Report on an announced inspection of

Haslar Immigration Removal Centre

20–24 April 2009

by HM Chief Inspector of Prisons

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Introduction

Haslar is one of the three immigration removal centres (IRCs) run by the Prison Service. It has some of the least suitable accommodation in the immigration detention estate. Most detainees are held in dormitories, with inadequate screening and no doors – providing an environment that is extremely stressful and potentially unsafe.

It is to the credit of the centre manager and her staff that, nevertheless, Haslar was a well-run and reasonably safe environment. This depended to a large extent on the good relationships between staff and detainees – nearly 80% of detainees reported that staff treated them with respect. However, detainees in much of the dormitory accommodation reported high levels of stress. Many were unable to sleep at night because of noise levels, and there had been assaults and fights. The centre still lacked a care suite in which to hold vulnerable detainees, who could be inappropriately held in the separation unit.

As in all IRCs, anxiety and uncertainty about the progress of immigration cases was a major cause of distress. On-site immigration work had improved, and overall length of detention had reduced. Aspects of external casework remained weak: bail summaries sometimes failed to arrive; responses to age-dispute cases were often slow; and some detainees were held even where there was little prospect of removal. There was, as ever, insufficient independent legal advice to meet the demand.

The quality of education at Haslar remained high. There was a wide range of provision, with opportunities to obtain qualifications in both short and longer courses. The atmosphere in the education department was extremely positive. However, there was no provision at weekends. Attempts to increase the amount of paid work had been unsuccessful. There was a long waiting list for jobs, and two-thirds of detainees said they did not have enough to do to occupy their time.

Contact with families and friends was relatively difficult, due to the location of Haslar. This was exacerbated by the fact that, unlike at privately run IRCs, detainees still had no access to email or the internet. Resettlement services were improving: the welfare officer provided a very good service, but needed additional support for weekends and periods of leave. Haslar Detainee Visitors Group continued to provide essential help, particularly with property, telephones and financial support.

This inspection confirmed the impressive work being done by managers and staff at Haslar and the community groups supporting detainees there. But they were poorly served by the lack of external investment in the centre. The unacceptable dormitory accommodation, the lack of workshops and a care suite, and the absence of email and internet access all undermined some of the good work being done. It is noticeable that, following recent absconds, considerable amounts of money had been found to strengthen physical security at the centre. It is therefore all the more inexcusable that investment to provide a safe and decent environment was not forthcoming. Neither the UK Border Agency nor the National Offender Management Service appear to accept responsibility for this. Haslar is one of the best-run IRCs we have inspected. Staff and detainees deserve, and should get, more investment and better support.

[redacted]

June 2009

HM Chief Inspector of Prisons

Fact page

Task of the establishment
Immigration removal centre

Location
Gosport, Hants

Contractor
National Offender Management Service (NOMS)

Number held
20 April 2009: 155

Certified normal accommodation (CNA)
160

Operational capacity
160

Escort provider
G4S

Last inspection
5-7 November 2007

Brief history
The centre originally operated as an army facility, then as a young offender detention centre, and from 1989 held immigration detainees. In February 2002, Haslar was redesignated as a removal centre and began operating under Detention Centre Rules.

Description of residential units
There are six dormitories ranging from 10 to 37 beds.

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 Detainees had generally positive experiences of their escort to the centre. Reception, first night and induction were well managed, but less so for detainees with little English. Security was proportionate and the elements of dynamic security were in place. Detainees said they felt safe in the centre. The care of those at risk of suicide and self-harm was generally good. There was little evidence of bullying, though anti-bullying systems were underdeveloped. Separation was not used frequently, although

those at high risk of self-harm were separated inappropriately. Immigration uncertainty and prolonged detention were major concerns. Detainees found it difficult to obtain and retain adequate legal representation, and many did not receive bail summaries before hearings. There were some weaknesses in casework, causing prolonged detention, and some cases of detainees whose age was in dispute were not dealt with promptly. The recently reorganised on-site immigration team was effective. Haslar was performing reasonably well against this healthy establishment test.

HE.5 Excessive movements of detainees around the detention estate caused considerable distress to detainees, but case file analysis suggested that these movements were reducing. The video-link facility was also used appropriately to reduce the need for escorts. Some detainees were not told of their destination before transfer to Haslar, and in some cases thought they were being released. Escorting staff were friendly and professional. Detainees said that they were treated well and given food, drinks and toilet breaks at appropriate intervals. Detainees due for transfer were searched twice unnecessarily, by Haslar staff and then by escorting staff. Detainees escorted by Haslar staff were invariably handcuffed for outside appointments.

HE.6 Reception procedures were well managed and staff were helpful and efficient. The reception area was clean and comfortable, and provided useful information. A DVD showed the reception and first night process. In our survey, more detainees than the comparator[1] for all IRCs said they felt safe on their first night. First night interviews and accommodation risk assessment interviews were generally adequate, but in some cases interpretation was not used with detainees who spoke no English, casting doubt on the accuracy of the risk assessments.

HE.7 An individualised induction took place the day after arrival, but there were some gaps, notably information on free letters and access to legal advice. A comprehensive and helpful induction booklet was available in 24 languages, and audio versions were available in six commonly spoken languages.

HE.8 Security systems were robust. Security information reports, most of which related to the dormitory area, were processed, analysed and followed up efficiently. Recent enhancements to the physical security of the centre had not had a noticeable impact on its relaxed atmosphere. There was good dynamic security based on positive relationships between detainees and staff. Staff had made some attempts to mediate between groups of detainees outside of general consultation meetings, but more routine mediation would have been beneficial given the frequency and speed with which tensions sometimes arose between different nationalities. In some cases, staff placed too much responsibility on detainee dormitory representatives to handle these sensitive situations.

HE.9 There was little use of force and appropriate attempts at de-escalation when it had been necessary. Detainees were interviewed after any use of force and a record was kept with the paperwork. Few detainees were removed from association or temporarily confined, and there were positive efforts to return them to dormitories after a period of separation. However, in a few cases, separation appeared to be used more as a sanction for non-compliance than as a strategy to manage specific

[1] The comparator figure is calculated by aggregating all survey responses together and so is not an average across establishments.

risk factors. Bids for a care suite had failed and separation was still used inappropriately for detainees at high risk of self-harm. Strip searching was rare and on the basis of risk assessment, but some strip searching of detainees at risk of self-harm was inappropriate.

HE.10 There was interdisciplinary involvement in assessment, care in detention and teamwork (ACDT) self-harm monitoring reviews and UKBA staff were appropriately involved in the ACDT process. Immigration matters were the main concern for most detainees at risk of self-harm. Monitoring documents had frequent entries, mainly of a good standard. In most cases, assessments were thorough. Care plans were variable but most were good. When an ACDT was opened, staff in all areas were notified in writing with a summary of the risk factors. Safer communities meetings had detainee representation and engaged with relevant problems and tensions. There was a comprehensive monthly safer communities report to the senior management team, which included local and national trends. There was no formal peer support. We were concerned to find that one detainee had been moved inappropriately to the separation unit by force because of potential self-harm risk. Portsmouth Counselling Service provided a helpful specialist cross-cultural counselling service, using specially trained interpreters.

HE.11 More detainees than in comparator centres said they felt safe in Haslar. Most detainees felt that staff took bullying seriously. Night staff regularly patrolled dormitory areas. Most anti-social behaviour investigations were the result of fights and included investigations into bullying. However, before the new and as yet unused anti-bullying procedures, there was no system for ongoing monitoring or review of bullies, and no systematic support for victims. The safer community coordinator's report referred to bullying incidents, but there was no systematic analysis of trends or of safer community data. An annual violence reduction detainee survey was under way, but the completed 2008 survey had been lost before it was analysed. There was no evidence that a needs analysis had informed the new strategy.

HE.12 Most detainees arrived without legal representation and were affected by restrictions in legal aid and distance from London solicitors. Refugee and Migrant Justice (RMJ) and Bail for Immigration Detainees (BID) provided a weekly and monthly service respectively, but both had seen fewer detainees in recent months. There had been some shortcomings in the access arrangements for BID, and the reasons for the apparently reduced demand for RMJ were unclear. Some detainees had not received bail summaries before video-link hearings, and the receipt of these was not monitored.

