thoughts of self-harm or suicide to health services staff should have an assessment, care in detention and teamwork (ACDT) document opened.
- 5.98 All detainees should be offered a GP appointment within 24 hours of arrival.
- 5.99 Health services staff should routinely advise on room location for detainees with an identified disability.
- 5.100 An audit of missed healthcare consultations, including those attending late, should be undertaken, to identify the reasons and improve detainees' access to healthcare.
- 5.101 There should be a policy for the clinical management of tuberculosis.
- 5.102 There should be a health promotion strategy.
- 5.103 There should be smoking cessation provision.
- 5.104 There should be regular involvement of a pharmacist and/or technician in the pharmacy service, with minimum monthly visits to support and provide appropriate system and stock checks.
- 5.105 In-possession risk assessments should be completed fully for all detainees who are being considered for provision of medication in possession.
- 5.106 There should be an out-of-hours medication policy.
- 5.107 Standard operation procedures for controlled drugs should comply with current requirements of the Misuse of Drugs Regulations 2001.
- 5.108 All healthcare policies and procedures should be formally ratified and reviewed through the appropriate governance committee.
- 5.109 The medicines and therapeutics committee should meet at least quarterly.
- 5.110 Prescribing data should be collated and reviewed to enable safe and effective medicines management and value for money.
- 5.111 There should be appropriate procedures for dealing with incidents involving controlled drugs.
- 5.112 An audit of all missed dental appointments should be conducted to identify reasons for non-attendance and enable effective use of sessions.

- 5.113 Oral health promotion should be introduced.
- 5.114 Care plans should be reviewed regularly, reviews documented and detainees involved wherever possible.
- 5.115 Therapeutic day care should be available for detainees.
- 5.116 External healthcare appointments should only be cancelled or rearranged in exceptional circumstances.
- 5.117 There should be protected time for registered mental nurses to provide primary mental health services for detainees.
- 5.118 Detainees should have access to a counselling service.
- 5.119 There should be mental health awareness training for all centre staff.
- 5.120 All health services staff dealing with and administering substance use regimes should be trained to Royal College of General Practitioner (Substance Use) level one.
- 5.121 There should be a protocol for the care and admission to the inpatient unit of alcohol-dependent detainees.
- 5.122 There should be structured support for substance use, including alcohol.
- 5.123 There should be a dual diagnosis approach to detainees with both substance use needs and mental health problems.
- 5.124 The telephone in the reception healthcare room should be sited appropriately to enable ease of telephone interpretation, and should include a loudspeaker function to enable effective communication between nurse and detainee.
- 5.125 All controlled drugs should be destroyed in accordance with current requirements.
- 5.126 There should be a dual labelling system for medication.
- 5.127 All staff handling controlled drugs should understand and comply with the standard operating procedures.

Housekeeping points

- 5.128 The healthcare room in the reception area should be appropriately furnished and equipped to enable information and equipment to be located easily.
- 5.129 There should be a basin and handtowels in the healthcare room in arrivals to enable nursing staff to wash their hands.
- 5.130 The panic button in the reception healthcare room should be located near to the nurse's chair.
- 5.131 There should be a height measure available in the reception healthcare room.
- 5.132 There should be a larger cabinet for storing controlled drugs.

- 5.133 Confidentiality should be improved at the pharmacy hatch during busy periods.
- 5.134 There should be an agreed stock list for all pharmacy orders, countersigned by the GP.
- 5.135 Stock medication should be labelled in accordance with the requirements and include batch number and expiry date.
- 5.136 All medication should be date checked regularly and checks recorded.
- 5.137 Up-to-date pharmaceutical reference books should be available and old versions discarded.
- 5.138 Equipment on the inpatient unit should be fully functioning and appropriate to care needs.
- 5.139 The patient group directions should include one for dental pain.
- 5.140 The draft protocol for the clinical management of substance use should be appropriately referenced and dated.

Section 6: Activities

Expected outcomes:

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

6.1 There was a wide range of paid work that adequately met population need. Pay rates were equitable. Education activities were well resourced, but attendance was poor. Some qualifications in information and communications technology were inappropriate for most short-stay detainees. The promotion of education and other activities at induction was inadequate. Quality assurance and improvement arrangements were insufficiently established. Library provision was adequate, but stock was insufficiently monitored and stock loss high. The range of, and access to, PE activities were good. Detainees had sufficient free movement around the centre.

Work and learning and skills

6.2 The centre provided adequate paid work to meet demand. There were 67 job roles, which catered for approximately a third of the population, and these were about to be increased by the addition of a card-making workshop, due to open in February 2010. There were no waiting lists for jobs and some roles remained vacant, which may have been linked to weak promotion of activities. Thirty-three detainees were in paid work. Allocation to work was fair. All detainees were interviewed for their chosen job. However, the UK Border Agency (UKBA) could veto appointments to work, which inappropriately mixed centre and UKBA roles.

6.3 Rates of pay were equitable. Detainees were paid £1 an hour and worked between two and five hours a day, depending on the job role, for a maximum of 25 hours a week. Those who did not work received a daily allowance of 71 pence.

6.4 A wide range of jobs was available. Some were meaningful, but about half were mundane, such as cleaners, litter clearers and laundry workers. Four detainees worked in the kitchen and five in the dining hall. They were inducted to the role but did not receive formal basic food hygiene training before starting the job. There were orderly jobs in education, induction, the chaplaincy, the gym and domestic visits, although some of these posts were vacant at the time of the inspection. The 'valuable friends' role enabled detainees' skills as interpreters for other detainees to be acknowledged. Two new jobs had been created to landscape the grounds.

6.5 Education was provided by the centre. Detainees had access to classes for eight and a half hours a day during the week, in sessions run in the morning, afternoon and evening, but no sessions were offered at the weekend. Improvement in free movement had led to better access to activities. However, take-up of education was low. In our survey, only a quarter of detainees said that they were participating in education, which was similar to the comparator but significantly worse than at the time of the previous inspection. Attendance at sessions was being adversely affected by changing tutor shift patterns, which varied week by week, and by the lack of advertising of times of sessions when a qualified tutor would be available. Sessions were staffed by centre staff when tutors were not working, but few detainees accessed the facilities during these times.

6.6 The range of provision was satisfactory. Sessions in art, English for speakers of other languages (ESOL) and information and communications technology (ICT) took place daily on a

drop-in basis. Sessions were tailored to meet individual need, and reflected the needs of the largely short-stay population.

- 6.7 ESOL sessions were delivered on a one-to-one basis. Individual learning plans were developed using initial assessment results. Emphasis was placed on developing speaking skills, although a minority of detainees took external tests in literacy at entry level up to level two. The range of resources to support learning was good.
- 6.8 The education department was well decorated and furnished and offered a good learning environment. Detainees' art work was well displayed around the centre. Posters promoted education activities, although some of these were not accessible to detainees with limited English skills, in particular, ICT qualifications. Tutors were appropriately qualified and most had a relevant teaching certificate or professional vocational qualification at degree level.
- 6.9 The arts and craft room was well resourced and provided a range of activities, including bead work, clay modelling, jewellery and card making, paper mache, drawing and painting. Themed events and competitions were regularly held to encourage participation. For example, during Black History Month, detainees had produced some African-inspired art work. No structured art sessions were held. Progress was adequately recorded and monitored through individual progress sheets. Detainees produced work of a good standard and a number had received Koestler awards.
- 6.10 There were two computer rooms, one dedicated for internet use and the other for ICT sessions. ICT tutors were required to monitor both rooms, which reduced the amount of time available for one-to one coaching. Insufficient computer software programs limited the activities that took place and completion of some advertised qualifications. Some qualifications took too long to complete and did not reflect the needs of the population. The centre was developing and planning to offer short accredited qualifications. Individual coaching was satisfactory for the few learners who took the opportunity to accredit their skills. Printing facilities were restricted to times when a tutor was staffing sessions.
- 6.11 Education and activities were inadequately promoted at induction, and too many detainees did not know what was available to them. Competitions were offered to promote courses to detainees for short periods, and these were generally well attended.
- 6.12 Quality assurance and improvement arrangements were inadequate. Staff met monthly and produced reports on each area of provision. Identified issues appeared regularly, without appropriate action taken to resolve them. A self-assessment of each curriculum area had recently been produced, but this was at an early stage of development.
- 6.13 The management of activities had recently improved but the centre recognised that there was still much work to do. A number of detainees said that they were too worried and preoccupied by their cases to engage in activities. The monitoring of participation was basic and little use was made of attendance data to identify any under-represented groups.
- 6.14 Recreational activities were limited. Forty computers in two rooms in the education department were well used and provided detainees with good internet access during the week, but they were not always available at weekends. Some internet sites were restricted and there was no clear rationale for this. The popular games room had only one pool table and one table football game, which was insufficient for the number of detainees who wished to use them. The games room was not sufficiently monitored and was a hotspot for potential bullying and aggressive behaviour. The chaplaincy offered regular discussion groups and showed religious films once

a week. A range of religious festivals was celebrated, and open to all faiths. There was little activity to occupy detainees during the weekend.

- 6.15 Detainees could move around the centre for 19.5 hours a day, significantly longer than at the time of the previous inspection, and had unrestricted access to activities for eight and a half hours, from 9am until 8.30pm, excluding meal times.

Library

- 6.16 Library provision was adequate. It was staffed by a qualified librarian and a library assistant, and was run by centre staff when they were unavailable. It was situated in the education department, where it was easily accessible to detainees.
- 6.17 Access was good seven days a week, including evenings. Seventy-eight per cent of detainees said that it was easy to go to the library, which was above the comparator and significantly better than at the time of the previous inspection. However, attendance monitoring was inadequate. No details were kept of individual attendance, only of the number attending each day. It was not possible to determine if the library was not being sufficiently promoted to, and used by, some groups.
- 6.18 The library was well laid out. The book stock, of 4,000 items, was adequate and included fiction and non-fiction texts in a range of languages. The range of foreign language newspapers and periodicals was good. The stock of easy reading and large print books was limited, as was the number of foreign language and English dictionaries, as the current stock had been borrowed and not returned. There was no catalogue of book stock. An annual audit took place but this was insufficient to monitor book stock. There was no satisfactory system to monitor borrowing or effectively control stock loss. Some books were available from the ESOL classroom, but were not available for loan. The range of legal reference books was out of date (see section on legal rights).
- 6.19 A stock of DVD films in a range of languages and music CDs were available, but stock loss was high, at over 30 a month over one period. Interactive media CD games were also issued from the library for use in the games room. The popularity and frequent use of the games and the games console resulted in many being broken and unusable.

Physical education

- 6.20 The range of activities provided by the PE department was good and catered well for the needs of detainees. Sports activities were well publicised and used visual images to advertise activities. In our survey, significantly more detainees than the comparator and at the time of the previous inspection said that it was easy to go to the gym.
- 6.21 Access to the gym was good. It was open from 9am until 8.30pm seven days a week and only closed during meal times. Detainees in the healthcare department and separation units had two dedicated one-hour slots timetabled daily. Most detainees could attend the gym and sports activities freely seven days a week.
- 6.22 The facilities met the needs of the population. The gym was well equipped, with a range of equipment, including running machines, cross-trainers and a range of free weights. A sports hall offered a range of activities, which alternated weekly. Yoga was offered once a fortnight by a visiting tutor. An outside courtyard provided space for football and other team games. PE staff held regular competitions and tournaments for detainees.

- 6.23 The gym was run by 10 staff, eight of whom were qualified and two of whom were working towards qualifications. The centre provided detainees with suitable clothing and footwear. Towels were supplied weekly and detainees could wash them in the laundry area of their accommodation.
- 6.24 Links between healthcare and PE were inadequate. PE staff visited the healthcare department regularly to encourage attendance at the gym or sports hall for those who were fit enough to participate. Although health services staff saw all detainees on arrival at the centre, they did not provide an assessment of whether detainees were fit enough to participate in exercise. In the absence of a healthcare assessment, PE staff provided a thorough induction which included a blood pressure, heart rate, and height and weight assessment.
- 6.25 Staff regularly surveyed detainees to determine if the sports activity timetable met their needs, and were responsive to suggested changes. They logged the attendance of detainees and produced detailed statistics on participation by ethnicity. They did not, however, compare these statistics to the population as a whole, to ensure that no groups were under-represented.
- 6.26 Accidents and incidents were adequately recorded by PE staff and monitored by the fire, health and safety officer. Reports were analysed monthly to identify trends and were shared with senior managers.

Recommendations

- 6.27 Detainees' compliance with UKBA should not be considered as part of the recruitment to paid work roles.
- 6.28 Basic hygiene training should be introduced for detainees working in the kitchen and dining hall serveries.
- 6.29 The times when qualified tutors are staffing education sessions should be advertised, to promote better attendance.
- 6.30 The qualifications offered in information and communications technology (ICT) should be reviewed to ensure that they meet the needs of short-stay detainees. Computer software should be updated to ensure that all qualifications offered are obtainable.
- 6.31 Posters advertising ICT qualifications should be accessible to those with limited English skills.
- 6.32 Staffing in both ICT rooms should be sufficient to allow tutors time to coach detainees working towards ICT qualifications.
- 6.33 Quality assurance and improvement arrangements should be further developed in education and activities.
- 6.34 Attendance monitoring should be improved to ensure that all detainees have equitable access to education, the library and activities.
- 6.35 The games room should be better monitored and resourced.
- 6.36 A wide range of activities should be offered at weekends.

- 6.37 Effective systems to monitor book, CD and DVD issues and returns should be introduced to reduce excessive stock loss.
- 6.38 All detainees should be screened by health services staff before using the gym or undertaking strenuous exercise.
- 6.39 PE staff should compare attendance data statistics with the population as a whole to ensure that they are meeting the needs of all groups.

Section 7: Rules and management of the centre

Expected outcomes:

Detainees feel secure in a predictable and ordered environment.