HE.13 The number of detainees held at Haslar for over six months had fallen since the last inspection. Immigration uncertainty and prolonged detention were the main causes of stress highlighted by our in-depth safety interviews (see Appendix III). There was less evidence than at previous inspections of shortcomings in casework causing prolonged detention, and delayed travel documents was the main problem. However, we found examples of people detained with little prospect of removal, and some files showed identical reviews over three to four months. Some detainees had received no reviews at all for several months. Responses to rule 35 letters (allegations of past torture) had improved, and while there were still some delays and poor replies, most dealt adequately with the details of the case. There had been at least six age-dispute cases in the first four months of 2009, including one where the detainee had been in the centre since the end of December 2008 and had no review on file since January.

The centre had used separation for short periods to fulfil child protection obligations, but it was an inappropriate environment for detainees who might be children.

HE.14 The on-site immigration team was well organised and accessible. All detainees were seen the day following arrival and within two days on request. Immigration files were well organised.

Respect

HE.15 Residential units were kept clean and were well maintained. However, most of the open dormitory accommodation was an unacceptable environment. A lack of privacy and excessive noise were major concerns and had contributed to tensions and incidents. Staff-detainee relationships were good and the personal officer scheme was developing. Diversity was well managed overall, but there was insufficient attention to disability. Faith provision was good. There were some shortcomings in the rewards scheme and management of complaints. Health services were good overall, but there were some weaknesses in clinical governance. Catering was of variable quality. Detainees had access to a well-stocked shop. The centre was not performing sufficiently well against this healthy establishment test.

HE.16 Most accommodation was in dormitories that had neither doors between rooms nor partition walls that went up to the ceiling. Despite the introduction of curtains, the lack of privacy and level of noise remained key concerns for detainees. In our survey, only 36% of respondents, much worse than the comparator, said it was normally quiet enough for them to sleep at night. The public address system further exacerbated noise levels. The centre had made considerable efforts to improve the environment, but had not been given the funding necessary to upgrade and soundproof the accommodation. The living units were well maintained overall and in reasonable decorative order. The central association room had recently been relocated and re-equipped. Ventilation was good, but the units could sometimes become cold.

HE.17 Detainees had regular access to the central laundry. They could have clothing handed in on visits, and UKBA's recent introduction of a 20-kilogramme limit on property was not reported as a major problem. This was partly because staff dealt with the issue helpfully and with common sense.

HE.18 Communal areas and rooms were cleaned daily to a good standard. Sanitation and washing facilities on each dormitory were well maintained and there were no restrictions on detainee access to showers. Some mattresses needed to be replaced, but detainees were not aware of the exchange system.

HE.19 In our survey, nearly 80% of respondents said that most staff treated them with respect, and in-depth staff-detainee relationship interviews were similarly positive. The personal officer scheme was developing reasonably well and had become more established in recent months. However, history sheets showed little significant contact in the crucial early weeks. All staff wore standard prison uniform and carried batons.

HE.20 Diversity was well managed across departments, and this helped to create an environment that supported detainees' culture, ethnicity and religion. Racial incidents were competently investigated, and there were celebrations of cultural events.

However, other aspects of diversity, such as disability and age, were not given adequate attention. The monitoring and analysis of all diversity-related data was also limited. There was some limited consultation with non-English speakers, and telephone interpretation services were well used in many areas.

HE.21 Most detainees had regular access to a chaplain of their faith and there were effective links with faith groups in the community. Detainees had access to spaces for worship.

HE.22 There were some shortcomings in the implementation of the reward scheme and there was no monitoring for patterns and trends. The centre had not yet adopted the recently revised UKBA complaints procedure. Most formal complaints related to property or cash and were answered promptly. However, complaints forwarded to other organisations were inappropriately recorded as completed and were not always actively followed up. Complaint responses were not addressed directly to the complainant, and there was no formal quality assurance of complaint replies.

HE.23 Primary healthcare arrangements provided for the needs of the population, and access was good. There were some weaknesses in new clinical governance arrangements. There was no system for receiving feedback from the primary care trust following the reporting of incidents. There was also a lack of clarity over the commissioning and accountability arrangements for GPs. Health services staff had not been able to access training in the treatment and support of detainees with experience of torture or trauma. Pharmacy arrangements were good. Mental health provision was predominantly primary care, with one dual-trained nurse. Transfers to mental health beds in the community were relatively quick. Dental services provided treatment for immediate need only and had a one-month waiting list.

HE.24 The food we tasted was of variable quality. However, detainees appreciated the opportunity to use the kitchen and prepare 'chef's choice' dishes once a week. Consultation on catering issues was effective with some menus adapted to reflect detainee preferences, and there was a well-used food comments book. Six detainee volunteers worked in the kitchen but did not have access to vocational training. A member of the catering staff was trained in nutrition and offered useful advice to detainees with dietary needs.

HE.25 Detainees had access to a well-stocked shop. The current national Prison Service shop contract had impeded the centre's ability to source goods locally. Fresh fruit was available for purchase daily.

Activities

HE.26 There was insufficient work for the increased population, and some initiatives to increase useful employment had not been funded. The education department provided an excellent supportive learning environment. All education activity was structured into short units of accreditation suitable for a detainee population. Education induction was good and there was a wide range of classes. Artwork was of a particularly high standard. The library was in a cramped space, but provided a good service to detainees, who also appreciated the physical education provision. There was no education or other supervised activity at weekends, and no library access

during evenings or at weekends. Haslar was performing reasonably well against this healthy establishment test.

HE.27 There was limited paid part-time work, with only 29 part-time jobs for over 150 detainees. The centre had not won funding to run planned initiatives, such as a bicycle workshop and horticultural work. There was a substantial waiting list for jobs, and the longest wait at the time of inspection was two months and rising. In our survey, two-thirds of detainees said they did not have enough to occupy their time.

HE.28 The education department was an attractive and welcoming environment. Most classes were popular and well attended. Education staff were usually qualified for their role, although teachers in English for speakers of other languages (ESOL) lacked specialist language teacher training. ICT and arts and crafts provision were particularly good. Artwork produced by detainees was of a high standard and reflected well on the standard of teaching. ESOL provision was popular and well attended, but there was insufficient focus on development of listening and speaking skills. There was a basic intranet for detainee use, but no internet or email.

HE.29 Relationships between staff and detainees were characterised by mutual respect. There was a varied programme of visits from external organisations, including regular monthly music workshops and half-day sexual health and HIV workshops. However, access was too limited, with facilities open most weekday mornings and afternoons and three evenings a week, but not at weekends.

HE.30 Education was well managed. Quality assurance and improvement arrangements were well established and effective. The thorough education induction reached virtually all detainees. All programmes were structured into short units that led to internally accredited certificates. Those studying for longer periods could also achieve recognised externally certificated qualifications at a range of levels.

HE.31 The library was staffed by a qualified librarian and library assistant. They did not have direct internet access, which limited their ability to provide a service to detainees. The library was well used, and best use was made of its cramped layout. There was a good stock of books and DVDs in various languages, and a wide range of newspapers and magazines. Links with education were effective.

HE.32 Gym staff provided a good service. The newly refurbished sports hall was well equipped, but was small and had a low ceiling. There were outdoor facilities, which were used all year round. There was a useful range of short courses. Links to the community included football and other activities organised with external groups.

HE.33 Detainees had 12 hours a day freedom of movement around the centre. This was adequate, but meant that detainees were locked in the dormitories from 8.30pm, which was restrictive during longer summer evenings.

Preparation for release

HE.34 The welfare officer provided a widely appreciated service to detainees, but there was no welfare service at weekends. Detainees received relatively few visits. The visits facility was welcoming and comfortable, although there was no visitors' centre. Haslar Detainee Visitors Group offered a helpful additional support service. Detainees had

no access to email or the internet. Detainees' need for information, support and advice for release and resettlement had been given appropriate attention. Haslar was performing reasonably well against this healthy establishment test.

HE.35 The full-time welfare officer provided a crucial service to detainees, and had developed links with various community groups. She required ongoing additional support, especially at weekends, when there was no cover, and during periods of absence. Haslar Detainee Visitors Group also provided valuable welfare and support to detainees.

HE.36 Detainees received significantly fewer visits than at most other centres, due to the distance, cost and difficulty of making the journey to Gosport. The limited visiting hours on most days could also have deterred visitors, but full-day visits were offered on Thursdays, and there were four family visit days a year. The visits facility was an informal and generally welcoming environment, but feedback from social visitors was not sought. Visits staff were generally friendly and welcoming. However, there was no visitors' centre for visitors arriving early.

HE.37 Access to telephones was good, though there was no assistance with cost beyond £5 on arrival. Few detainees were aware of the availability of free letters. There was still no access to email and internet, which restricted detainees' ability to communicate with family and legal representatives, and to obtain information on home countries.

HE.38 There had been considerable attention to pre-release preparation. An intensive two-week business course, run every few months, gave detainees a useful grounding in what they needed to do to set up their own business. There was also a stock of resettlement information for detainees to assist with planning before removal or release.

HE.39 Appropriate notice was given before removal or transfer. Useful information about other centres was also available to detainees. The welfare officer gave detainees some help with closing their affairs before moving. They were also given clothing and bags where necessary. Detainees not returning on a voluntary removal scheme were not given the funds to reach their final destination.

Main recommendations

HE.40 The dormitories should be rebuilt to give detainees privacy and to minimise noise and light intrusion.

HE.41 Where there is no prospect of a detainee being removed because his country of origin declines to issue travel documents, the caseworker should address any such continued detention as a matter of law and fact.

HE.42 There should be a care suite with appropriate facilities for detainees at risk of self-harm.

HE.43 The centre should significantly increase the amount of paid work for detainees, including the implementation of planned workshops.

HE.44 Detainees should have access to email and the internet.

HE.45 There should be a diversity strategy for detainees that addresses needs relating to the wider aspects of diversity, including sexuality, age and disabilities, as well as race, culture and religion.

HE.46 Initial personal officer interviews should take place within the detainee's first week of arrival.

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.

1.1 Detainees were positive about their treatment by escort staff, and the reception process was relaxed, friendly and efficient. Detainees were unnecessarily searched twice before transfer. First night procedures were thorough and most detainees said they felt safe. A new induction booklet was available in 24 languages with an audio version in six languages, which ensured that all detainees had comprehensive information about the centre.

Escort vans and transfers

1.2 The main escorting contractor was Group 4 Securicor (G4S). All the escorting vehicles we inspected were clean, fitted with seat belts and carried bottled water, sandwiches and snacks. Detainees were given the G4S detainee escorting information booklet in 15 languages, which had basic information about the escorting procedures.

1.3 Relationships between detainees and escort staff appeared friendly and relaxed. In our survey, 71% of respondents said that they were treated well by escort staff, which was significantly better than the comparator of 49%.

1.4 Detainees in our focus groups said they had had journeys varying from 90 minutes to several hours, but in our survey only 17% of respondents said their journey had been more than four hours, significantly less than the comparator of 29%. All detainees we spoke to had been given food and drinks and offered toilet breaks, although information about refreshments was not always recorded on the escorting record. The vans we inspected accommodated six detainees, and would be crowded if full. Some detainees said their journeys were hot, stuffy and cramped.

1.5 A few detainees reported that they had not been told where they were being transferred to when they left their previous place of detention. Two detainees said they had been told that they were being released from prison only to arrive at the centre.

1.6 Detainees, staff and managers told us of some unnecessary moves around the detention estate. In one case, a detainee was transferred to the centre for one night before he was removed on a flight from Heathrow the following day. Although the problem seemed to have improved, such unnecessary moves were difficult for individual detainees.

1.7 We observed that detainees were searched twice before transfer from the centre – once by centre staff then again by escorting staff. These searches often took place immediately after each other. We were told that centre staff had been told that they must search detainees before they were handed over to escorting staff, and escorting staff had instructions to search all detainees before accepting them. This was a pointless and unnecessarily obtrusive procedure.

1.8 All detainees being transferred from Haslar were told their destination. There were information sheets about five other IRCs in the holding room, with brief details of each centre, including its

facilities, contact details and visiting information. Work was under way to supply details of all other IRCs, and this information was also available from the library.

1.9 Detainees escorted to outside medical appointments by centre staff were always handcuffed, while those escorted by the escort contractor G4S were frequently not cuffed (see also paragraph 7.12 and recommendation 7.32).

1.10 A video link had come into operation in February 2009 and had been used for 89 hearings since then. This had reduced the number of escorts, although there was scope to expand its use.

Reception and first night

1.11 Reception was open from 8am to 8pm, Monday to Friday, and 8am to 4pm at weekends. An agreement with UKBA limited the number of new receptions at the centre to 12 a day. UKBA informed the centre in advance of new arrivals and faxed details, including risk factors, which enabled the centre to identify and refuse detainees who did not meet its allocation criteria. If new arrivals who were considered unsuitable for Haslar had been travelling for some time, they were accepted overnight and transferred the following morning.

1.12 All detainees arrived with an IS91 authority to detain form. Under a new memorandum of understanding between UKBA and the Prison Service, ex-prisoners usually arrived with their full prison and security files and their medical notes. New arrivals from other centres also arrived with their records.

1.13 The reception area was clean, bright and spacious, and included two large holding rooms, a first night interview room, a healthcare assessment room, kitchen, staff office, searching area, toilet and shower facilities. There were usually two reception staff on duty from a staff group of six who had been specifically selected to work in reception. We observed excellent relationships between staff and detainees. The reception officers were friendly, polite and efficient. In our survey, 80% of respondents said that staff treated them well in reception, significantly better than the comparator of 57% and a large improvement on the 34% recorded in our 2005 survey.

1.14 The holding rooms had a separate toilet, water fountain, seating and a table, as well as a DVD player showing a useful locally produced DVD about the centre. Several notice boards displayed a wide variety of information on the centre, although some was in English only. However, the new induction booklet, UKBA detainee information leaflets, and information on anti-bullying, complaints and racist incident complaints procedures were available in a wide range of languages.

1.15 New arrivals were offered hot drinks and a meal. They received a cooked meal from the kitchen at normal meal times and a microwave meal if the kitchen was closed. Although we were told there was a variety of microwave meals to suit different diets, at the time of the inspection only fish and chips were available.

1.16 Before they were interviewed, new arrivals were given a rub-down search by a male officer and their property was searched and logged in their presence. They were allowed a maximum of 20 kilograms of property, but could post or hand out any excess property during visits. Staff gave detainees time to make arrangements to reduce their property. There was a shower in reception, but most detainees preferred to shower on their accommodation unit. In our survey,

75% of respondents, against the comparator of 56%, said that they could shower on their day of arrival.

1.17 An officer from the induction dormitory (E) completed the first night interview and accommodation risk assessments in a designated private room. Nursing staff carried out a first night interview and assessment in the healthcare assessment room, and new arrivals were offered a doctor's appointment the following day. Telephone interpreting was not always used for detainees who could not speak or understand English.

1.18 Detainees were not held in reception for long periods – in our focus groups, most detainees said they had completed the process within an hour. The interviewing induction officer escorted new arrivals to E dormitory and gave them a brief tour of the facilities. The dormitory rules and compact were explained to them. The first night accommodation was clean and all new arrivals were given a clean duvet, bedding and towels and a small supply of toiletries.

1.19 Staff who worked on E dormitory had a good knowledge of the detainees on their unit and their individual circumstances. The welfare officer was available on weekdays to assist new arrivals with any immediate welfare problems, but there was no weekend cover in the welfare department (see recommendation 9.22).

1.20 All first night detainees were identified in the handover to night staff, and their files were given to the night orderly officer to review in detail overnight. In our survey, 61% of respondents said that they felt safe on their first night, which was better than the comparator of 50% and the 38% response in 2005.

1.21 Induction commenced on the day after arrival and was usually completed within 24 hours, although detainees who arrived on Friday or over the weekend were unable to complete it until the following Monday as many departments were not staffed at weekends. Telephone interpretation was rarely used for induction interviews. Induction covered the gymnasium, education and chaplaincy, a tour of the centre by a detainee orderly, and a session from the welfare officer on welfare and race equality.