7.1 The rules of the centre were outlined in a compact in various languages. Physical security and procedural security appeared appropriate. The introduction of freedom of movement in the centre had led to a more relaxed atmosphere and had not resulted in an increase in incidents. The rewards scheme had been suspended, although warnings were still issued. Use of force had reduced. Incidents were generally de-escalated and planned incidents were recorded. The number of detainees separated under Rule 40 and Rule 42 had decreased since the previous inspection. Separation was properly authorised, although in some cases detainees were separated for longer than necessary. Complaint forms were available in a range of languages, but were not sufficiently accessible. Investigations into complaints were not always sufficiently thorough or objective. Medical complaints were inappropriately included in the general complaints system.

Rules of the centre

- 7.2 Detainees were given a compact in reception containing details of how they could expect to be treated and the standards of behaviour expected of them during their time at the centre. The compact was available in a range of languages and detainees were asked to sign a copy to confirm that they understood its contents.
- 7.3 Detainees generally treated staff and each other with respect and understood the rules. We found no evidence of unofficial or collective punishments. There were some unnecessary restrictions – for example, detainees were unable to keep the razors they had with them on reception but could purchase them from the shop.

Security

- 7.4 The level of physical security was appropriate. Free flow had been introduced, allowing detainees freedom of movement from the residential areas to the centre's facilities and activity areas, including the outside courtyards, for most of the day. The relaxation in restrictions had been accompanied by a decrease in the number of incidents, from 849 in the first half of 2009 to 680 in the second half.
- 7.5 There were some unnecessary security restrictions, including a ban on goods in tins or glass containers. In addition, hats and coats with hoods were not allowed.
- 7.6 The number of security information reports (SIRs) had decreased in the previous six months. This was partly because of an instruction that information concerning incidents should be recorded on incident reports and not duplicated on an SIR. However, even after taking into account an increase in the number of incident reports, it was clear that intelligence reporting was limited. Many staff had little contact with detainees on the units, reducing the likelihood of obtaining useful intelligence (see section on staff–detainee relationships). The quality of SIR information was often poor.

- 7.7 The security department was small but organised and able to collate, analyse and monitor the intelligence it received. A monthly intelligence report was distributed to managers and summarised information and concerns. Security issues were discussed at a monthly security committee. The meeting was attended by the security department and senior managers but was not multidisciplinary. Local UK Border Agency (UKBA) representatives and Independent Monitoring Board (IMB) representatives had recently been invited to attend. The UKBA manager had attended the last meeting, but the escort contractor, healthcare department and chaplaincy had not been represented. The meeting had a comprehensive agenda and reviewed data, but no obvious patterns or trends had emerged.
- 7.8 There was no routine strip-searching of detainees. The small number of strip-searches which took place were based on a risk assessment and authorised by the duty director. The records we reviewed indicated that the searches had been justified.
- 7.9 Drug dogs, provided by an external contractor, visited the centre monthly. They carried out a number of activities, including area searches, room searches and staff searches. Initially, the use of drug dogs to search detainee accommodation had caused anger and anxiety among detainees, who did not want dogs coming into contact with their bedding and possessions. The centre had attempted to address their concerns by explaining the need for searching and providing fresh bedding or clothing to detainees after completion of the search, but while reduced, there was still resentment about these searches.

Rewards scheme

- 7.10 The rewards scheme had been suspended, on the ground that there was insufficient differentiation between privilege levels for a system of incentives to operate effectively. All detainees were effectively on the enhanced level. Induction material still included reference to standard and enhanced levels. Warnings were still issued and recorded as under the previous rewards scheme, but simply as a means of placing particular events on record. There was no use of written commendations to recognise notably positive behaviour. One corridor of rooms, with better than average facilities, was used partly for detainees who made a significant contribution to the centre community.
- 7.11 There were provisional plans for differentiation of privilege levels by location after the expansion of the centre. However, there was a danger that location in the new units would be seen in terms of punishment or deprivation.

The use of force and single separation

- 7.12 In the six months before the inspection, there had been 30 uses of force, 27 of which had involved control and restraint techniques, and 12 of which had been planned. This was a reduction on the previous six months, when there had been 38 incidents, and on our findings at the previous inspection, when there had been 43 uses of force in the previous six months.
- 7.13 In our survey, 12% of detainees said that they had been restrained by staff in the previous six months, which was similar to the comparator. None of the detainees we spoke to in our groups had been restrained. Staff did not carry defensive weapons.
- 7.14 We reviewed the paperwork for most of the recent incidents. The records were complete and had been checked by a manager. However, in some cases the officers' reports lacked detail about the incident and the action that they had taken during the restraint. The paperwork suggested that most incidents had been de-escalated.

- 7.15 Records indicated that all detainees subject to use of force were checked by a health services professional immediately after the incident and that, in the case of planned incidents, health services staff were present during the incident.
- 7.16 Planned incidents were recorded on DVD. A sample of DVD recordings of incidents was quality checked by the head of security and operations each month, and any learning points were followed up with the staff concerned. We viewed the DVD recordings of five incidents and found that some of the recordings were of poor quality, revealing that staff were inexperienced in the use of the equipment. One recording showed insufficient de-escalation with a detainee being moved to the care and separation unit (CASU) in locks. He was calm and not given an opportunity to indicate that he was prepared to comply with instructions.
- 7.17 Use of force was monitored by nationality, where the incident occurred, the reason that force was used and whether the detainee had previously been in prison custody. Any trends or issues were discussed at the security committee meeting. No clear patterns had emerged recently.
- 7.18 Detainees were separated on two distinct units. Those removed from association under Rule 40 (removal from association in the interests of security or safety) were located in the welfare and separation unit (WASU), which had a total of 16 single rooms. At the time of the inspection, one floor of this unit, containing eight rooms, was being used as normal single room accommodation, leaving eight rooms to be used for separation. Detainees held under Rule 42 (temporary confinement) were located on the CASU, which contained four cell-like rooms. No detainees were separated on either of these units during the inspection and the units were not staffed when unoccupied.
- 7.19 The WASU was clean and tidy at the time of the inspection. In addition to the bedrooms, the area had a staff office and an association room with a television. The bedrooms were equipped with wooden furniture and had a separate toilet and shower. Some of the rooms had been prepared for occupation, with fresh bedding. We were told that detainees were unlocked for most of the day and could move around the unit and make use of the association room, which had a supply of board games and library books. Education and gym staff were said to visit the unit daily to offer detainees in room activities.
- 7.20 In the six months before the inspection, 100 detainees had been held under Rule 40, an average of 17 a month; this was a reduction from the time of the previous inspection, when 120 detainees had been held over a five-month period – an average of 24 a month. Detainees were removed from association for a number of reasons, including violence or threats of violence towards staff or other detainees and concerted indiscipline. A significant number, approximately 30%, were held pending removal, particularly before removal on a charter flight. This was on the basis of a risk assessment rather than routine (see section on removal and release). It was not possible to establish accurately the average length of time that detainees were separated, as the logs only recorded this to the nearest 24-hour period. However, most detainees were held on Rule 40 for less than 24 hours.
- 7.21 The CASU was generally clean, although the surfaces in the shower areas were grubby. The rooms were equipped with fixed furniture and sanitation; two had little natural light and were bleak. The CASU exercise area was also used for detainees on Rule 40. It was a narrow area between two buildings, with vehicle gates at either end. It was dark, had no seating and was not suitable for the purpose.
- 7.22 Temporary confinement under Rule 42 had been used 31 times in the previous six months, an average of 5 times a month; this was a significant reduction since the previous inspection,

when Rule 42 had been used an average of 8 times a month over a five-month period. However, as for Rule 40, the figures that the centre provided for the average length of time that detainees had been held under Rule 42 were inaccurate, and overestimated the time by rounding it up to the next 24-hour period. Our own calculations indicated that approximately a third of detainees held on Rule 42 had been separated for up to two days. Our review of a sample of individual records revealed two cases where detainees had continued to be held in temporary confinement after they had ceased to be violent or disruptive.

- 7.23 Daily diaries and logs for both the units indicated that detainees were visited daily by the duty director, the UKBA manager and staff from the healthcare department and chaplaincy in accordance with requirements. In addition, the safer detention coordinator and a representative from the IMB saw most detainees daily. Individual detainee records showed that most detainees had been given daily access to telephones, a shower and outdoor exercise, but in cases where there was no record of a detainee taking exercise, the records did not show if this had been offered and declined or had not been available. In most cases, detainees had been allowed to keep their mobile telephone unless a risk assessment indicated a particular risk to the safety of the detainee or security of the centre. In all cases, separation had been properly authorised, and continued separation under Rule 42 over the 24-hour period had been authorised by UKBA managers as required.

Complaints

- 7.24 Complaint forms were available in 11 languages in a number of locations. Racist incident report forms were available in 15 languages (only seven languages were common to the two). UKBA staff emptied all the boxes daily. The complaint boxes on the residential units could easily be opened without the key, which potentially compromised confidentiality.
- 7.25 In our survey, only 42% said that it was easy or very easy to get a complaint form – significantly fewer than at comparator establishments (52%), and than at Harmondsworth at the time of the previous inspection (53%). The complaint forms on the residential units were kept in 'study rooms', which we found locked on a number of occasions.
- 7.26 Investigations into complaints were not always thorough, especially where different issues were raised in a single complaint. Allegations of staff discourtesy were regularly answered solely on the basis of the word of the staff concerned, without seeking other witnesses or sources of corroboration.
- 7.27 Responses were almost always courteous and to the point, although they were often couched in defensive terms. Quality checking by a senior manager had recently been introduced, and it was too early to assess the impact of this.
- 7.28 Thirty-four per cent of the complaints submitted in the last five months of 2009 had been on issues relating to healthcare. This high number of complaints against healthcare had been investigated, but without clear conclusions or follow-up actions (see section on healthcare). All complaint replies were in English, even if the complaint itself was in another language.
- 7.29 The national complaints handling system, introduced with the purpose of maintaining consistent performance across all centres, had had the unintended effect of lengthening timescales and reducing the capacity for effective local monitoring. Local GEO managers only had sight of those complaints returned to them for reply; local UKBA managers were not copied in to the letters sent by the national office to local GEO managers. Comprehensive monitoring reports were not sent by the national office to local UKBA managers (only a

summary statistical report), and no reports were made available to GEO managers. Insofar as local GEO managers were able to monitor complaints, they did so thoroughly, with regular discussion by the senior management team and tracking of trends over time.

Recommendations

- 7.30 The centre should review the list of items allowed in through reception to ensure that any restrictions are justified and proportionate to any risk of misuse.
- 7.31 Detainees should be able to wear hats and hooded coats, and be able to retain and purchase goods in tins or glass containers.
- 7.32 The centre should develop mechanisms such as staff training and briefings to increase the volume and quality of intelligence reported to the security department.
- 7.33 The security committee meetings should be multidisciplinary.
- 7.34 The need for drug dogs should be kept constantly under review and be proportionate to the assessed risk of drug use in the centre.
- 7.35 If a rewards scheme is reintroduced, it should focus more on incentive and reward than on penalising non-compliance.
- 7.36 Staff should be trained in the use of the DVD camera to improve the quality of recordings.
- 7.37 All incidents of use of force should be de-escalated at the earliest opportunity.
- 7.38 Use of force records should be quality checked to ensure that officers' accounts are detailed and clear.
- 7.39 Detainees held on Rule 40 and Rule 42 should be able to exercise in a designated exercise area equipped with seating.
- 7.40 The centre log should indicate the exact length of time that detainees are held on Rule 40 and Rule 42.
- 7.41 The unit diaries and individual records should indicate when detainees are offered access to telephones, showers and exercise and should note if the offer is declined.
- 7.42 Complaint forms should be available in residential units in an area conveniently accessible to detainees at all times.
- 7.43 Managers should regularly establish which languages are most common among detainees, and ensure that complaint and racist incident report forms are available in those languages.
- 7.44 All complaints should be thoroughly investigated, with examination of all relevant evidence, including interviews with all parties.
- 7.45 Managers should introduce a separate system of complaint handling on medical issues, and conclusions and follow-up actions should be recorded.

- 7.46 Responses to complaints should be written in the same language as the complaint itself.
- 7.47 The UKBA should provide the centre manager with regular comprehensive monitoring reports on complaints and on performance in responding to complaints.

Housekeeping points

- 7.48 All detainee guidance material should reflect the up-to-date situation on incentives and rewards.
- 7.49 Shower areas in the care and separation unit should be clean.
- 7.50 All complaints boxes should be securely locked.

Section 8: Services

Expected outcomes:

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

8.1 Detainee perceptions of the quality of the food and the availability of goods in the shop were similar to the comparators. The food was of variable quality and there was poor cultural variety. Options were not properly labelled at the point of serving and some staff were unaware of cross-contamination issues. A limited number of detainees were employed in the kitchen and in serveries, but not as cooks. The shop offered a growing range of items, and detainee requests for additional items were responded to positively.

Catering

- 8.2 Detainees were given two cooked meals a day, which they ordered the day before from picture menus. The vegetarian choice was made available for anyone who had not had the chance to pre-order. A number of meals were cooked and chilled and provided to reception for detainees arriving outside the meal times. The choices were limited, with a four-week cycle offering two choices for lunch and four for dinner. The food was not adapted for cultural tastes, but special diets, such as gluten-free, were catered for. Food was properly procured and stored but options, including halal, were not properly labelled at the point of serving and some staff were unaware of cross-contamination issues. In our survey, 29% of detainees, similar to the immigration removal centre comparator and our findings at the time of the previous inspection, said that the food was good or very good. Some detainees complained about the food when we were at the serveries. There were no culturally themed days to allow detainees to prepare food from their country of origin.
- 8.3 A few detainees had recently been employed in the serveries and kitchens, but not to cook, despite some of them having had previous employment as chefs. They were unable to undertake qualifications but were given a basic induction. This was supposed to precede any work but we found no induction records for recently employed detainees. All the staff and detainees working in the serveries and kitchens were correctly dressed, including headwear.
- 8.4 Complaint and comment logs were available at both servery areas and showed a good level of use, with both positive and negative comments. They were responded to by the catering manager, and some issues were taken further. All comments were in English, as were the log descriptors. The consultative committee discussed catering issues at alternate meetings and the catering manager attended these meetings. Although the matters discussed were not always recorded or followed up, there was evidence that detainee requests and responses had been acted on, such as the change to disposable cutlery.
- 8.5 All detainees ate in communal dining rooms attached to their residential units. Staff registered each person as he collected his meal to monitor any incidents of food refusal. These data were collated centrally. There was one individual refusing food at the time of the inspection (see section on healthcare). Meals were served over a reasonable period and at sensible times. A brunch had been introduced on Sundays. This was followed by a main meal in the early afternoon and a picnic tea.