1.22 The induction booklet was available in 24 languages and all new arrivals were given a copy in their own language. There were also audio versions in six of the most common languages for those who had difficulty reading. The booklet was comprehensive and provided information to detainees about what would happen to them during their first day as well as useful information about the centre. However, it did not include information about the availability of free letters (see paragraph 9.14 and recommendation 9.31) or detailed information on how to access legal advice. Although the welfare officer's induction presentation covered legal information, some detainees were unsure how to access legal advice and information on bail.

1.23 All detainees had a one-to-one interview with UKBA staff within 24 hours of arrival and were given information on how to contact UKBA staff while they were at the centre.

Recommendations

1.24 All detainees should be informed of their destination before they are transferred.

1.25 Detainees who are transferred from Haslar should not be searched twice in reception before leaving.

1.26 Telephone interpreting should be used for the first night interview and risk assessments and for induction whenever a detainee is unable to speak and understand English.

1.27 All information displayed in the reception waiting area should be in a range of languages.

1.28 Information about how to access legal and bail advice should be a routine part of induction, and also included in the translated induction booklet.

1.29 Escort staff should record details of toilet stops and the issue of refreshments on the escort record.

Housekeeping point

1.30 A variety of microwave meals suitable for different diets should be available in reception.

Good practice

1.31 *The detailed induction booklet gave detainees a good general introduction to the centre and was translated into 24 languages, with six audio versions for those who had difficulty reading.*

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 Despite some improvements, the dormitories remained unacceptable, as their design meant there was little privacy. High noise levels led to considerable stress and tension among detainees, many of whom reported difficulties in sleeping at night. Residential units were generally well maintained, clean and in a reasonable decorative state. There was regular consultation with detainees, but dormitory representatives were not always clear about their roles. Much of the information on unit notice boards was in English only. Detainees could wear their own clothes and had access to the central laundry. There was a new limit on property, which staff managed well. Detainees had reasonable access to showers and toilets, but were unaware of the mattress exchange system.

Accommodation and facilities

2.2 There were six residential units with their own communal association area, shower, toilet and washroom facilities. Most detainees on four of the units were in open dormitory accommodation divided into cubicles, which had no doors or upper walls and were usually shared by three detainees. There were a few four-bed and two-bed rooms, which were small and inadequate.

2.3 Although the centre had made some improvements to the dormitories, such as curtaining the entrance to each cubicle, detainees had little privacy. There had been no funding to soundproof and upgrade the accommodation. High noise levels contributed to stress and tension in the dormitories, and in our survey only 36% of respondents, significantly worse than the comparator of 54%, said it was normally quiet enough for them to be able to sleep at night. The dormitories had overhead strip lighting across all cubicles, which compounded the difficulties in sleeping, though later at night smaller night lights were used instead. The centre continued to make frequent use of a noisy public address system, which made it difficult to be heard even in face-to-face conversation. Televisions in the communal association areas were on almost constantly during the day and into the night (they were turned off at 1.30am from Sunday to Thursday), which added to the noise levels on the units. In our in-depth safety interviews (see Appendix III), overcrowding and the layout of the centre were cited as significant concerns.

2.4 The better accommodation was on A and H units, which accommodated the 29 detainees who were employed. The single or double rooms on these units had doors, televisions and wider wood-frame beds. Detainees had privacy keys, and those on A unit were able to lock their room doors. The single rooms on H unit were used to accommodate detainees on the waiting list for work. Many of the observation panels in these rooms had been blocked by detainees, which made effective supervision difficult.

2.5 The units were clean, in a good decorative state and generally well maintained. Rooms had curtains, apart from the three dormitories in the small annexe off D unit where detainees had

used towels to screen the windows. All detainees had a small lockable cabinet. Very few rooms had chairs. Detainees could have personal DVD players in their rooms.

2.6 The accommodation was suitably ventilated and windows could be easily opened. Some detainees commented that rooms were cold, although we were told that the centre had installed heat sensors to respond to any drop in temperature. Only rooms with doors had emergency call bells. Detainees said that the call bells were seldom used, but were responded to promptly, and this concurred with our observations.

2.7 Communal association rooms had a wall-mounted television and a few board games. Some of the walls required decoration, and the fabric on some chairs was torn. There was a communal games room, which had recently been relocated and re-equipped. This room could accommodate up to 20 detainees and was open during daytime exercise periods and on a unit rota basis for four evenings a week. Notice boards in the communal rooms were reasonably well presented, although much of the published information was only in English.

2.8 There was regular consultation with detainees. The detainee consultation committee (DCC) for English speakers met weekly, was appropriately chaired by a manager, and attended by other staff on a rota basis. There were five detainee dormitory representatives at the time of the inspection who also attended DCC meetings. The representatives did not have an agreed job description, and they were not clear about the role. Minutes of DCC meetings and action plans arising from meetings were published, although not all action points had target dates for completion. There was also a monthly meeting for non-English speaking detainees using telephone interpreting services (see paragraph 4.33).

Clothing and possessions

2.9 Detainees could wear their own clothes, and clothing could be handed in during visits. The centre had a supply of suitable clothing, which was in reasonable condition. In our survey, 73% of respondents, significantly better than the comparator of 50%, said they were offered enough clean suitable clothing for the week.

2.10 Detainees had access to the centre laundry, which was open each weekday and where they could exchange centre-provided clothing on a one-for-one basis. Detainees could also launder up to 10 personal items a week through the laundry, which was staffed by an operational support grade and three part-time detainee volunteers, although some commented that they would have preferred laundry facilities on each residential unit. The system of accounting for personal items in the laundry was not always effective, and DCC meetings often discussed the subject of clothes going missing. Irons and ironing boards were available on the residential units.

2.11 A recently introduced 20-kilogram limit on the amount of property each detainee could have in their possession on removal did not yet appear to have caused problems. Centre staff dealt with the issue sensibly and helpfully. There had been few formal complaints about lost property, although a recent complaint had resulted in compensation. Detainees' valuable property, including travel documents and foreign currency, was properly accounted for and stored in the cashier's office.

Hygiene

2.12 The residential units were cleaned each day by contract cleaners supervised by an on-site manager. Each dormitory also employed a detainee cleaner to sweep communal areas and empty waste bins.

2.13 Detainees had 24-hour access to unit toilet, shower and washing facilities, which had been recently refurbished. Each unit had one squat toilet. Showers had cubicles for privacy and benches for dry clothing. In our survey, 94% of respondents said they were able to shower every day. A supply of basic toiletries was readily available in the central laundry.

2.14 New arrivals were given a freshly laundered duvet, duvet cover, sheet and pillowcase. They retained the duvet while they were in the centre and could exchange their bedding each week. Some mattresses were thin and worn. We were told that mattresses were inspected and exchanged at least annually, and that those below standard would be replaced at any time. However, detainees we spoke to were unaware of this exchange system.

Recommendations

2.15 The public address system should be replaced by a less intrusive form of communication.

2.16 All rooms should have window curtains.

2.17 All communal association areas should be kept in good decorative order.

2.18 Unit notice boards should display material translated into a range of relevant languages.

2.19 Staff should ensure that observation panels in room doors are not obstructed.

2.20 Damaged chairs in communal association rooms should be replaced.

2.21 Worn mattresses should be replaced and the mattress exchange programme should be publicised to detainees.

2.22 There should be effective accounting of detainees' personal laundry.

Housekeeping point

2.23 There should be a clear job description for detainee dormitory representatives.

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.

2.24 Staff-detainee relationships were friendly and relaxed, and most detainees felt that staff treated them with respect. The personal officer scheme was developing reasonably well, but detainees had little initial contact with personal officers. Staff generally addressed detainees politely, but some continued to use surnames. All staff wore standard prison uniform and carried batons.

2.25 Staff appeared courteous and professional in their dealings with detainees. In our survey, 79% of respondents said that most staff treated them with respect and 67% said there was a member of staff they could turn to if they had a problem, which were significantly better than the comparators of 68% and 53% respectively. Our in-depth staff-detainee relationships interviews (see Appendix III) were similarly positive, but suggested that some staff still addressed detainees by their surnames alone. While detainees were generally complimentary about staff, some felt that they had too little understanding of their situation as immigration detainees.

2.26 The personal officer scheme was developing reasonably well and had become more established in the previous few months. Nearly all the history sheets in our sample had regular entries from personal officers that demonstrated positive engagement with detainees, usually at fortnightly intervals. However, in a few cases personal officer interviews were of little use, as detainees clearly did not speak English well enough to communicate questions or problems, and staff did not use an interpreting service. For example, in one case the personal officer had noted in four consecutive entries that a conversation was not possible with the detainee because of a lack of English, but had made no attempt to communicate with him through the easily available telephone interpreting service. The weakness in the system was that, as most initial personal officer interviews did not take place until some weeks after a detainee's arrival, entries before that, during the crucial early weeks, were usually non-existent. These examples had not been picked up in the regular management checks, which were otherwise useful and made comments aimed at improving the quality of entries.

2.27 All staff wore standard prison uniform rather than more informal dress that could help to distinguish prison and removal centre roles. In a centre survey of staff attitudes towards a less formal uniform, about half thought it was a good idea. As in other Prison Service but not private IRCs, batons were carried.

Recommendations

2.28 Staff should receive training to enhance their understanding of the experiences and histories of people seeking asylum, refugees and those detained under immigration powers.

2.29 Staff should not use surnames alone when they address detainees.

2.30 Personal officer interviews with detainees who speak little English should take place through a professional interpreting service.

2.31 Staff should be encouraged to wear a less formal uniform to help distinguish prison and IRC roles.

2.32 Staff should not carry defensive weapons.

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 Access to legal advice and representation was restricted due to the isolated position of the centre. The immigration liaison office provided a good service, and the library held a reasonable stock of legal material, although it required updating and was not an adequate substitute for internet access.

3.2 Haslar's isolation was an obstacle to obtaining legal representation, and between 70% and 80% of detainees arrived at the centre without legal representation.

3.3 Information about Refugee and Migrant Justice (RMJ) and Bail for Immigration Detainees (BID) was not a formal part of the induction process, which was carried out by the on-site UKBA immigration team the day after arrival. The induction included a check that the detainee had a copy of the IS91R form stating the reason for detention. If a detainee had no legal representative, a referral was made to the welfare officer.

3.4 RMJ was the only resource for legal advice and representation in the local area. There was only one small firm of solicitors in Southampton that took on publicly funded immigration work. Ninety per cent of the referrals recommended to detainees by the RMJ and welfare officer were to London solicitors, but travel time and costs restricted their ability to accept such cases or make legal visits to the centre. For reasons that were not clear, there had recently been fewer requests to use the RMJ's sessions, which had reduced from two to one a week as a consequence.

3.5 BID held a weekly advice session. This lasted a whole day and could involve around 20 detainees, with access to a translating and interpreting service. This arrangement had recently been suspended during the temporary absence of the welfare officer (see paragraph 9.2), and the weekly session had been restricted to the legal visiting hours, which allowed only three detainees to be seen without easy access to translation. Under its Legal Services Commission (LSC) funding contract, BID had been restricted to representing a maximum of 12 detainees a month at bail applications, which meant that many detainees were unrepresented at bail hearings.

3.6 The immigration liaison office was open from 7.30am to 7.30pm on weekdays and from 9am to 5pm at weekends. DCOs staffing the office helped detainees to send faxes and letters to legal representatives.

3.7 The library was reasonably well stocked with legal reference books, although some were out of date (see recommendation 6.37). A laptop computer provided some access to additional legal material, including up-to-date country reports. Hard copies of country reports were not available routinely, although extracts could be copied on request. There was some information from voluntary organisations, and copies of legal forms. The library had no direct internet

access to other resources to help detainees with their cases, and detainees had no access to the internet or email to assist with their case (see main recommendation HE44).

Recommendations

3.8 In consultation with the Legal Services Commission, the centre should improve detainee access to specialist legal advice and representation, including bail applications.

3.9 The centre should formalise the arrangement for Bail for Immigration Detainees to provide a weekly full-day advice session with access to translation and interpreting facilities.

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.

3.10 The length of detention and uncertainty about their future caused considerable distress to detainees, especially where the prospect of removal seemed remote or the issue of travel documents was delayed. The number held for long periods at Haslar had reduced. The on-site immigration team was well organised and accessible, but monthly reviews by caseworkers were sometimes absent or repetitive. The management of age-dispute cases was poor.

3.11 Immigration uncertainty and prolonged detention were the main concerns highlighted by our in-depth safety interviews with detainees (see Appendix III), and caused considerable distress. Delay in obtaining travel documents was the main reason for prolonged detention in a significant number of cases. This meant that some continued to be held in detention despite no prospect of their imminent removal.

3.12 Fewer detainees than at the last inspection had been held at the centre for over six months. Fifteen had been in Haslar and 22 held across the immigration detention estate for over six months; one detainee had been detained for more than eight months and another for 16 months. During March 2009, six detainees had been granted immigration judge bail, 34 were released on temporary admission and one was granted Secretary of State bail.

3.13 The on-site immigration team was well organised and accessible, and there were now three immigration interviewing rooms. A member of the team usually saw a detainee within two days of a request. There was no full-time immigration officer at the centre. When necessary, an immigration officer from Portsmouth attended to conduct formal interviews. Interpreters were used for asylum interviews; otherwise, the interpreting service or another detainee was used.

3.14 The legal case files were well kept by the on-site immigration team, although its role was limited to passing messages between UKBA case holders and the detainees. There was a policy of not holding a copy of the IS91 (authority for detention) form on the case file. A review form, introduced in October 2008, was attached to each file, although there was no regular review period and reviews appeared to depend on whether there was a reason to see the particular detainee. The temporary UKBA manager had recently introduced a procedure to

review the case files of the 10 longest detainees on average once a fortnight. The name and fax number of the UKBA caseworker was given to the detainee.

3.15 Many case files showed that continued and prolonged detention was due to embassies not cooperating with the issuing of travel documents. One example was a Sudanese detainee sentenced to three years imprisonment who had been in detention in Haslar for 14 months. His immigration legal rights had been exhausted in August 2008, since when he had fully cooperated with seeking travel documents from the Sudanese Embassy. The monthly reviews from December 2008 to April 2009 recorded that travel documents were sought from the embassy, but did not mention any problems or the reason given for the lack of progress. This detainee, therefore, continued to be in detention six months after it became clear that there was no prospect of his imminent removal.

3.16 In another case, a detainee from the Democratic Republic of Congo (DRC) who had been sentenced to 12 months imprisonment for false documents was subsequently in immigration detention for 19 months before he was granted bail in June 2008. He had persistently said that he was 'very depressed and just wanted to go home'. Travel documents were agreed in August 2007, but his removal was suspended following a High Court case suspending removals to the DRC pending further consideration. This detainee had been refused temporary admission and had remained in detention for a further 10 months with no mention of the High Court decision and suspension of removals to the DRC in the monthly review letters, which remained substantially unchanged for this period.

3.17 The centre had dealt with at least six age-dispute cases in the previous year. A current case involved a detainee assessed as aged 20 before he arrived at the centre in December 2008. In early March 2009, he submitted an original document to his UKBA case holder showing he was aged 16. This had not been responded to seven weeks later, and no monthly review letter had been received for the previous two months. In another case, there had been a two-week delay by the UKBA case holder in informing the centre of positive fingerprint evidence that a Pakistani detainee was under 18. When the centre was finally informed, this detainee was immediately placed in the separation unit and given temporary admission within 24 hours. While separation was used for a short period in this case to fulfil child protection obligations, it was an inappropriate environment for children.

3.18 During the week of the inspection, a new computer programme was introduced to automatically flag up overdue obligatory monthly review letters (form 151F) from UKBA case holders. On one day of the inspection, there were 17 outstanding reviews out of 139 case files (12%). Several case files showed that no review letter had been received for periods of three to five months. Some files showed that an identical letter was sent over a period of three to four months without identifying any progress. We noted two review letters that highlighted progress under a sub-heading ‘progress since last report’, which gave detailed reasons why no progress had been made.

3.19 Since February 2009, most bail applications had been conducted by video-link hearings. Although bail summaries were required to be served on the detainee by 2pm on the day before the hearing, there was no system to ensure that this happened. Of the three detainees spoken to following a video-link bail hearing, only one had received a bail summary. The current arrangement was that bail summaries were only sent by UKBA case holders to detainees who were not legally represented; for others, it was the responsibility of the legal representative to send through the bail summary.