Centre shop

- 8.6 The shop sold snacks and drinks, as well as items such as tobacco and clothing. A hotdog machine had recently been installed. A limited range of culturally appropriate items and skin and hair care products for black and minority ethnic detainees was available. Thirty-one per cent of detainees, similar to the comparator, said that the range of goods available was sufficient. Although the space for stock was limited, the shop was responsive to individual requests, and one-off purchases were made. The centre did not charge additional fees for administration or collection. Prices reflected those in the community. Detainees were not limited in the amount of money they could have, although centre staff encouraged them not to carry more than £50 at any one time.

Recommendations

- 8.7 Menus should offer more choice and reflect a more culturally diverse range of options.
- 8.8 Culturally themed days, with detainees preparing food from their country of origin, should be introduced.
- 8.9 Staff and detainees should be trained about cross-contamination of food.
- 8.10 Detainees employed in the kitchen should be allowed to cook and gain industry-standard qualifications.
- 8.11 Detainees assigned to work in the kitchen or serveries should undergo induction in basic hygiene standards and food handling before starting work.

Housekeeping points

- 8.12 Publicity for the comments books should be in languages other than English and detainees should be able to make comments and receive answers in their own language.
- 8.13 Food should be properly labelled at the point of serving.

Section 9: Preparation for release

Expected outcomes:

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

9.1 A committed team delivered good welfare support, although they were stretched and the support was only available for a limited number of hours each week. The visits facilities were adequate for the current population; the environment was sufficiently welcoming and staff were helpful. There was a good supply of computers, but undue limitations were placed on internet and email access. Mail handling and fax transmission were well organised, but there were delays to incoming faxes. Preparation for removal or release was restricted to those with known risks or needs, but there was reasonable support for the immediate practical needs of those leaving the centre.

Welfare

- 9.2 The welfare team was committed and hard-working, and two of them were very experienced in this area. In recent months, the team had seen every detainee after arrival and assessed their needs, although they could not always do this on the first day after arrival. They completed a written assessment for each person, and followed issues through using an adequate case tracking system. Although some detainees spoke highly of the welfare service, many were not aware of it. The team had been reduced from five members to three, of whom one would be working on any given weekday. There was no evening or weekend welfare service, which led to a build-up of inductions on Mondays which could not be dealt with effectively. Welfare staff said that they were redeployed to other duties on about 25% of their duty days, leaving the office unstaffed at these times. The 100% induction coverage which the team had achieved recently was clearly difficult to sustain, even during a period when the population had been relatively small. There had been plans for residential unit staff to take on some everyday welfare tasks, but this had not happened. The welfare team was therefore working under considerable pressure.
- 9.3 A key need of detainees was for help in completing forms, especially those relating to legal rights and immigration issues. Welfare staff gave general advice where they could, but had not received relevant training and had been advised by UK Border Agency (UKBA) staff not to assist detainees with the completion of forms.
- 9.4 Overall, the number of contacts made by the welfare team was building up, and in the month before the inspection almost 400 contacts had been recorded. Although there was no monitoring of outcomes from welfare interventions, detainees appeared satisfied with the results of the team's work in such areas as retrieving property, accessing legal advice and preparing for release.
- 9.5 As all information about outside agencies had been lost with the change of contractor, the team was gradually rebuilding contacts, so referral and partnership arrangements were as yet underdeveloped. A surgery with the London Detainee Support Group had been well attended, and there were unconfirmed plans to make this a regular event.

Visits

- 9.6 In our survey, only 40% said that they had had a visit from family or friends since they had been at the establishment, which was significantly fewer than 62% at the time of the previous inspection. This did not appear to be due to any failings in organisation. The visits area was large enough for present needs. A reasonably pleasant and welcoming ambience had been achieved, with attractive displays. Staff were generally helpful and courteous, and some were able to speak to visitors in their own language.
- 9.7 Detainees were mainly positive about visits, but there was no food available in the visits area, as the vending machines were frequently out of commission for long periods. To compensate, tea and coffee were provided free of charge. The establishment was served by a regular bus route.
- 9.8 Searching of visitors was proportionate. No detainees had been strip-searched before or after visits during the previous year. A four-year-old and a 10-year-old child had been required by staff to have their photograph taken, and the visit had been declined for this reason; managers confirmed that this should not have been required. Staff explained that the request for photographs had been made in order to be able to account for the children in case of a fire, or a child going missing.
- 9.9 Lockers were available for visitors to store any items not permitted in the visits area. Visitors were permitted to bring documents into the visits area. A reasonable amount of information was available for visitors, in English, but no confidential telephone number was provided to enable a visitor to raise or report an issue privately. Complaint forms were available in a range of languages. Comments forms were also available, including age-appropriate forms for children.
- 9.10 Visitors were asked to book visits the day before, but flexibility was shown, as the facilities were never stretched to capacity with the present population size.
- 9.11 Appropriate contact was allowed between family members, and guidelines were displayed. Family visits were available on Wednesday and Sunday mornings, but there had been little take-up of this opportunity, although notices about it were prominently displayed in the centre.
- 9.12 An effective volunteer visitor scheme was provided by the London Detainee Support Group.

Telephones

- 9.13 There were sufficient payphones, which were suitably located and had privacy hoods. Calls could be expensive. One detainee told us, 'It is very hard to communicate. My family sends me messages but I can't reply because it's too expensive.'
- 9.14 The bedrooms contained telephones for incoming calls. In our survey, 61% said that it was easy or very easy to make outgoing calls – significantly better than 45% at the time of the previous inspection.
- 9.15 A range of international telephone cards and mobile top-up vouchers was available. The centre supplied a mobile telephone to anyone without one, and the chaplaincy provided assistance to those unable to buy credit. SIM cards were not available from the shop, so detainees were dependent on those brought in from outside or on the one network used for the free-issue telephones. There was no, or poor, signal reception for some networks in some parts of the

centre, reducing the access to cheaper options for some detainees; detainees told us that this was a more significant problem than the absence of SIM cards from the shop.

Mail

- 9.16 Faxes could be sent immediately during the working day, but not after 5pm or at weekends, although emergency procedures were available in case of need. The same machine was used to send and receive faxes, and because of the high volume of outgoing traffic, incoming faxes were often not received for several hours, and often not before the office closed. Photocopies of documents were provided free of charge, without limit.
- 9.17 Mail handling was good, owing to the cooperation between administrative staff and the detainee information office. In our survey, only 20% of detainees said that they had had any problems with sending or receiving mail – significantly better than 32% at time of the previous inspection.
- 9.18 Detainees had internet access on a sufficient number of computers (see section on work and learning and skills). However, the range of websites accessible to them was unduly limited, without adequate reason; for example, some were not able to access newspapers from their country of origin. They had access to email only on hotmail accounts, and were not able to open attachments to emails received.

Removal and release

- 9.19 Detainees said that the London Detainee Support Group was the main source of help in preparation for release, particularly in relation to accommodation. The welfare team ensured that detainees were able to inform key contacts when they were to be moved from the centre.
- 9.20 Pre-discharge strategy meetings were held when there was evidence of likelihood that a detainee would refuse or resist removal or transfer, or that other risks or needs would arise. These were chaired by the duty operational manager and attended by a UKBA manager. Seventeen had been held since their introduction in September 2009; most of these had arisen from evidence of potential resistance to removal, but a few related to needs of the detainee or risk of self-harm. Outcomes were tracked and reviewed by both the duty operations manager and the head of operations.
- 9.21 Separation was not overused for those due to be transferred imminently. In the previous six months, 17 men had been separated under Rule 40 in preparation for transfer, and 22 in preparation for removal, of whom seven were documented as being part of a special charter operation. Thirty-two per cent of uses of Rule 40 in this period were for these purposes, and each usage was on the basis of a specific risk assessment.
- 9.22 If UKBA staff had concerns about a person to whom removal directions had been issued, or if a detainee was marked as being at risk, they made a referral to the welfare team, which would offer support where possible. The welfare team provided general advice rather than practical assistance in preparation for removal or release. There was no comprehensive system of discharge planning; only those specifically referred, self-referring or already on the welfare team caseload received assessment and support.
- 9.23 There was little recorded use of force on the part of GEO staff in effecting removals, and there was no evidence of allegations of unjustified or excessive force.

- 9.24 A large supply of clothing was available from the world faiths department. Reception held a supply of bags and coats for issue. There were good arrangements for the restoration of property to detainees before leaving the establishment. Detainees who were being removed were not routinely provided with travel expenses from the airport of arrival to their home.
- 9.25 Detainees were often transferred to other immigration removal centres with almost no notice, frequently at night, without written reasons and with scant information about the centres to which they were being moved.

Recommendations

- 9.26 The welfare team should be expanded in order to provide weekend and evening cover, and should see all detainees on the day after arrival.
- 9.27 A member of the welfare team should carry out this function at all times when it is scheduled to be available.
- 9.28 Welfare staff should be trained to assist detainees in completing standard forms required for their immigration case.
- 9.29 The outcomes of welfare team work should be monitored.
- 9.30 Regular surgeries with the London Detainee Support Group and/or similar groups should be facilitated.
- 9.31 A range of refreshments, including healthy options, should always be available to visitors.
- 9.32 Children visiting detainees should not be photographed.
- 9.33 Information for visitors should be available in different languages.
- 9.34 A telephone number should be advertised in the visits area for confidential reporting of issues or concerns by visitors.
- 9.35 Managers should research, and if possible implement, measures to improve mobile telephone reception in detainee areas.
- 9.36 Facilities in the information office should be upgraded, so that all incoming faxes are received, printed and made available for issue without delay.
- 9.37 Internet sites should only be blocked for explicit and defensible reasons.
- 9.38 Detainees should be able to send and receive emails on all mainstream networks, and be able to send and open attachments.

Section 10: Recommendations, housekeeping and good practice

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

Main recommendations

To the Chief Executive, UKBA

- 10.1 Detainees should not be subject to excessive and unnecessary transfer around the detention estate without notice or explanation. (HE37)
- 10.2 UKBA caseworkers should respond to a Rule 35 letter within the required two working days, with a response that recognises the full scope of the rule. The on-site immigration team should follow up late responses promptly. (HE40)

Main recommendations

To the centre manager

- 10.3 Reception staff should complete a formal risk assessment covering new arrivals' risk to themselves and others, which takes account of all documentation arriving with detainees, including prison records. (HE38)
- 10.4 The centre should consult with the Legal Services Commission and local legal aid solicitors undertaking immigration work to facilitate better detainee access to legal advice and representation. (HE39)
- 10.5 All health services staff should undertake communication skills training which includes awareness of the emotional and physical consequences of being an immigration detainee. (HE41)
- 10.6 A comprehensive health needs analysis (including mental health) should be undertaken and services mapped against it. (HE42)
- 10.7 Clinical governance meetings should take place at least quarterly and demonstrate evidence of review and action related to clinical incidents, serious untoward incidents, complaints, staff training and other service quality indicators. (HE43)
- 10.8 All detainees for whom release or removal is planned should receive a pre-release assessment of need, with actions following where appropriate. (HE44)
- 10.9 The centre should take steps to promote and increase the take-up of activities, including education. (HE45)
- 10.10 Staff should be encouraged to interact proactively with detainees and a care of personal officer scheme should be introduced. (HE46)

- 10.11 The UK Border Agency (UKBA) should consult with the Legal Services Commission about meeting the legal needs of unrepresented detainees passing through the detained fast track (DFT) system. (3.15)
- 10.12 The UKBA should, in accordance with its own DFT process operational instruction, delay DFT asylum interviews for 24 hours where a detainee is unrepresented. Any interview involving unrepresented detainees should be tape recorded and a copy made available to the detainee. (3.16)
- 10.13 UKBA fast-track caseworkers should emphasise timescales, bail rights, appeal rights and possible outcomes to detainees during induction interviews, and should check the detainee's understanding at the end of the interview. (3.31)
- 10.14 UKBA case owners should advise detainees of the date and time of their asylum interview at the induction interview. (3.32)
- 10.15 Monthly review letters should be timely and reflect a balanced consideration of all factors relevant to continuing detention. In particular, the review letter should state the reasons for any lack of progress since the last letter. (3.33)
- 10.16 UKBA should adopt a national policy that bail summaries are issued by caseworkers to all detainees, whether they are legally represented or not, at least one day before the hearing. For non-fast track detainees, bail summaries should be sent via the on-site immigration team with a system to monitor their receipt and timeliness. (3.34)
- 10.17 Where there is no prospect of a detainee being removed, the UKBA caseworker should specifically address any continued detention in these circumstances as a matter of law and fact. (3.35)
- 10.18 Medical evidence that a detainee's mental health is being adversely affected by continued detention should trigger a prompt review of detention by the UKBA caseworker, which takes account of the Immigration Directorate Instructions that only in exceptional circumstances should mentally ill persons be detained. The detainee should be informed of the basis and outcome of this review. (3.36)
- 10.19 All legal correspondence addressed to a detainee arriving through the on-site immigration team should be passed directly to the detainee without being read or copied by immigration staff. (3.37)
- 10.20 Where there is medical evidence of previous torture or that a detainee's health is likely to be injuriously affected by detention, the Detention Centre Rule 35 process should be followed. (3.38)
- 10.21 The UKBA should actively pursue the earliest possible social services assessment of detainees whose age is in dispute. (4.36)
- 10.22 The UKBA should provide the centre manager with regular comprehensive monitoring reports on complaints and on performance in responding to complaints. (7.47)

Recommendation

To the UKBA and the escort contractor

- 10.23 Copies of police custody records should be attached to the IS91 authority to detain notification when a detainee is transferred from police custody. (1.11)

Recommendations

To the UKBA and centre

- 10.24 Detainees should be given as much notice as possible of any transfer. (1.15)
- 10.25 Detainees being transferred should be given written information about the centre they are going to. (1.16)
- 10.26 Detainees should only be handcuffed during an escort if a risk assessment indicates a specific increased risk of escape or to the safety of the public or staff. (1.17)

Recommendations

To the escort contractor

- 10.27 Escort vehicles should carry sufficient food for detainees, with a range suitable for different diets. (1.12)
- 10.28 Detainees should be given comfort breaks on journeys of over two and a half hours. (1.13)
- 10.29 Escorting staff should contact the centre to give advance notice of their arrival time and details of who they are carrying. (1.14)

Recommendations

To the centre manager

Arrival in detention

- 10.30 Detainees should not be transferred between centres overnight. (1.10)
- 10.31 The reception area should be equipped with shower facilities. (1.33)
- 10.32 The toilet should be fully screened from the waiting area. (1.34)
- 10.33 All new arrivals should be given information leaflets about reception procedures and the centre in their own language. (1.35)
- 10.34 All new arrivals should be offered a hot meal. (1.36)
- 10.35 All detainees should be offered a free telephone call on arrival and this should be documented. (1.37)
- 10.36 Interpretation should be used to communicate with detainees who are not fluent in English. (1.38)
- 10.37 Staff on the first night unit should interview detainees individually in private to identify any concerns and complete an assessment of risk, including of self-harm and suicide. (1.50)

- 10.38 All detainees should be checked at least twice on their first night, and the checks should be recorded. (1.51)
- 10.39 All detainees held in the centre for more than 24 hours should be given a full induction, using translated material and interpretation wherever necessary. (1.52)

Environment and relationships

- 10.40 Detainees' rooms should be thoroughly cleaned between occupations. (2.18)
- 10.41 Communal living areas should be less institutional and fitted with comfortable furniture. (2.19)
- 10.42 Staff should ensure detainees do not smoke in their rooms or elsewhere in the centre. (2.20)
- 10.43 Rooms designed for two detainees should not be used to accommodate three. (2.21)
- 10.44 There should be sufficient room keys for all detainees. (2.22)
- 10.45 All detainees requiring the lift because of mobility problems should be able to access it. (2.23)
- 10.46 The personal evacuation plans for detainees should be available in residential offices and understood by staff. (2.24)
- 10.47 Detainee consultation meetings should be better promoted. Action points should be followed up and reported against at subsequent meetings. (2.25)
- 10.48 A wide range of relevant information in different languages should be displayed. (2.26)
- 10.49 Showers and toilets should be refurbished to be robust enough to withstand their heavy usage. (2.27)
- 10.50 A purpose-built shower for detainees with mobility problems should be installed. (2.28)
- 10.51 There should be basic toiletries suitable for black and minority ethnic detainees. (2.29)
- 10.52 Staff should receive training to enhance their understanding of the experiences and histories of people seeking asylum, refugees and those detained under immigration powers. (2.39)
- 10.53 Staff should communicate and consult with detainees through regular group meetings using professional interpretation wherever necessary. (2.40)
- 10.54 History sheet entries should be regular and substantial, building a meaningful picture of detainees. (2.41)
- 10.55 Staff should always knock and wait for an answer before entering detainees' rooms. (2.42)

Casework

- 10.56 Information about legal rights, including prominent posters and leaflets about legal advice organisations in the centre, should be available to detainees in a range of languages. (3.11)

- 10.57 The library should stock sufficient, up-to-date legal reference materials to meet the needs of the population. (3.12)
- 10.58 A trained member of staff should be available daily to assist detainees completing legal forms.(3.13)
- 10.59 The latest Office of the Immigration Services Commissioner and Legal Complaints Service posters, leaflets and complaints should be prominently displayed and available in a range of languages. (3.14)

Duty of care

- 10.60 The safer custody group meeting should analyse relevant data for trends. (4.17)
- 10.61 There should be a safety survey of detainees, which should be used to update the policy and practice. (4.18)
- 10.62 Victims of bullying should have an individual plan to offer them appropriate support. (4.19)
- 10.63 Victims should not be required to sign a disclaimer if they do not choose to move accommodation units. (4.20)
- 10.64 The shop area and the games room, and any other communal areas where bullying or violence is identified, should be supervised by staff. (4.21)
- 10.65 The safer custody policy should reflect current practice at the establishment. (4.22)
- 10.66 There should be a buddy/befriending scheme for detainees who are vulnerable and require additional support. (4.23)
- 10.67 All relevant departments should attend the safer custody group meetings. (4.24)
- 10.68 The safer custody group meeting should monitor incidents of self-harm, analyse and respond to any emerging trends, and reflect on any lessons that can be learned from serious incidents of self-harm. (4.25)
- 10.69 Staff should be aware of how to access important information identifying vulnerable detainees. (4.26)
- 10.70 The safer custody manager should provide training to staff on the suicide and self-harm prevention arrangements at the centre and their responsibility for keeping detainees safe. (4.27)
- 10.71 Where appropriate, family and friends should be engaged in case reviews. (4.28)
- 10.72 Professional interpreters should be used to interpret during case reviews. (4.29)
- 10.73 The new policy on detainees whose age is in dispute should be reviewed in consultation with the local safeguarding children board. The policy should include risk assessment and review paperwork, and describe a case management process with clear timings for reviews. (4.35)
- 10.74 The diversity policy should be finalised, include attention to the needs of gay and transgender detainees, and be distributed to staff and detainees. (4.45)

- 10.75 There should be diversity impact assessments of local policies. (4.46)
- 10.76 The diversity manager should receive relevant training. (4.47)
- 10.77 All relevant departments should attend the race and diversity meetings, which should consider issues of nationality, race, religion, disability and sexuality. (4.48)
- 10.78 Detainees should have access to a range of translated information about the centre. (4.49)
- 10.79 Detainees should be consulted on race, nationality and religious matters. (4.50)
- 10.80 All staff should have relevant diversity training. (4.51)
- 10.81 Detainees with disabilities should be identified at the earliest stage and included in regime monitoring. (4.52)
- 10.82 All detainees with disabilities should have their needs assessed and care plans and personal emergency evacuation plans should be drawn up where appropriate. Staff should be aware of these. (4.53)
- 10.83 There should be a mentoring/carers scheme for detainees who require additional support with daily tasks. (4.54)
- 10.84 Staff should receive awareness training in religious diversity. (4.62)

Health services

- 10.85 A health development plan should be produced which includes health promotion. (5.68)
- 10.86 There should be a clear distinction between inpatient healthcare beds and other beds which are used for detainees without an identified health need. (5.69)
- 10.87 Administrative staff should not attend healthcare consultations. (5.70)
- 10.88 Detainees with little or no use of English should be offered the use of interpreting services for all healthcare consultations, and other detainees should only be used to interpret for other detainees with clear consent. (5.71)
- 10.89 All healthcare appointments should be monitored for equity of access. (5.72)
- 10.90 An infection control audit should be conducted of all healthcare areas. (5.73)
- 10.91 Chronic disease clinics should be set up to ensure effective monitoring of the health of detainees and audit of their care. (5.74)
- 10.92 A policy on the management of blood-borne viruses with clear indications for testing should be produced. (5.75)
- 10.93 There should be a designated lead for the care of older detainees. (5.76)
- 10.94 Information on health services for detainees should enable those with literacy as well as language difficulties to understand when and how to access services. (5.77)

- 10.95 All health services staff should be trained in recognising and dealing with torture and its consequences. (5.78)
- 10.96 Rule 35 healthcare reports should clearly identify whether injuries are likely to have resulted from torture. (5.79)
- 10.97 All detainees on formal 'medical hold' should stay at the centre pending a clinical decision on their condition. (5.80)
- 10.98 A palliative care policy should be developed. (5.81)
- 10.99 All policies should be dated, appropriately referenced to current national and/or local NHS guidance and subject to regular review. (5.82)
- 10.100 Clinical supervision should be available and encouraged for all nursing staff. (5.83)
- 10.101 There should be a current training needs analysis for nursing staff. (5.84)
- 10.102 All staff should have regular appraisals and a personal development plan which informs their continuing professional development. (5.85)
- 10.103 There should be a formal agreement with the local authority/primary care trust for the loan of occupational therapy equipment. (5.86)
- 10.104 Detainees with disabilities should be provided with aids appropriate to their disability to ensure their independent mobility and dignity. (5.87)
- 10.105 Clinical records should be appropriately and safely managed, with specific reference to their day-to-day storage and a tracking system to ensure fast locating of records for clinical consultations. (5.88)
- 10.106 All duplicate or additional clinical records for the same detainee should be co-located and fastened securely together. (5.89)
- 10.107 Entries in clinical records should be complete, legible and the entry author identifiable by name and designation. (5.90)
- 10.108 The records of current and previous detainees should be stored safely and securely to comply with Caldicott requirements. (5.91)
- 10.109 Healthcare complaints should be reviewed and always responded to by a senior member of health services staff. (5.92)
- 10.110 There should be a consultation mechanism for detainees to raise healthcare issues. (5.93)
- 10.111 Links should be developed with the local health and social care community in respect of flu pandemic arrangements. (5.94)
- 10.112 Routine screening for blood-borne viruses should be offered on or soon after arrival. (5.95)
- 10.113 There should be a self-completion arrival assessment available in detainees' own language. (5.96)

- 10.114 All detainees reporting thoughts of self-harm or suicide to health services staff should have an assessment, care in detention and teamwork (ACDT) document opened. (5.97)
- 10.115 All detainees should be offered a GP appointment within 24 hours of arrival. (5.98)
- 10.116 Health services staff should routinely advise on room location for detainees with an identified disability. (5.99)
- 10.117 An audit of missed healthcare consultations, including those attending late, should be undertaken, to identify the reasons and improve detainees' access to healthcare. (5.100)
- 10.118 There should be a policy for the clinical management of tuberculosis. (5.101)
- 10.119 There should be a health promotion strategy. (5.102)
- 10.120 There should be smoking cessation provision. (5.103)
- 10.121 There should be regular involvement of a pharmacist and/or technician in the pharmacy service, with minimum monthly visits to support and provide appropriate system and stock checks. (5.104)
- 10.122 In-possession risk assessments should be completed fully for all detainees who are being considered for provision of medication in possession. (5.105)
- 10.123 There should be an out-of-hours medication policy. (5.106)
- 10.124 Standard operation procedures for controlled drugs should comply with current requirements of the Misuse of Drugs Regulations 2001. (5.107)
- 10.125 All healthcare policies and procedures should be formally ratified and reviewed through the appropriate governance committee. (5.108)
- 10.126 The medicines and therapeutics committee should meet at least quarterly. (5.109)
- 10.127 Prescribing data should be collated and reviewed to enable safe and effective medicines management and value for money. (5.110)
- 10.128 There should be appropriate procedures for dealing with incidents involving controlled drugs. (5.111)
- 10.129 An audit of all missed dental appointments should be conducted to identify reasons for non-attendance and enable effective use of sessions. (5.112)
- 10.130 Oral health promotion should be introduced. (5.113)
- 10.131 Care plans should be reviewed regularly, reviews documented and detainees involved wherever possible. (5.114)
- 10.132 Therapeutic day care should be available for detainees. (5.115)
- 10.133 External healthcare appointments should only be cancelled or rearranged in exceptional circumstances. (5.116)

- 10.134 There should be protected time for registered mental nurses to provide primary mental health services for detainees. (5.117)
- 10.135 Detainees should have access to a counselling service. (5.118)
- 10.136 There should be mental health awareness training for all centre staff. (5.119)
- 10.137 All health services staff dealing with and administering substance use regimes should be trained to Royal College of General Practitioner (Substance Use) level one. (5.120)
- 10.138 There should be a protocol for the care and admission to the inpatient unit of alcohol-dependent detainees. (5.121)
- 10.139 There should be structured support for substance use, including alcohol. (5.122)
- 10.140 There should be a dual diagnosis approach to detainees with both substance use needs and mental health problems. (5.123)
- 10.141 The telephone in the reception healthcare room should be sited appropriately to enable ease of telephone interpretation, and should include a loudspeaker function to enable effective communication between nurse and detainee.(5.124)
- 10.142 All controlled drugs should be destroyed in accordance with current requirements. (5.125)
- 10.143 There should be a dual labelling system for medication. (5.126)
- 10.144 All staff handling controlled drugs should understand and comply with the standard operating procedures. (5.127)

Activities

- 10.145 Detainees' compliance with UKBA should not be considered as part of the recruitment to paid work roles. (6.27)
- 10.146 Basic hygiene training should be introduced for detainees working in the kitchen and dining hall serveries. (6.28)
- 10.147 The times when qualified tutors are staffing education sessions should be advertised, to promote better attendance. (6.29)
- 10.148 The qualifications offered in information and communications technology (ICT) should be reviewed to ensure that they meet the needs of short-stay detainees. Computer software should be updated to ensure that all qualifications offered are obtainable. (6.30)
- 10.149 Posters advertising ICT qualifications should be accessible to those with limited English skills. (6.31)
- 10.150 Staffing in both ICT rooms should be sufficient to allow tutors time to coach detainees working towards ICT qualifications. (6.32)
- 10.151 Quality assurance and improvement arrangements should be further developed in education and activities. (6.33)