3.20 Rule 35 letters – issued by the healthcare centre to be forwarded to the UKBA case holder when detainees alleged past torture – were filed centrally with responses in the UKBA office.

Responses to rule 35 letters had improved in the last year. The central log showed that in early 2008 at least 11 reports had not been responded to at all, but since January 2009 there had been responses to all nine reports, although only two were within the required two working days. Most replies by the UKBA case holder were individual letters dealing with the detainee's case rather than pro forma. However, some responses remained inadequate and failed to deal with the details of the case.

3.21 According to the UKBA manager there had been only one exceptional case when less than the required 72 hours' notice of removal had being given to the detainee. There was no central log to record such cases.

Recommendations

3.22 All casework files should be quality checked monthly.

3.23 In consultation with the centre, UKBA should ensure that all detainees receive a copy of the bail summary in due time before the hearing, and the on-site immigration team should monitor the receipt of bail summaries.

3.24 Monthly reviews of detention (form 151F) should be timely and show a balanced consideration of all factors relevant to continuing detention. The review letter should routinely include a subheading that refers to progress since the last report to ensure that this issue is addressed and that reasons are given when there is a lack of progress.

3.25 In an age-dispute case, the UKBA caseworker should respond within 24 hours of receipt to documentary evidence that shows that the detainee is under 18.

3.26 Unless the documentary evidence of age submitted in an age-dispute case is clearly unreliable, detainees under 18 should not be detained while the age-dispute issue is resolved.

3.27 The UKBA caseworker should respond to rule 35 letters within the required two working days, detailing in every instance the consideration given to continued detention in the light of the rule 35 letter and the detainee's circumstances.

Housekeeping points

3.28 A copy of the IS91 form (the authority to detain) should be placed on the casework file.

3.29 Records should be kept of all cases when less than 72 hours' notice of removal is given, with the reasons.

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 Most detainees said they felt safe and that staff took bullying seriously. While there was little evidence of bullying, anti-bullying systems were underdeveloped. Until recently, there had been no ongoing monitoring or review of bullies or support for victims. Safer community data was not systematically analysed, and the most recent violence reduction survey had been lost. Uncertainty about immigration issues raised the risk of self-harm for detainees. Risk assessment and support for vulnerable detainees were well implemented. In the absence of a care suite, and with unsuitable options, detainees at high risk of self-harm were often separated, inappropriately. Although external partners provided valuable support, there was no peer support scheme.

Bullying

4.2 In our survey, detainees generally reported feeling safe: only a third of respondents said they had felt unsafe at some time in the centre, compared to 74% at our 2005 inspection and the comparator of 48%. Our in-depth safety interviews (see Appendix III) suggested that, apart from immigration issues, the physical layout of the centre made detainees feel most unsafe.

4.3 Detainees had easy access to staff, and were generally tolerant and sympathetic towards each other. There was little evidence of bullying among detainees, but there had been some conflict between different nationality groups (see paragraph 7.6). When bullying did occur, most detainees said staff took this seriously. Night staff conducted four patrols of all the dormitory areas, and notices around the residential units encouraged detainees to report bullying behaviour. In our survey, significantly fewer detainees than the comparator reported concerns about staff behaviour towards them.

4.4 Bullying was managed within a broader strategic approach to anti-social behaviour. There had been eight anti-social behaviour investigations in the first four months of 2009, and there had been 18 in 2008. Most were the result of fights rather than direct evidence of bullying. Detainees were usually interviewed within the investigation process, and balanced conclusions were reached.

4.5 Anti-bullying systems were, however, underdeveloped. There was a recent new strategy, and a three-stage anti-bullying procedure had just been implemented, but it had not yet been used and staff had not been trained in it. Previously, there had been no ongoing monitoring or review of bullies, and no systematic support for victims. The investigation reports suggested that perpetrators of anti-social behaviour were usually moved out of the centre.

4.6 Evidence of bullying from security information reports was systematically followed up. There had been no recent unexplained injuries. The safer community coordinator's report, which was discussed at bi-monthly safer communities meetings, referred to bullying incidents, but there was no systematic analysis of trends or safer community data.

4.7 An annual violence reduction detainee survey was under way for 2009, but staff had lost the results of the 2008 survey before data had been collated and analysed. There was consequently no evidence that a survey or other needs analysis had informed the strategy.

Suicide and self-harm

4.8 There had been a significant increase in the number of assessment, care in detention and teamwork (ACDT) self-harm monitoring forms opened in the last two years. Most had been opened in response to detainees' low mood or statements of suicidal intent due to imminent or uncertain date of removal. ACDT forms were opened in 2008/9 at a rate of one per week, and there had been five incidents of self-harm in the previous six months. One of the self-harm incidents was a hanging in which the detainee's life appeared to have been in serious danger; an investigation was still in progress at the time of inspection.

4.9 A trained ACDT assessor was on duty each day, and a member of UKBA staff was trained as an assessor. UKBA staff frequently opened ACDT forms on detainees when an interview or the serving of a document had caused evident distress; this was a good example of effective multidisciplinary working. All staff had received ACDT foundation training. There was multidisciplinary representation at ACDT reviews, including staff from healthcare, education and the chaplaincy. When an ACDT form was opened, a summary briefing sheet was sent to all departments, describing particular risks and triggers for the individual. Two detainees refused food during the week of the inspection, and this was well managed with early intervention and appropriate recording.

4.10 Prison Service assessment, care in custody and teamwork (ACCT) forms had been used until shortly before the inspection. Although the differences were slight, it was important to maintain the distinction between prison and immigration conditions. The forms were generally well completed, and displayed care and competence in identifying risk and supporting detainees. There were exceptions. In the case of a detainee who had made cuts to his arms and chest with a razor blade, the care map was bland and unspecific: it specified the issue as 'self-harm', the goal 'to stop it happening again', and the support strategy 'close monitoring by all staff', while one of the triggers specified was 'being in detention'. Management checks were recorded with reasonable frequency, but actions requested in these checks were not always carried out. Keyworkers were regularly identified. Post-closure reviews were recorded in almost all cases where detainees had not been transferred out.

4.11 Safer communities meetings took place bi-monthly, and were usually chaired by the head of decency. Detainees were represented at these meetings, and there was evidence that the discussions engaged with problems and tensions at a practical level, but monthly meetings would have been more effective. The focus for detainee consultation was the weekly consultative meetings, but these dealt mainly with everyday concerns, such as the physical environment and facilities. The head of decency made a comprehensive monthly written report on self-harm and ACDT to the senior leadership team, with comments on local and national issues and trends.

4.12 Detainees judged to be at high risk of self-harm were removed to the special accommodation unit (SAU) under rule 40 (in the interests of their own safety). Unless the assessed risk reduced quickly, they were transferred to other centres offering closer supervision and 24-hour healthcare. If the risk assessment indicated intermittent observation, an officer was deployed full-time to this duty if available; otherwise, cover was from the centre office. This arrangement deprived the detainee of support from his peers, and on the rare occasions when a member of staff was not available, provided minimal social contact. The reason for removal was that

regular observations could not be carried out reliably by day or (because of the open dormitory accommodation) by night. However, removal was not always the best way to support a detainee in distress. For example, a clinician made an entry about a detainee in the SAU:

'Prolonged separation in SAU would be detrimental to the man's fragile state of mind. Has been present at recent self-harm/suicide attempts. He claims this has caused him considerable emotional / psychological distress.'

Given the limitations of the dormitory accommodation, and in the absence of a care suite, removal to separation was often the 'least bad' decision. Staff were aware of its limitations; for example, a notification to UKBA reported that: 'For own wellbeing, staff had no choice but to place him in the SAU despite this being a detrimental environment for his own state of mind.'

4.13 In one case, a detainee with a history of minor self-harm was removed by force to the SAU because at an ACDT initial review he would not say whether he intended to harm himself. The log recorded his distress at being separated. The SAU was not an appropriate location at that time, and the use of force for this purpose was not justifiable.

4.14 A Befrienders scheme had proved impractical, and there was no formal peer support system at the time of inspection, although a new scheme had been published. Staff frequently invited detainees speaking the same language to support a vulnerable detainee informally. Detainees were not asked to interpret at ACDT reviews, in which professional telephone interpreting was often used. The Samaritans attended three times a month, and telephone access to them was easy for detainees. Portsmouth Counselling Service provided valuable counselling to those in distress (see paragraph 5.39).