- 10.152 Attendance monitoring should be improved to ensure that all detainees have equitable access to education, the library and activities. (6.34)
- 10.153 The games room should be better monitored and resourced. (6.35)
- 10.154 A wide range of activities should be offered at weekends. (6.36)
- 10.155 Effective systems to monitor book, CD and DVD issues and returns should be introduced to reduce excessive stock loss. (6.37)
- 10.156 All detainees should be screened by health services staff before using the gym or undertaking strenuous exercise. (6.38)
- 10.157 PE staff should compare attendance data statistics with the population as a whole to ensure that they are meeting the needs of all groups. (6.39)

Rules and management of the centre

- 10.158 The centre should review the list of items allowed in through reception to ensure that any restrictions are justified and proportionate to any risk of misuse. (7.30)
- 10.159 Detainees should be able to wear hats and hooded coats, and be able to retain and purchase goods in tins or glass containers. (7.31)
- 10.160 The centre should develop mechanisms such as staff training and briefings to increase the volume and quality of intelligence reported to the security department. (7.32)
- 10.161 The security committee meetings should be multidisciplinary. (7.33)
- 10.162 The need for drug dogs should be kept constantly under review and be proportionate to the assessed risk of drug use in the centre. (7.34)
- 10.163 If a rewards scheme is reintroduced, it should focus more on incentive and reward than on penalising non-compliance. (7.35)
- 10.164 Staff should be trained in the use of the DVD camera to improve the quality of recordings. (7.36)
- 10.165 All incidents of use of force should be de-escalated at the earliest opportunity. (7.37)
- 10.166 Use of force records should be quality checked to ensure that officers' accounts are detailed and clear. (7.38)
- 10.167 Detainees held on Rule 40 and Rule 42 should be able to exercise in a designated exercise area equipped with seating. (7.39)
- 10.168 The centre log should indicate the exact length of time that detainees are held on Rule 40 and Rule 42. (7.40)
- 10.169 The unit diaries and individual records should indicate when detainees are offered access to telephones, showers and exercise and should note if the offer is declined. (7.41)

- 10.170 Complaint forms should be available in residential units in an area conveniently accessible to detainees at all times. (7.42)
- 10.171 Managers should regularly establish which languages are most common among detainees, and ensure that complaint and racist incident report forms are available in those languages. (7.43)
- 10.172 All complaints should be thoroughly investigated, with examination of all relevant evidence, including interviews with all parties. (7.44)
- 10.173 Managers should introduce a separate system of complaint handling on medical issues, and conclusions and follow-up actions should be recorded. (7.45)
- 10.174 Responses to complaints should be written in the same language as the complaint itself. (7.46)

Services

- 10.175 Menus should offer more choice and reflect a more culturally diverse range of options. (8.7)
- 10.176 Culturally themed days, with detainees preparing food from their country of origin, should be introduced. (8.8)
- 10.177 Staff and detainees should be trained about cross-contamination of food. (8.9)
- 10.178 Detainees employed in the kitchen should be allowed to cook and gain industry-standard qualifications. (8.10)
- 10.179 Detainees assigned to work in the kitchen or serveries should undergo induction in basic hygiene standards and food handling before starting work. (8.11)

Preparation for release

- 10.180 The welfare team should be expanded in order to provide weekend and evening cover, and should see all detainees on the day after arrival. (9.26)
- 10.181 A member of the welfare team should carry out this function at all times when it is scheduled to be available. (9.27)
- 10.182 Welfare staff should be trained to assist detainees in completing standard forms required for their immigration case. (9.28)
- 10.183 The outcomes of welfare team work should be monitored. (9.29)
- 10.184 Regular surgeries with the London Detainee Support Group and/or similar groups should be facilitated. (9.30)
- 10.185 A range of refreshments, including healthy options, should always be available to visitors. (9.31)
- 10.186 Children visiting detainees should not be photographed. (9.32)
- 10.187 Information for visitors should be available in different languages. (9.33)

- 10.188 A telephone number should be advertised in the visits area for confidential reporting of issues or concerns by visitors. (9.34)
- 10.189 Managers should research, and if possible implement, measures to improve mobile telephone reception in detainee areas. (9.35)
- 10.190 Facilities in the information office should be upgraded, so that all incoming faxes are received, printed and made available for issue without delay. (9.36)
- 10.191 Internet sites should only be blocked for explicit and defensible reasons. (9.37)
- 10.192 Detainees should be able to send and receive emails on all mainstream networks, and be able to send and open attachments. (9.38)

Housekeeping points

Arrival in detention

- 10.193 Televisions should be located where they can be seen by detainees. (1.39)
- 10.194 The reception area should have reading material in different languages for waiting detainees. (1.40)

Environment and relationships

- 10.195 All showers, baths and toilets should be kept clean throughout the day. (2.30)
- 10.196 All baths should be fitted with plugs. (2.31)
- 10.197 Detainees requiring clothing should be given a minimum of three full sets. (2.32)
- 10.198 The centre should supply warm outdoor coats to detainees who do not have their own. (2.33)

Casework

- 10.199 There should be a second fax line in the information centre. (3.17)
- 10.200 The centre should clarify and inform detainees how to send faxes out of hours and abroad. (3.18)
- 10.201 The centre should install good quality telephones with two handsets in the interview rooms to ensure better quality interpretation. (3.39)
- 10.202 UKBA caseworkers should not routinely interview detainees in rooms with chained chairs, which should only be used following an individual risk assessment. (3.40)

Duty of care

- 10.203 The finalised bullying policy document should be distributed to staff and made available to detainees. (4.30)

Health services

- 10.204 The healthcare room in the reception area should be appropriately furnished and equipped to enable information and equipment to be located easily. (5.128)
- 10.205 There should be a basin and handtowels in the healthcare room in arrivals to enable nursing staff to wash their hands. (5.129)
- 10.206 The panic button in the reception healthcare room should be located near to the nurse's chair. (5.130)
- 10.207 There should be a height measure available in the reception healthcare room. (5.131)
- 10.208 There should be a larger cabinet for storing controlled drugs. (5.132)
- 10.209 Confidentiality should be improved at the pharmacy hatch during busy periods. (5.133)
- 10.210 There should be an agreed stock list for all pharmacy orders, countersigned by the GP. (5.134)
- 10.211 Stock medication should be labelled in accordance with the requirements and include batch number and expiry date. (5.135)
- 10.212 All medication should be date checked regularly and checks recorded. (5.136)
- 10.213 Up-to-date pharmaceutical reference books should be available and old versions discarded. (5.137)
- 10.214 Equipment on the inpatient unit should be fully functioning and appropriate to care needs. (5.138)
- 10.215 The patient group directions should include one for dental pain. (5.139)
- 10.216 The draft protocol for the clinical management of substance use should be appropriately referenced and dated. (5.140)

Rules and management of the centre

- 10.217 All detainee guidance material should reflect the up-to-date situation on incentives and rewards. (7.48)
- 10.218 Shower areas in the care and separation unit should be clean. (7.49)
- 10.219 All complaints boxes should be securely locked. (7.50)

Services

- 10.220 Publicity for the comments books should be in languages other than English and detainees should be able to make comments and receive answers in their own language. (8.12)
- 10.221 Food should be properly labelled at the point of serving. (8.13)

Appendix I: Inspection team

Anne Owers	Chief inspector
Hindpal Singh Bhui	Team leader
Colin Carroll	Inspector
Martin Kettle	Inspector
Vinnett Pearcy	Inspector
Sara Snell	Inspector
Lucy Young	Inspector
Nicola Rabjohns	Healthcare inspector
Adam Altoft	Researcher
Amy Summerfield	Researcher
Guest	
Rachel Pennant	Independent Chief Inspector's office, UKBA

Appendix II: Detainee population profile

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

(i) Age	No. of men	%
18 years to 21 years	18	8.45%
22 years to 29 years	76	35.68%
30 years to 39 years	83	38.97%
40 years to 49 years	29	13.62%
50 years to 59 years	5	2.35%
60 years to 69 years	2	0.94%
70 or over	N/A	N/A
Total	213	100%

(ii) Nationality	No. of men	%
Afghanistan	35	16.43%
Albania	5	2.35%
Algeria	3	1.41%
Bangladesh	9	4.23%
Cameroon	1	0.47%
China	17	7.98%
Congo Democratic Republic (Zaire)	1	0.47%
Egypt	3	1.41%
Gambia	4	1.88%
Ghana	5	2.35%
Guinea	3	1.41%
India	12	5.63%
Iran	5	2.35%
Iraq	5	2.35%
Ivory Coast	1	0.47%
Jamaica	10	4.69%
Jordan	1	0.47%
Libya	1	0.47%
Morocco	1	0.47%
Malaysia	1	0.47%
Namibia	1	0.47%
Nigeria	27	12.68%
Pakistan	27	12.68%
Russia	2	0.94%
Sierra Leone	3	1.41%
Sri Lanka	2	0.94%
Sudan	1	0.47%
Syria	1	0.47%
Tunisia	4	1.88%
Turkey	3	1.41%
Uganda	9	4.23%

Uzbekistan	1	0.47%
Togo	1	0.47%
Vietnam	3	1.41%
Total	213	100%

(iv) Religion/belief	No. of men	%
Buddhist	13	3%
Roman Catholic	6	6%
Other Christian	68	32%
Hindu	4	2%
Muslim	107	50%
Sikh	7	3%
Atheist	6	3%
Rastafarian	1	N/A
Jewish	1	N/A
Total	213	100%

(v) Length of time in detention	No. of men	%
Less than 1 week	32	15%
1 to 2 weeks	12	6%
2 to 4 weeks	21	10%
1 to 2 months	66	31%
2 to 4 months	44	21%
4 to 6 months	14	7%
6 to 8 months	8	4%
8 to 10 months	4	2%
More than 10 months (longest length of time)	12 (21.12.08)	6%
Total	213	100%

(v) Length of time in detention in this centre	No. of men	%
Less than 1 week	59	28%
1 to 2 weeks	21	10%
2 to 4 weeks	38	18%
1 to 2 months	67	31%
2 to 4 months	12	6%
4 to 6 months	10	5%
6 to 8 months	3	1%
8 to 10 months	1	0%
More than 10 months (longest length of time)	2 (21.12.08)	1%
Total	213	100%

(vi) Detainees' last location before detention in this centre	No. of men	%
Another IRC	145	68%
A short-term holding facility (e.g. at a port or reporting centre)	45	21%
Police station	19	9%
Prison	4	2%
Total	213	100%

Appendix III: Safety and staff-detainee relationship interviews

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

Location of interviews

Interviews were undertaken in a private interview room, and participation was voluntary. An interview schedule was used to maintain consistency, so all interviewees were asked the same questions. The interview schedule had two distinct sections, the first covering safety and the second staff–detainee relationships. Eleven interviews were undertaken on Dove unit, and nine were undertaken on Cedar unit.

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

Demographic information

- The average length of time in detention was approximately two months and ranged from one day to 15 months.
- The average length of time at Harmondsworth IRC was approximately one month and ranged from one day to six weeks.
- For 15 interviewees, this was their first time in detention.
- Ages ranged from 21 to 62 years, the average being 32.
- Three interviewees were Nigerian, two were Pakistani, two Ugandan, two Bangladeshi and one was Iranian, one Jamaican, one Ghanaian, one Iraqi, one Uzbekistani, one Albanian, one Tunisian, one Chinese, one Sierra Leonean, one Guinean and one Israeli.
- All interviewees spoke English but only six spoke English as a first language.
- Seven interviewees identified their religion as Muslim, six as Christian, two as Catholic and one as Hindu. Four interviewees stated they had no religious faith.
- Four interviewees stated they had a disability.

Safety

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

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

	Yes, this is a problem (number of respondents)	Average rate (1 = a little unsafe, to 4 = extremely unsafe)	Seriousness score
Uncertainty/insecurity because of immigration case	16	3.1	49
Lack of information about centre regime	7	2.29	16
Lack of trust in staff	8	1.75	14
Lack of communication with family/friends	5	2.4	12
Isolation (within the centre)	5	2.4	12
Staff behaviour with detainees	4	2.75	11
Lack of confidence in staff	5	2	10
Access to legal advice	4	2.5	10
Healthcare facilities	4	2.25	9
Availability of drugs	3	3	9
The way meals are served	3	3	9
Aggressive body language of staff	4	2	8
Lack of information in translation	3	2.67	8
Overcrowding	2	4	8
Existence of an illegal market	3	2	6
Response of staff to self-harm incidents in the centre	2	3	6
Aggressive body language of detainees	2	3	6
Surveillance cameras	4	1.25	5
Number of staff on duty during the day	3	1.3	4
Layout of the centre	1	3	3
Response of staff with regards to fights/bullying in the centre	1	3	3
Gang culture	1	3	3
Staff members giving favours in return for something	1	1	1

The top five issues were:

1. Uncertainty/ insecurity because of immigration case
2. Lack of information about centre regime
3. Lack of trust in staff
4. Lack of communication with family/ friends
5. Isolation (within the centre)

Overall rating

Interviewees were asked to give an overall rating for safety at Harmondsworth IRC, with 1 being very bad and 4 being very good. The average rating was 2.5.

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

1	2	3	4
4 (20%)	4 (20%)	11 (55%)	1 (5%)

Staff–detainee relationships

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

1. Do you feel that staff are respectful towards you?

1 Completely	2	3	4 Not at all
6 (30%)	8 (40%)	5 (25%)	1 (5%)

The average rating was 2.1

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

1 Always	2	3	4 Never
9 (45%)	6 (30%)	4 (20%)	1 (5%)

The average rating was 1.85

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

1 Always	2	3	4 Never
13 (68%)	2 (11%)	2 (11%)	2 (11%)

The average rating was 1.63

4. How often do wing staff knock before entering your room?

1 Always	2	3	4 Never
10 (53%)	3 (16%)	4 (21%)	2 (11%)

The average rating was 1.89

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

1 Very helpful	2	3	4 Not at all helpful
3 (15%)	8 (40%)	5 (25%)	4 (20%)

The average rating was 2.5.

6. How often are staff appropriate in their behaviour?

1 Always	2	3	4 Never
9 (45%)	1 (5%)	5 (25%)	5 (25%)

The average rating was 2.3.

7. Do staff treat detainees fairly?

1 Completely	2	3	4 Not at all
8 (40%)	9 (45%)	3 (15%)	0

The average rating was 1.75

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

Yes	No	Depends who you approach
13 (76%)	3 (18%)	1 (6%)

9. How often do staff interact with you?

1 Always	2	3	4 Never
9 (45%)	3 (15%)	8 (40%)	0

The average rating was 1.95

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

11 (55%) stated they did not. Of the 9 (45%) who said that they did, they gave the following rating of how many staff they felt they could approach:

1 Many	2	3	4 One
4 (50%)	3 (38%)	1 (13%)	0

The average rating was 1.63

11. Do staff challenge inappropriate behaviour?

1 Always	2	3	4 Never
6 (46%)	5 (38%)	1 (8%)	1 (8%)

The average rating was 1.77

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

1 Always	2	3	4 Never
2 (11%)	6 (33%)	6 (33%)	4 (22%)

The average rating was 2.7

13. Have you ever been discriminated against by staff because of:

- Your culture or ethnicity

Yes	No
4 (20%)	16 (80%)

- Your nationality

Yes	No
2 (10%)	18 (90%)

- Your religion

Yes	No
3 (15%)	17 (85%)

- There were no reports of discrimination due to age, disability or sexual orientation.

Overall rating

Interviewees were asked to give an overall rating for staff detainee relationships at Harmondsworth IRC, with 1 being excellent and 4 being poor. **The average rating was 2.45.**

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

1	2	3	4
1 (5%)	12 (60%)	4 (20%)	3 (15%)

Appendix IV: Summary of survey responses

Detainee survey methodology

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

Choosing the sample size

At the time of the survey on 5 January 2010, the detainee population at Harmondsworth IRC was 175. The questionnaire was offered to all detainees.

Selecting the sample

Questionnaires were offered to all adult detainees available at the time of the visit. A liaison officer, supplied to us by the IRC, organised nationality groups based on language, to be convened throughout the course of the day. Those detainees who were unable to attend the organised groups were approached on the housing units by a researcher. This ensured that all detainees were approached by the Inspectorate.

Questionnaires were offered in 23 languages.

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

Methodology

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

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

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

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

Response rates

In total, 108 respondents completed and returned their questionnaires. This represented 62% of the detainee population. The response rate was 62%. In total 67 detainees refused to complete a questionnaire, did not return it or returned it blank. Forty-nine questionnaires (45%)

were returned in English; 11 (10%) in Chinese; 10 (9%) in Farsi; nine (8%) in Pashtu; nine (8%) in Urdu; eight (7%) in Bengali; three (3%) in Albanian; two each (2%) in Arabic, Punjabi and Vietnamese; and one each in French, Tamil and Turkish.

Comparisons

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

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

Presented alongside the results from this survey are the 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 2003. This document also shows statistically significant differences between the responses of detainees in 2008 and those from detainees in 2010.

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 prisoners' background details.

It should be noted that, in order for statistical comparisons to be made between the most recent survey data and that 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 that shown in the comparison data as the comparator data have been weighted for comparison purposes.

SECTION ONE: ABOUT YOU

Q1	Are you male or female?	
	Male.....	108 (100%)
	Female	0 (0%)
Q2	What is your age?	
	Under 18.....	1 (1%)
	18-21	5 (5%)
	22-29	35 (34%)
	30-39	41 (40%)
	40-49	16 (16%)
	50-59	3 (3%)
	60-69	2 (2%)
	70 or over.....	0 (0%)
Q3	What region are you from? (Please tick only one.)	
	Africa.....	28 (28%)
	North America	0 (0%)
	South America	0 (0%)
	Indian subcontinent (India, Pakistan, Bangladesh, Sri Lanka).....	32 (32%)
	China	10 (10%)
	Other Asia	12 (12%)
	Caribbean	4 (4%)
	Europe	4 (4%)
	Middle East	11 (11%)
Q5	Is English your first language?	
	Yes.....	22 (22%)
	No	80 (78%)
Q6	Do you understand spoken English?	
	Yes.....	62 (63%)
	No	36 (37%)
Q7	Do you understand written English?	
	Yes.....	59 (58%)
	No	42 (42%)
Q8	What would you classify, if any, as your religious group?	
	None.....	4 (4%)
	Church of England	4 (4%)
	Catholic	11 (11%)
	Protestant	3 (3%)
	Other Christian denomination	11 (11%)
	Buddhist	3 (3%)
	Hindu	3 (3%)
	Jewish.....	1 (1%)
	Muslim.....	52 (54%)
	Sikh	5 (5%)

Q9 Do you consider yourself to have a disability?
 Yes 22 (26%)
 No 64 (74%)

Q10 Do you have any children under the age of 18?
 Yes 47 (48%)
 No 50 (52%)

SECTION TWO: IMMIGRATION DETENTION

Q11 When being detained, were you told the reasons why in a language you could understand?
 Yes 67 (64%)
 No 37 (36%)

Q12 Following detention, were you given written reasons why you were being detained in a language you could understand?
 Yes 56 (56%)
 No 44 (44%)

Q13 Were you first detained in a police station?
 Yes 74 (74%)
 No 26 (26%)

Q14 Including this centre, how many places have you been held in as an immigration detainee since being detained (including police stations, airport detention rooms, removal centres, and prison following end of sentence)?
 One to two 31 (31%)
 Three to five 48 (48%)
 Six or more 20 (20%)

Q15 How long have you been in detention here?
 Less than one week 7 (7%)
 More than one week less than one month 29 (28%)
 More than one month less than three months 45 (43%)
 More than three months less than six months 4 (4%)
 More than six months less than nine months 10 (10%)
 More than nine months less than 12 months 3 (3%)
 More than 12 months 7 (7%)

SECTION THREE: TRANSFERS AND ESCORTS

Q16 Did you know where you were going when you left the last place where you were detained?
 Yes 47 (45%)
 No 49 (47%)
 Do not remember 8 (8%)

Q17 Before you arrived here did you receive any written information about what would happen to you in a language you could understand?
 Yes 30 (29%)
 No 70 (68%)
 Do not remember 3 (3%)

Q18	How long did you spend in the escort vehicle to get to this centre on your most recent journey?	
	<i>Less than one hour</i>	8 (8%)
	<i>One to two hours</i>	27 (26%)
	<i>Two to four hours</i>	28 (27%)
	<i>More than four hours</i>	35 (34%)
	Do not remember	6 (6%)

Q19	How did you feel you were treated by the escort staff?	
	<i>Very well</i>	13 (13%)
	<i>Well</i>	43 (42%)
	<i>Neither</i>	30 (29%)
	<i>Badly</i>	9 (9%)
	<i>Very badly</i>	6 (6%)
	Do not remember	2 (2%)

SECTION FOUR: RECEPTION AND FIRST NIGHT

Q21	Were you seen by a member of healthcare staff in reception?	
	<i>Yes</i>	86 (83%)
	<i>No</i>	13 (13%)
	Do not remember	4 (4%)

Q22	When you were searched in reception, was this carried out in a sensitive way?	
	<i>Yes</i>	71 (72%)
	<i>No</i>	20 (20%)
	Do not remember/not applicable	8 (8%)

Q23	Overall, how well did you feel you were treated by staff in reception?	
	<i>Very well</i>	17 (17%)
	<i>Well</i>	40 (40%)
	<i>Neither</i>	31 (31%)
	<i>Badly</i>	5 (5%)
	<i>Very Badly</i>	3 (3%)
	Do not remember	3 (3%)

Q24	On your day of arrival, did you receive any of the following? (Please tick all that apply to you.)	
	<i>Information about what was going to happen to you</i>	33 (35%)
	<i>Information about what support was available to people feeling depressed or suicidal</i>	24 (26%)
	<i>Information about how to make applications</i>	26 (28%)
	<i>Information about healthcare services at this centre</i>	38 (41%)
	<i>Information about the religious team</i>	25 (27%)
	<i>Information on how to make a bail application</i>	25 (27%)
	<i>Information about how people can visit you</i>	32 (34%)
	Did not receive anything	31 (33%)

Q25	Was any of this information given to you in a translated form?	
	Do not need translated material	15 (16%)
	<i>Yes</i>	27 (29%)
	<i>No</i>	50 (54%)

Q26	On your day of arrival were you given any of the following? (Please tick all that apply to you.)	
	<i>Something to eat</i>	61 (62%)
	<i>The opportunity to make a free telephone call</i>	36 (37%)
	<i>The opportunity to have a shower</i>	47 (48%)
	<i>The opportunity to change into clean clothing</i>	43 (44%)
	Did not receive anything	20 (20%)

Q27	Did you feel safe on your first night here?	
	Yes	54 (57%)
	No	32 (34%)
	Do not remember	9 (9%)

Q28	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)	
	Not had any problems	22 (26%)
	<i>Loss of property</i>	18 (21%)
	<i>Housing/accommodation</i>	14 (16%)
	<i>Contacting employers</i>	4 (5%)
	<i>Contacting family</i>	13 (15%)
	<i>Ensuring dependants were being looked after</i>	6 (7%)
	<i>Access to phone numbers</i>	9 (10%)
	<i>Access to legal advice</i>	19 (22%)
	<i>Access to your immigration case papers</i>	17 (20%)
	<i>Money/debt problems</i>	10 (12%)
	<i>Feeling depressed or suicidal</i>	21 (24%)
	<i>Drug problems</i>	4 (5%)
	<i>Alcohol problems</i>	1 (1%)
	<i>Health problems</i>	35 (41%)
	<i>Needing protection from other detainees</i>	6 (7%)

Q29	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	
	Not had any problems	22 (26%)
	Yes	28 (33%)
	No	36 (42%)

SECTION FIVE: LEGAL RIGHTS AND IMMIGRATION

Q31	Do you have a solicitor/legal representative?	
	Do not need one	4 (4%)
	Yes	54 (53%)
	No	43 (43%)

Q32	Do you get legal aid (free advice under the legal aid scheme)?	
	Do not need legal advice	3 (3%)
	Yes	46 (47%)
	No	48 (49%)

Q33	How easy or difficult is it to communicate with your solicitor or legal representative?	
	Very easy.....	11 (11%)
	Easy.....	17 (17%)
	Neither	9 (9%)
	Difficult	10 (10%)
	Very difficult.....	7 (7%)
	Not applicable	47 (47%)
Q34	Are you able to send a fax to your legal representative free of charge?	
	Yes.....	45 (44%)
	No	7 (7%)
	Do not know/not applicable	51 (50%)
Q35	Are you able to send letters to your legal representative free of charge?	
	Yes.....	37 (36%)
	No	6 (6%)
	Do not know/not applicable	59 (58%)
Q36	Have you had a visit from your solicitor/legal representative?	
	Do not have one	47 (48%)
	Yes.....	33 (34%)
	No	18 (18%)
Q37	Can you get hold of books about your legal rights?	
	Yes.....	27 (28%)
	No	41 (43%)
	Do not know/not applicable	28 (29%)
Q38	How easy or difficult is it for you to obtain bail information?	
	Very easy.....	5 (5%)
	Easy.....	13 (14%)
	Neither	16 (17%)
	Difficult	19 (21%)
	Very difficult.....	29 (32%)
	Not applicable	10 (11%)
Q39	Can you get access to official information reports on your country?	
	Yes.....	23 (25%)
	No	48 (52%)
	Do not know/not applicable	21 (23%)
Q40	How easy or difficult is it to see immigration staff when you want?	
	Do not know/have not tried	24 (25%)
	Very easy.....	5 (5%)
	Easy.....	14 (15%)
	Neither	21 (22%)
	Difficult	18 (19%)
	Very difficult.....	14 (15%)

Q41	Have you had a review of your detention every month? (You should have had a review if you have been in detention anywhere for over one month.)	
	<i>Not been in detention for over a month</i>	20 (22%)
	Yes	30 (33%)
	No	26 (29%)
	<i>Don't know</i>	15 (16%)

Q42	If yes, was the review written in a language you could understand?	
	<i>Have not had a review</i>	39 (43%)
	Yes	26 (29%)
	No	25 (28%)

SECTION SIX: RESPECTFUL DETENTION

Q44	Are you normally offered enough clean, suitable clothes for the week?	
	Yes	24 (25%)
	No	72 (75%)

Q45	Are you normally able to have a shower every day?	
	Yes	85 (89%)
	No	11 (11%)

Q46	Is it normally quiet enough for you to be able to relax or sleep in your room at night time?	
	Yes	57 (60%)
	No	38 (40%)

Q47	Can you normally get access to your property held by staff at the centre if you need to?	
	Yes	59 (61%)
	No	22 (23%)
	<i>Do not know</i>	16 (16%)

Q48	What is the food like here?	
	<i>Very good</i>	7 (7%)
	<i>Good</i>	21 (22%)
	<i>Neither</i>	20 (21%)
	<i>Bad</i>	24 (25%)
	<i>Very bad</i>	25 (26%)

Q49	Does the shop sell a wide enough range of goods to meet your needs?	
	<i>Have not bought anything yet</i>	7 (7%)
	Yes	30 (31%)
	No	60 (62%)

Q50	Do you feel that your religious beliefs are respected?	
	Yes	70 (74%)
	No	14 (15%)
	<i>Not applicable</i>	11 (12%)