Recommendations

4.15 Staff should receive training in the new system for managing bullying behaviour.

4.16 Detainees displaying anti-social behaviour should only be transferred out of the centre as a last resort, and there should be more attempts to manage them within the population.

4.17 Safer community data and trends should be systematically analysed and discussed at safer community meetings.

4.18 The violence reduction detainee survey for 2009 should be completed promptly and used to inform the violence reduction strategy.

4.19 The safer communities coordinator should quality check assessment, care in detention and teamwork (ACDT) forms frequently to ensure that actions requested by managers have been carried out, and that inadequate care maps are revised appropriately.

4.20 The safer communities meeting should take place every month.

4.21 Force should not be used on detainees to reduce the risk of self-harm, unless there is clear imminent danger of serious physical harm.

4.22 The formal peer support scheme should be implemented.

Good practice

4.23 *Whenever an ACDT form was opened, a summary briefing sheet was sent to all departments, describing particular risks and triggers for the individual.*

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.

4.24 Children and families were not detained at Haslar. In one case where a detainee was confirmed to be a child, staff arranged for him to be accommodated separately until he was transferred. The child protection coordinator and some other staff had received training in child protection.

4.25 The centre did not hold children and, in theory, did not accept age-dispute cases. Despite this, there had been at least five cases in 2009 in which detainees continued to maintain that they were under 18 after social services had assessed them as being over that age. There had also been one case of a detainee identified as being under 18 who had already spent time in prison and immigration detention as an adult. In this case, managers ensured that the detainee was protected and moved him to the special accommodation unit overnight until his transfer and subsequent release could be arranged (see paragraph 3.17).

4.26 The centre had a child protection policy and a designated child protection coordinator who had received child protection training. There was no child protection committee, but the security meeting discussed relevant matters. The coordinator could use the emergency contact numbers for the local safeguarding children's board if needed.

4.27 All staff at the centre had had enhanced Criminal Records Bureau checks, and six staff working in the visits area, the primary area for contact with children, had received child protection training.

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.

4.28 A cross-departmental approach supported detainees' race, culture and religion. Race equality work was well managed with sufficient resources, and information was communicated well to detainees. Race complaints were dealt with competently. There was insufficient consultation with non-English speaking detainees. Telephone interpreting services were used in most, but

not all, areas. Other aspects of diversity were not given adequate attention. Systems for identifying and assessing detainees with disabilities were inadequate.

4.29 There was a bi-monthly race equality action team (REAT) meeting, usually chaired by the centre manager or her deputy, and a race equality action plan was reviewed regularly. Two wing orderlies usually attended meetings. A full-time dedicated race equality officer (REO) was line managed by the head of diversity, who was able to dedicate approximately a third of his time to diversity work. Both had job specifications. Contact details for the REO, including her photograph, and the race policy were clearly displayed on notice boards across the centre, and the REO saw all detainees during induction. The REO had not yet been trained.

4.30 There was regular and useful contact with representatives from community groups, including Portsmouth Race Equality Network Organisation (PRENO) and the Gosport community development worker. The head of diversity had attended 17 meetings with community groups in the previous six months.

4.31 Information about how to make a racist incident complaint was displayed in 18 languages. Forms, including envelopes for confidential complaints, were available in the main corridor, and there were 12 boxes in the centre to submit race and other complaints. Boxes were easily accessible and were emptied each day. Since the beginning of 2009, there had been an average of one submitted racist incident report form a month. Detainees told us that they were reluctant to make complaints in case this affected their immigration case.

4.32 All race-related complaints we looked at had been competently investigated by the REO and included comments by the centre manager. Where necessary, action had been taken as a result of complaints and a written response provided for complainants, although they did not always receive this because of transfers. The time taken to investigate complaints had improved recently to an average turnaround time of 15 days. An independent race adviser looked at 10% of race complaints.

4.33 There were some consultations with detainees on race, nationality, culture and religion through the REAT. There was also a monthly consultation meeting in a different language each month using interpreters, which was too infrequent to gather the views or concerns of most non-English speakers. There had been a one-off discussion group with the Chinese detainees a year previously, which was also too infrequent. Outcomes of these meetings were not recorded.

4.34 There was good use of telephone interpreting services in many areas, as confirmed by the average monthly call bill of around £470, although it was not used enough in induction and residential areas (see recommendations 1.26 and 2.30). Data from telephone interpreting was used to decide the languages in which to translate documents. At the time of inspection, Mandarin was the most frequently requested language, followed by Arabic, Pashto and Kurdish. Multilingual detainees were asked to help with interpreting where appropriate.

4.35 There was a cross-departmental approach to celebrating all the main religious and cultural festivals. The REO, chaplaincy, catering and education departments worked closely together and with detainees to organise events such as Chinese New Year, Persian New Year and Ramadan, as well as the Christian festivals. Chinese detainees had been able to prepare their own food to celebrate New Year.

4.36 Art and information displays around the centre also promoted detainees' race, culture and religion, as well as events such as World Aids Day. Exhibitions created by detainees were displayed at local community events, which also included music composed by detainees with

Music in Detention – an outside group that came in once a month for music workshops with detainees, including themed sessions relating to the main religious and cultural celebrations.

4.37 Race impact assessments had been completed on 19 areas, and actions had been added to the race equality action plan. However, there had been a hiatus in these for the previous six months while instruction was awaited from area office about changing the documents to cover other aspects of diversity.

4.38 Other areas of diversity, including disability, sexuality and age, were dealt with under the bi-monthly equal opportunities committee, which was not attended by detainees. Minutes from these meetings indicated that they covered mainly staff diversity issues, with inadequate attention to detainee issues. A detainees' diversity policy was being written. A disability equality scheme was in place.

4.39 There was some support for gay detainees through a charity that attended once a month for a sexual health clinic, attended by four detainees at each session. Staff told us of a recent case where a detainee had been transferred out because he was overtly gay and they were concerned for his safety in the dormitory accommodation. GALIPS, the Prison Service lesbian, gay, bisexual and transgender (LGBT) staff support network, produced a local newsletter that could help staff better understand issues faced by gay detainees. Diversity training only touched upon sexuality, and sexual diversity was not a prominent part of the diversity strategy.

4.40 The centre manager's secretary was the disability liaison officer (DLO) and dedicated approximately four hours a week to the role, which mainly involved interviewing staff and detainees with disabilities to see if they wanted a personal emergency evacuation plan. Only one detainee was recorded as disabled, whereas in our survey 10% of respondents said they had a disability. When we saw the one recorded detainee with a disability, who had arrived six days earlier, he did not yet have an evacuation plan, any support plan or an assessment of what assistance or adaptations he required to assist with his daily needs, and no one appeared to have responsibility for doing this. We were told that this detainee had been buddied up with another detainee, but neither the detainee nor the buddy were aware of this arrangement when we spoke with them. However, the education department had arranged a visual impairment assessment to help them understand how they could best support his educational needs. Staff were aware of a detainee who had previously been in the centre with mobility problems because of a false leg. No evacuation plan had been completed for him because he had not signed up to the scheme.

4.41 The centre had an agreement with UKBA that it would not take wheelchair users because of the dormitory accommodation and lack of 24-hour medical cover, although the DLO was not aware of this policy. Some areas of the centre were only accessible via stairs, such as the chapel, healthcare and gym. Access for visitors who used a wheelchair was adequate.

4.42 Monitoring and analysis of all diversity related data was limited and focused on ethnicity. There was no monitoring by nationality, age and disability in a manner that could be analysed for trends over time.

4.43 In 2009, 48 staff had been trained in the 'Challenge It, Change It' diversity course and six staff in religious awareness (over 50% of staff). Just 3.9% of staff were from black and minority ethnic backgrounds, comparable to the local area composition of 3.7%.

Recommendations

4.44 The race equality officer should be trained for the role, including completing investigations.

4.45 Detainees who submit a race complaint should receive a response, even if they have moved on to another establishment. If they are being removed before the investigation is completed, they should be given an update on the investigation so far.

4.46 Consultation meetings should be held frequently with all non-English language groups of detainees, and there should be action plans to address areas of concern.

4.47 There should be assessments of locally implemented policies to determine their impact on minority groups and different nationalities.