Q51	Are you able to speak to a religious leader of your faith in private if you want to?			
	Yes	72	(75%)	
	No	13	(14%)	
	Do not know/not applicable	11	(11%)	
Q52	How easy or difficult is it for you to contact the Independent Monitoring Board?			
	Do not know who they are	33	(36%)	
	Very easy.....	9	(10%)	
	Easy.....	15	(16%)	
	Neither	11	(12%)	
	Difficult	7	(8%)	
	Very difficult.....	16	(18%)	
Q53	How easy or difficult is it to get a complaint form?			
	Very easy.....	15	(16%)	
	Easy.....	23	(25%)	
	Neither	8	(9%)	
	Difficult	10	(11%)	
	Very difficult.....	8	(9%)	
	Do not know	28	(30%)	
Q54	Have you made a complaint since you have been at this centre?			
	Yes.....	32	(33%)	
	No	53	(55%)	
	Do not know how to	12	(12%)	
Q55	If yes, please answer the following questions about complaints:			
		Yes	No	Not made a complaint
	Do you feel complaints are sorted out fairly?	8 (8%)	22 (23%)	65 (68%)
	Do you feel complaints are sorted out promptly?	2 (2%)	18 (21%)	65 (76%)

SECTION SEVEN: STAFF

Q57	Do you have a member of staff at the centre that you can turn to for help if you have a problem?		
	Yes.....	50	(56%)
	No	40	(44%)
Q58	Do most staff at the centre treat you with respect?		
	Yes.....	67	(73%)
	No	25	(27%)
Q59	How often do staff normally speak to you?		
	Never	8	(9%)
	Rarely.....	29	(32%)
	Some of the time.....	37	(40%)
	Most of the time.....	13	(14%)
	All of the time	5	(5%)

Q60 Have any members of staff physically restrained you in the last six months?
 Yes 10 (13%)
 No 70 (88%)

Q61 Have you spent a night in the separation/isolation unit in the last six months?
 Yes 14 (17%)
 No 69 (83%)

SECTION EIGHT: SAFETY

Q63 Have you ever felt unsafe in this centre?
 Yes 43 (46%)
 No 51 (54%)

Q64 Do you feel unsafe in this centre at the moment?
 Yes 38 (40%)
 No 56 (60%)

Q65 Has another detainee or group of detainees victimised (insulted or assaulted) you here?
 Yes 19 (22%)
 No 69 (78%) **If No, go to question 67**

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

- Insulting remarks (about you or your family or friends) 4 (6%)*
- Physical abuse (being hit, kicked or assaulted) 1 (1%)*
- Unwanted sexual attention 1 (1%)*
- Your cultural or ethnic origin 3 (3%)*
- Because of your nationality 5 (6%)*
- Having your property taken 4 (6%)*
- Because you were new here 4 (6%)*
- Drugs 2 (2%)*
- Because of your sexuality 1 (1%)*
- Because you have a disability 4 (6%)*
- Because of your religion/religious beliefs 3 (3%)*

Q67 Has a member of staff or group of staff victimised (insulted or assaulted) you here?
 Yes 20 (24%)
 No 65 (76%) **If No, go to question 69**

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

- Insulting remarks (about you or your family or friends) 6 (7%)*
- Physical abuse (being hit, kicked or assaulted) 3 (4%)*
- Unwanted sexual attention 1 (1%)*
- Your cultural or ethnic origin 1 (1%)*
- Because of your nationality 5 (6%)*
- Because you were new here 5 (6%)*
- Drugs 2 (2%)*
- Because of your sexuality 1 (1%)*
- Because you have a disability 2 (2%)*
- Because of your religion/religious beliefs 2 (2%)*

Q69	If you have been victimised by detainees or staff, did you report it?	
	Yes	10 (11%)
	No	12 (14%)
	Not been victimised	65 (75%)
Q70	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	
	Yes	14 (16%)
	No	71 (84%)
Q71	Have you ever felt threatened or intimidated by a member of staff in here?	
	Yes	9 (11%)
	No	73 (89%)

SECTION NINE: HEALTHCARE

Q73	Is health information available in your own language?	
	Yes	27 (31%)
	No	46 (52%)
	Do not know	15 (17%)
Q74	Do you know whether counselling is available at this centre?	
	Yes	16 (19%)
	No	69 (81%)
Q75	Are you able to see a doctor of your own gender?	
	Yes	38 (42%)
	No	24 (27%)
	Do not know	28 (31%)
Q76	Is a qualified interpreter available if you need one during healthcare assessments?	
	Do not need an interpreter/do not know	24 (30%)
	Yes	14 (17%)
	No	43 (53%)
Q77	Are you currently taking medication?	
	Yes	40 (44%)
	No	50 (56%)
Q78	If you are taking medication, are you allowed to keep possession of your medication in your own room?	
	Not taking medication	50 (56%)
	Yes	20 (22%)
	No	20 (22%)
Q79	What do you think of the overall quality of the healthcare here?	
	Have not been to healthcare	8 (9%)
	Very good	7 (8%)
	Good	22 (25%)
	Neither	19 (22%)
	Bad	13 (15%)
	Very bad	19 (22%)

SECTION TEN: ACTIVITIES

Q81	Do you have unrestricted access to the centre facilities for at least 12 hours each day?	
	Yes.....	46 (51%)
	No	45 (49%)
Q82	Are you doing any education here?	
	Yes.....	24 (26%)
	No	70 (74%)
Q83	Is the education helpful?	
	<i>Not doing any education</i>	70 (77%)
	Yes.....	20 (22%)
	No	1 (1%)
Q84	Can you work here if you want to?	
	<i>Do not want to work</i>	22 (27%)
	Yes.....	48 (58%)
	No	13 (16%)
Q85	Is there enough to do here to fill your time?	
	Yes.....	48 (55%)
	No	39 (45%)
Q86	How easy or difficult is it to go to the library?	
	<i>Do not know/do not want to go</i>	10 (11%)
	Very easy.....	36 (39%)
	Easy.....	36 (39%)
	Neither	8 (9%)
	Difficult	0 (0%)
	Very difficult.....	3 (3%)
Q87	How easy or difficult is it to go to the gym?	
	<i>Do not know/do not want to go</i>	14 (16%)
	Very easy.....	33 (37%)
	Easy.....	32 (36%)
	Neither	9 (10%)
	Difficult	0 (0%)
	Very difficult.....	2 (2%)

SECTION 11: KEEPING IN TOUCH WITH FAMILY AND FRIENDS

Q89	How easy or difficult is it to receive incoming calls?	
	<i>Do not know/have not tried</i>	12 (14%)
	Very easy.....	21 (25%)
	Easy.....	32 (38%)
	Neither	13 (15%)
	Difficult	3 (4%)
	Very difficult.....	4 (5%)

Q90	How easy or difficult is it to make outgoing calls?	
	<i>Do not know/have not tried</i>	6 (7%)
	<i>Very easy</i>	22 (26%)
	<i>Easy</i>	30 (35%)
	<i>Neither</i>	14 (16%)
	<i>Difficult</i>	5 (6%)
	<i>Very difficult</i>	8 (9%)
Q91	Have you had any problems with sending or receiving mail?	
	<i>Yes</i>	17 (19%)
	<i>No</i>	49 (56%)
	<i>Do not know</i>	22 (25%)
Q92	Have you had a visit since you have been here from your family or friends?	
	<i>Yes</i>	36 (40%)
	<i>No</i>	54 (60%)
Q93	Have you had a visit since you have been here from volunteer visitors?	
	<i>Do not know who they are</i>	10 (12%)
	<i>Yes</i>	17 (20%)
	<i>No</i>	57 (68%)
Q94	How do you feel you are treated by visits staff?	
	<i>Not had any visits</i>	32 (38%)
	<i>Very well</i>	16 (19%)
	<i>Well</i>	17 (20%)
	<i>Neither</i>	14 (17%)
	<i>Badly</i>	2 (2%)
	<i>Very badly</i>	3 (4%)



Detainee survey responses Harmondsworth 2010

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

Key to tables

		Harmondsworth 2010	IRC comparator	Harmondsworth 2010	Harmondsworth 2008
	Any numbers highlighted in green are significantly better.				
	Any numbers highlighted in blue are significantly worse.				
	Any percent highlighted in orange shows a significant difference in detainees' background details.				
	Numbers which are not highlighted show there is no significant difference.				
SECTION 1: General information					
Number of completed questionnaires returned		108	941	108	86
1	Are you male?	100%	84%	100%	100%
2	Are you aged under 21 years?	6%	14%	6%	17%
5	Is English your first language?	22%	26%	22%	34%
6	Do you understand spoken English?	63%	75%	63%	87%
7	Do you understand written English?	59%	68%	59%	80%
8	Are you Muslim?	54%	38%	54%	49%
9	Do you consider yourself to have a disability?	26%	20%	26%	18%
10	Do you have any children under the age of 18?	48%	39%	48%	43%
SECTION 2: Immigration detention					
11	When being detained, were you told the reasons why in a language you could understand?	65%	70%	65%	74%
12	Following detention, were you given written reasons why you were being detained in a language you could understand?	56%	62%	56%	67%
13	Were you first detained in a police station?	74%	62%	74%	58%
14	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	20%	8%	20%	11%
15	Have you been here for more than one month?	66%	65%	66%	79%
SECTION 3: Transfers and escorts					
16	Did you know where you were going when you left the last place where you were detained?	45%	44%	45%	34%
17	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	29%	33%	29%	34%
18	Did you spend more than four hours in the escort van to get to this centre?	34%	30%	34%	34%
19	Were you treated well/very well by the escort staff?	55%	53%	55%	51%

Key to tables

	Any numbers highlighted in green are significantly better.	Harmondsworth 2010	IRC comparator	Harmondsworth 2010	Harmondsworth 2008
	Any numbers highlighted in blue are significantly worse.				
	Any percent highlighted in orange shows a significant difference in detainees' background details.				
	Numbers which are not highlighted show there is no significant difference.				
SECTION 4: Reception and first night					
21	Were you seen by a member of healthcare staff in reception?	83%	87%	83%	96%
22	When you were searched in reception was this carried out in a sensitive way?	72%	65%	72%	62%
23	Were you treated well/very well by staff in reception?	58%	61%	58%	53%
24a	Did you receive information about what was going to happen to you on your day of arrival?	35%	32%	35%	34%
24b	Did you receive information about what support was available to people feeling depressed or suicidal on your day of arrival?	26%	25%	26%	35%
24c	Did you receive information about how to make applications on your day of arrival?	28%	28%	28%	24%
24d	Did you receive information about healthcare services at the centre on your day of arrival?	41%	43%	41%	49%
24e	Did you receive information about the religious team on your day of arrival?	27%	36%	27%	43%
24f	Did you receive information on how to make a bail application on your day of arrival?	27%	24%	27%	21%
24g	Did you receive information about how people can visit you on your day of arrival?	34%	41%	34%	47%
For those who required information in a translated form:					
25	Was any of this information provided in a translated form?	35%	30%	35%	16%
26a	Did you receive something to eat on your day of arrival?	62%	73%	62%	72%
26b	Did you get the opportunity to make a free telephone call on your day of arrival?	37%	68%	37%	34%
26c	Did you get the opportunity to have a shower on your day of arrival?	48%	64%	48%	50%
26d	Did you get the opportunity to change into clean clothing on your day of arrival?	44%	54%	44%	45%
27	Did you feel safe on your first night here?	57%	51%	57%	56%
28a	Did you have any problems when you first arrived?	74%	73%	74%	85%
28b	Did you have any problems with loss of transferred property when you first arrived?	21%	23%	21%	26%
28c	Did you have any housing problems when you first arrived?	16%	12%	16%	18%
28d	Did you have any problems contacting employers when you first arrived?	4%	7%	4%	7%
28e	Did you have any problems contacting family when you first arrived?	15%	19%	15%	22%
28f	Did you have any problems ensuring dependants were being looked after when you first arrived?	7%	9%	7%	15%
28g	Did you have any problems accessing your phone numbers when you first arrived?	11%	15%	11%	17%

Key to tables

		Harmondsworth 2010	IRC comparator	Harmondsworth 2010	Harmondsworth 2008
	Any numbers highlighted in green are significantly better.				
	Any numbers highlighted in blue are significantly worse.				
	Any percent highlighted in orange shows a significant difference in detainees' background details.				
	Numbers which are not highlighted show there is no significant difference.				
SECTION 4: Reception and first night continued					
28h	Did you have any problems accessing legal advice when you first arrived?	22%	19%	22%	34%
28i	Did you have any problems getting access to your immigration case papers when you first arrived?	20%	20%	20%	26%
28j	Did you have any money/debt worries when you first arrived?	12%	14%	12%	10%
28k	Did you have any problems with feeling depressed or suicidal when you first arrived?	25%	29%	25%	45%
28l	Did you have any drug problems when you first arrived?	4%	5%	4%	3%
28m	Did you have any alcohol problems when you first arrived?	1%	2%	1%	6%
28n	Did you have any health problems when you first arrived?	41%	29%	41%	29%
28o	Did you have any problems with needing protection from other detainees when you first arrived?	7%	8%	7%	12%
For those who had problems on arrival:					
29	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	44%	34%	44%	20%
SECTION 5: Legal rights and immigration					
31	Do you have a solicitor or legal representative?	53%	66%	53%	69%
For those who have a solicitor or legal representative:					
32	Do you get legal aid (free advice under the legal aid scheme)?	48%	43%	48%	51%
33	Is it easy/very easy to communicate with your solicitor or legal representative?	52%	44%	52%	46%
34	Are you able to send a fax to your legal representative free of charge?	87%	95%	87%	96%
35	Are you able to send letters to your legal representative free of charge?	86%	80%	86%	77%
36	Have you had a visit from your solicitor/legal representative?	65%	54%	65%	55%
37	Can you get access to books about your legal rights?	28%	27%	28%	45%
38	Is it easy/very easy for you to obtain bail information?	20%	29%	20%	27%
39	Can you get access to official information reports on your country?	25%	17%	25%	30%
40	Is it easy/very easy to see immigration staff when you want?	20%	24%	20%	16%
41	Have you had a review of your detention every month?	33%	40%	33%	41%
For those who have had a written review:					
42	Was the review written in a language you could understand?	51%	65%	51%	75%

Key to tables

Key to tables		Harmondsworth 2010	IRC comparator	Harmondsworth 2010	Harmondsworth 2008
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	Any numbers highlighted in blue are significantly worse.				
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	Numbers which are not highlighted show there is no significant difference.				
SECTION 6: Respectful detention					
44	Are you normally offered enough clean, suitable clothes for the week?	25%	56%	25%	31%
45	Are you normally able to have a shower every day?	89%	92%	89%	100%
46	Is it normally quiet enough for you to be able to sleep in your room at night?	60%	53%	60%	72%
72	Can you normally get access to your property held by staff at the centre, if you need to?	61%	53%	61%	50%
48	Is the food good/very good?	29%	26%	29%	20%
49	Does the shop sell a wide enough range of goods to meet your needs?	31%	33%	31%	24%
50	Do you feel that your religious beliefs are respected?	73%	73%	73%	58%
51	Are you able to speak to a religious leader of your own faith if you want to?	75%	57%	75%	50%
52	Is it easy/very easy to contact the Independent Monitoring Board?	26%	16%	26%	22%
53	Is it easy/very easy to get a complaint form?	42%	52%	42%	53%
54	Have you made a complaint since you have been at this centre?	33%	33%	33%	39%
For those who have made a complaint:					
55a	Do you feel complaints are sorted out fairly?	27%	29%	27%	20%
55b	Do you feel complaints are sorted out promptly?	9%	24%	9%	22%
SECTION 7: Staff					
57	Do you have a member of staff you can turn to for help if you have a problem?	56%	57%	56%	55%
58	Do most staff treat you with respect?	73%	70%	73%	69%
59	Do staff speak to you most of the time/all of the time?	20%	26%	20%	20%
60	Have any members of staff physically restrained you in the last six months?	12%	13%	12%	8%
61	Have you spent a night in the segregation unit in the last six months?	17%	13%	17%	21%
SECTION 8: Safety					
63	Have you ever felt unsafe in this centre?	46%	42%	46%	47%
64	Do you feel unsafe in this centre at the moment?	41%	39%	41%	39%

Key to tables

		Harmondsworth 2010	IRC comparator	Harmondsworth 2010	Harmondsworth 2008
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	Numbers which are not highlighted show there is no significant difference.				
SECTION 8: Safety continued					
65	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	22%	29%	22%	34%
66a	Have you had insulting remarks made about you, your family or friends since you have been here? (By detainees)	4%	10%	4%	13%
66b	Have you been hit, kicked or assaulted since you have been here? (By detainees)	1%	5%	1%	9%
66c	Have you experienced unwanted sexual attention here from another detainee?	1%	3%	1%	2%
66d	Have you been victimised because of your cultural or ethnic origin since you have been here? (By detainees)	4%	5%	4%	5%
66e	Have you been victimised because of your nationality since you have been here? (By detainees)	6%	5%	6%	8%
66f	Have you ever had your property taken since you have been here? (By detainees)	4%	6%	4%	10%
66g	Have you ever been victimised because you were new here? (By detainees)	4%	4%	4%	3%
66h	Have you been victimised because of drugs since you have been here? (By detainees)	2%	1%	2%	0%
66i	Have you been victimised here because of your sexuality? (By detainees)	1%	1%	1%	3%
66j	Have you ever been victimised here because you have a disability? (By detainees)	4%	1%	4%	2%
66k	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	4%	3%	4%	5%
67	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	23%	21%	23%	34%
68a	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	7%	7%	7%	12%
68b	Have you been hit, kicked or assaulted since you have been here? (By staff)	4%	3%	4%	10%
68c	Have you experienced unwanted sexual attention here from staff?	1%	2%	1%	5%
68d	Have you been victimised because of your cultural or ethnic origin since you have been here? (By staff)	1%	5%	1%	9%
68e	Have you been victimised because of your nationality since you have been here? (By staff)	6%	5%	6%	9%
68f	Have you ever been victimised because you were new here? (By staff)	6%	4%	6%	6%
68g	Have you been victimised because of drugs since you have been here? (By staff)	2%	1%	2%	3%
68h	Have you been victimised here because of your sexuality? (By staff)	1%	1%	1%	2%
68i	Have you ever been victimised here because you have a disability? (By staff)	2%	1%	2%	2%
68j	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	2%	2%	2%	5%

Key to tables

		Harmondsworth 2010	IRC comparator	Harmondsworth 2010	Harmondsworth 2008
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	Numbers which are not highlighted show there is no significant difference.				
SECTION 8: Safety continued					
For those who have been victimised by detainees or staff:					
69	Did you report it?	46%	41%	46%	44%
70	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	17%	17%	17%	20%
71	Have you ever felt threatened or intimidated by a member of staff in here?	11%	20%	11%	31%
SECTION 9: Healthcare					
73	Is health information available in your own language?	31%	31%	31%	38%
74	Do you know whether counselling is available at this centre?	19%	30%	19%	23%
75	Are you able to see a doctor of your own gender?	43%	40%	43%	49%
76	Is a qualified interpreter available if you need one during healthcare assessments?	17%	15%	17%	11%
77	Are you currently taking medication?	45%	48%	45%	39%
For those who are currently taking medication:					
78	Are you allowed to keep possession of your medication in your own room?	50%	53%	50%	58%
For those who have been to healthcare:					
79	Do you think the overall quality of healthcare in this centre good/very good?	36%	38%	36%	26%
SECTION 10: Activities					
81	Do you have unrestricted access to the centre facilities for at least 12 hours each day?	51%	46%	51%	37%
82	Are you doing any education here?	26%	31%	26%	48%
For those doing education here:					
83	Is the education helpful?	94%	85%	94%	85%
84	Can you work here if you want to?	58%	52%	58%	36%
85	Is there enough to do here to fill your time?	55%	39%	55%	37%
86	Is it easy/very easy to go to the library?	78%	73%	78%	41%
87	Is it easy/very easy to go to the gym?	72%	63%	72%	46%

Key to tables

	Any numbers highlighted in green are significantly better.	Harmondsworth 2010	IRC comparator
	Any numbers highlighted in blue are significantly worse.		
	Any percent highlighted in orange shows a significant difference in detainees' background details.		
	Numbers which are not highlighted show there is no significant difference.		
SECTION 11: Keeping in touch with family and friends			
89	Is it easy/very easy to receive incoming calls?	62%	56%
90	Is it easy/very easy to make outgoing calls?	61%	53%
91	Have you had any problems with sending or receiving mail?	20%	23%
92	Have you had a visit since you have been in here from your family or friends?	40%	46%
93	Have you had a visit since you have been here from volunteer visitors?	20%	22%
For those who have had visits:			
94	Do you feel you are treated well/very well by visits staff?	63%	69%

Harmondsworth 2010	Harmondsworth 2008
62%	67%
61%	45%
20%	32%
40%	62%
20%	17%
63%	50%



Key questions (non-English speakers) Harmondsworth 2010

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

Key to tables

		Non-English speakers	English speakers
	Any percent highlighted in green is significantly better.		
	Any percent highlighted in blue is significantly worse.		
	Any percent highlighted in orange shows a significant difference in detainees' background details.		
	Percentages which are not highlighted show there is no significant difference.		
Number of completed questionnaires returned		36	62
11	When being detained, were you told the reasons why in a language you could understand?	45%	78%
12	Following detention, were you given written reasons why you were being detained in a language you could understand?	42%	67%
14	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	18%	25%
15	Have you been here for more than one month?	54%	71%
16	Did you know where you were going when you left the last place where you were detained?	22%	65%
17	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	18%	39%
19	Were you treated well/very well by the escort staff?	50%	59%
23	Were you treated well/very well by staff in reception?	49%	66%
24a	Did you receive information about what was going to happen to you on your day of arrival?	16%	48%
24b	Did you receive information about what support was available to people feeling depressed or suicidal on your day of arrival?	10%	34%
24c	Did you receive information about how to make applications on your day of arrival?	10%	38%
24d	Did you receive information about healthcare services at the centre on your day of arrival?	20%	51%
24e	Did you receive information about the religious team on your day of arrival?	12%	36%
24f	Did you receive information on how to make a bail application on your day of arrival?	22%	33%
24g	Did you receive information about how people can visit you on your day of arrival?	16%	45%
27	Did you feel safe on your first night here?	48%	60%
28a	Did you have any problems when you first arrived?	74%	74%
31	Do you have a solicitor or legal representative?	48%	58%
40	Is it easy/very easy to see immigration staff when you want?	15%	22%

Key to tables

		Non-English speakers	English speakers
	Any percent highlighted in green is significantly better.		
	Any percent highlighted in blue is significantly worse.		
	Any percent highlighted in orange shows a significant difference in detainees' background details.		
	Percentages which are not highlighted show there is no significant difference.		
41	Have you had a review of your detention every month?	20%	45%
44	Are you normally offered enough clean, suitable clothes for the week?	20%	31%
45	Are you normally able to have a shower every day?	79%	93%
53	Is it easy/very easy to get a complaint form?	31%	49%
54	Have you made a complaint since you have been at this centre?	24%	40%
57	Do you have a member of staff you can turn to for help if you have a problem?	54%	58%
58	Do most staff treat you with respect?	79%	76%
59	Do staff speak to you most of the time/all of the time?	15%	23%
63	Have you ever felt unsafe in this centre?	55%	37%
64	Do you feel unsafe in this centre at the moment?	48%	33%
65	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	23%	21%
67	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	33%	19%
70	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	6%	22%
71	Have you ever felt threatened or intimidated by a member of staff in here?	6%	14%
73	Is health information available in your own language?	19%	40%
76	Is a qualified interpreter available if you need one during healthcare assessments?	23%	15%
82	Are you doing any education here?	24%	24%
84	Can you work here if you want to?	53%	60%
85	Is there enough to do here to fill your time?	50%	57%
86	Is it easy/very easy to go to the library?	65%	85%
87	Is it easy/very easy to go to the gym?	60%	78%
89	Is it easy/very easy to receive incoming calls?	56%	64%
90	Is it easy/very easy to make outgoing calls?	58%	64%
91	Have you had any problems with sending or receiving mail?	19%	19%
92	Have you had a visit since you have been in here from your family or friends?	36%	44%



Key questions (disability analysis) Harmondsworth 2010

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

Key to tables

	Any percent highlighted in green is significantly better.	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse.		
	Any percent highlighted in orange shows a significant difference in detainees' background details.		
	Percentages which are not highlighted show there is no significant difference.		
Number of completed questionnaires returned		22	64
5	Is English your first language?	21%	25%
6	Do you understand spoken English?	59%	71%
13	Were you first detained in a police station?	77%	71%
14	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	6%	29%
15	Have you been here for more than one month?	68%	67%
19	Were you treated well/very well by the escort staff?	53%	59%
21	Were you seen by a member of healthcare staff in reception?	85%	89%
22	When you were searched in reception was this carried out in a sensitive way?	75%	78%
23	Were you treated well/very well by staff in reception?	55%	64%
24b	Did you receive information about what support was available to people feeling depressed or suicidal on your day of arrival?	41%	29%
24d	Did you receive information about healthcare services at the centre on your day of arrival?	55%	40%
27	Did you feel safe on your first night here?	55%	66%
28a	Did you have any problems when you first arrived?	100%	71%
28k	Did you have any problems with feeling depressed or suicidal when you first arrived?	42%	19%
28n	Did you have any health problems when you first arrived?	68%	35%
28o	Did you have any problems with needing protection from other detainees when you first arrived?	10%	7%

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in green is significantly better.		
	Any percent highlighted in blue is significantly worse.		
	Any percent highlighted in orange shows a significant difference in detainees' background details.		
	Percentages which are not highlighted show there is no significant difference.		
31	Do you have a solicitor or legal representative?	44%	54%
40	Is it easy/very easy to see immigration staff when you want?	15%	22%
41	Have you had a review of your detention every month?	32%	34%
44	Are you normally offered enough clean, suitable clothes for the week?	18%	31%
45	Are you normally able to have a shower every day?	85%	87%
53	Is it easy/very easy to get a complaint form?	34%	44%
54	Have you made a complaint since you have been at this centre?	41%	33%
57	Do you have a member of staff you can turn to for help if you have a problem?	47%	58%
58	Do most staff treat you with respect?	78%	69%
60	Have any members of staff physically restrained you in the last six months?	9%	17%
61	Have you spent a night in the segregation unit in the last six months?	9%	18%
63	Have you ever felt unsafe in this centre?	75%	32%
64	Do you feel unsafe in this centre at the moment?	68%	27%
65	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	28%	18%
67	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	48%	13%
70	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	16%	17%
71	Have you ever felt threatened or intimidated by a member of staff in here?	17%	12%
74	Do you know whether counselling is available at this centre?	10%	21%
76	Is a qualified interpreter available if you need one during healthcare assessments?	10%	19%
77	Are you currently taking medication?	47%	46%

Key to tables

	Any percent highlighted in green is significantly better.	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse.		
	Any percent highlighted in orange shows a significant difference in detainees' background details.		
	Percentages which are not highlighted show there is no significant difference.		
81	Do you have unrestricted access to the centre facilities for at least 12 hours each day?	47%	49%
82	Are you doing any education here?	6%	33%
85	Is there enough to do here to fill your time?	50%	58%
86	Is it easy/very easy to go to the library?	83%	80%
87	Is it easy/very easy to go to the gym?	75%	76%
89	Is it easy/very easy to receive incoming calls?	58%	71%
90	Is it easy/very easy to make outgoing calls?	58%	68%
91	Have you had any problems with sending or receiving mail?	7%	18%
92	Have you had a visit since you have been in here from your family or friends?	42%	41%