4.48 Detainees should be represented at equal opportunities meetings.

4.49 Emergency evacuation plans should automatically be completed on all detainees with disabilities who need one.

4.50 There should be a clear procedure for identifying detainees with disabilities, assessing their needs and creating a support plan shortly after their arrival.

4.51 Diversity monitoring should include nationality, age and disability as well as other aspects of diversity, and should allow trends to be analysed over time. It should be routinely discussed at diversity meetings.

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.

4.52 Most detainees had weekly access to corporate worship and a chaplain of their faith. Pastoral care and study groups were limited because of resources. There were links with faith groups in the community. The chaplaincy helped to create an environment supportive of detainees' culture and religion, but was not able to contribute significantly to preparation for release. There were spaces for groups to meet and practise their faith.

4.53 There was a full-time coordinating chaplain, and a chaplain saw all detainees during their induction. Most detainees had access to corporate worship and a chaplain of their faith each week, although a local Sikh group could only come in once a month and the Hindu chaplain came in fortnightly. The Muslim chaplain visited for only five hours a week, which was low for the number of Muslim detainees, but this was due to increase to 16 hours a week. There was no Buddhist chaplain, but efforts were being made to recruit one. A significant proportion of the Hindu detainees were Tamil speaking and the Hindu chaplain did not speak Tamil, but this was being resolved.

4.54 Resources limited the amount of pastoral care and religious study classes that chaplains could deliver. They had occasionally made links with religious groups at the home of the detainee, but could provide little pre-release assistance.

4.55 Links with faith groups in the community were good. Southampton Muslim Council helped with preparations for Ramadan, the Christian Fellowship came in every evening and also helped at Easter and Christmas, and local evangelical groups, including a black African Pentecostal group, came in regularly. There were links with a local Chinese Christian group who led worship at festival times in Chinese and helped to celebrate Chinese New Year.

4.56 The spaces for detainees to meet and practise their religion included a large chapel, a large multi-faith room and a smaller meeting room in the chaplaincy. There was also a Muslim prayer room and a multi-faith prayer room, which were always open. Detainees had access to religious artefacts.

Recommendations

4.57 All detainees should have access to a chaplain of their faith each week.

4.58 The Muslim chaplain's input should be increased to match the needs of the Muslim population.

4.59 Detainees should be able to attend study groups in their faith.

4.60 Chaplains should be involved with preparing detainees for release, removal or transfer when required.

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 were positive about the health services, and relations with staff. New clinical governance arrangements were developing, but not yet embedded. There were some areas of weakness, particularly where there were no service level agreements. The arrangements for commissioning and accountability of GPs were unclear. Primary care met the needs of the population, and pharmacy arrangements were generally good. The healthcare centre had daily open access clinics and booked timed appointments for other clinics. Dental services appeared adequate. Mental health care was predominantly primary care provided by one nurse who was dual trained and by GPs. Community psychiatric nurses attended on request and a psychiatrist was available, although this arrangement was not clear. The centre did not accept detainees who needed detoxification.

General

5.2 Health services were commissioned by NHS Hampshire, and nursing services were provided by Portsmouth City Teaching Primary Care Trust (PCT). Nursing staff had recently transferred employment to the provider. Arrangements for other services appeared to be on an informal basis and service level agreements were needed, particularly for GP services. The GPs were employed through the Prison Service and lines of accountability were unclear. The lead GP received appraisal from the centre manager, while the other two GPs who provided sessions at the centre did not appear to receive any formal supervision for their work there. A health needs assessment had been undertaken. A partnership board met every three months and included membership from the centre, NHS Hampshire and the PCT. Attendance at some meetings was poor, and dates of meetings were not set sufficiently far in advance. A medicines and therapeutics committee met regularly, although six monthly rather than quarterly, as it was meant to sit. The committee had representation from the pharmacist, medical and nursing staff, and the PCT.

5.3 The healthcare manager met regularly with the PCT, but systems were not yet embedded. The correct forms for reporting medical incidents were not yet available at the centre, and there had been some difficulties with ordering some items. Health services staff working at the centre had received a short induction to the PCT that now employed them. There was no requirement for the centre to seek registration with the Care Quality Commission.

5.4 Detainees spoke positively about health services in our groups and in interviews. The healthcare department was central and easy for detainees to access. Although there was no waiting room, the corridor had flip-up seating. We did not observe detainees waiting for long periods to see health staff, and they were free to leave the department as soon as they had been seen. There were health promotion displays, which we were told were changed regularly, and information leaflets in a variety of languages. There was a treatment room, a room to store and administer medication, a consulting room and a dental room. Detainees could enter the department freely during the access clinics, but had to wait to be admitted at other times.

5.5 There was also a healthcare consultation room in the reception area. This was unwelcoming: the only information on display was a notice advising detainees that they should treat health staff with respect. All areas where healthcare was delivered were clean and tidy.

5.6 There was a protocol for the clinical management of detainees refusing food and fluids, and a log was kept in the central office and checked daily.

5.7 A telephone interpreting service was available to assist in consultations with detainees not able to communicate in English, and health staff were able to explain when and how this was used. Staff were clear that other detainees should not be used as interpreters for healthcare interviews, although on some occasions detainees had refused the telephone service and so another detainee was used to communicate with them. If this occurred, a note was made in the detainee's clinical record, as was use of the telephone interpreting service.

5.8 There was a policy outlining the procedure to be followed if a detainee required a second medical opinion.

5.9 If a detainee disclosed information about previous mistreatment, torture or cruelty to a member of healthcare staff, this was reported to UKBA on a rule 35 letter. Copies of rule 35 letters and responses received were kept in a file in the healthcare department. Responses had been received in the majority of cases (see also paragraph 3.20).

5.10 If a detainee arrived at the centre following a failed removal and disclosed an injury, this was recorded in the clinical record by the reception nurse, and he was encouraged to see the GP the following morning.

5.11 There was no identified lead nurse for the care of older detainees. There was, however, knowledge of national service frameworks and one of the nurses had post-registration experience of working with older people.

5.12 There was no palliative and end-of-life policy. Staff told us that anyone requiring such care would be returned to the community or moved to a centre that had inpatient facilities.

5.13 Arrangements for the maintenance and servicing of equipment were not clear. For example, there was some confusion over who was responsible for the servicing of the dental autoclave.

Clinical governance

5.14 There was no clinical governance group at the centre. The healthcare manager reported to the partnership board and to the centre's senior management team. Clinical incidents were reported to the PCT, but there was no feedback system to the centre to ensure learning from incidents, although any incidents were discussed within the team. All staff had job descriptions, but there was no formal training plan. The staff transfer to the PCT had increased opportunities for training, although because the staff group was so small it was difficult to release any for training. The head of healthcare also attended regular meetings with her peers from other immigration centres, which were a forum to discuss practice and current issues.

5.15 The head of healthcare was a registered general nurse (RGN) and she was supported by two RGNs and one nurse who was dual qualified as an RGN and registered mental health nurse (RMN). Agency staff had sometimes worked at the centre. Bank nurses were not used. The PCT was working with the head of healthcare to identify more bank nurses to cover staff absences and to enable staff to be released for training. There was one part-time

administrator, who worked for 20 hours a week. This did not appear to provide sufficient administrative support, which was covered by nursing staff in time they could have spent on clinical tasks. A counsellor was also available at the centre. A dentist visited twice a month. If other health services were required, appointments were made in the local community. A selection of reading glasses was available in the healthcare department.

5.16 GPs from a local practice attended the centre six days a week; two were male and one female. Detainees were advised if they were booked in to see the female GP, and could request to see a male GP if they preferred. In our survey, 54% of respondents said that they could see a doctor of their own gender, which was better than the comparator of 36%. Out of hours arrangements were the same as in the local community. There had been some long delays in the out of hours service contacting the centre when a request had been made, and this had been reported to the PCT. Information was also available on how to contact NHS Direct for advice when nursing staff were not on duty.

5.17 Medication was supplied to the centre by a local pharmacy. The pharmacist visited the centre every six weeks. Nursing staff carried out date checks each month and maintained records of this. There was a waste bin for returned or unwanted medicines, which was collected regularly by a dedicated waste carrier. The nursing staff also kept a record of the drugs put in the bin.

5.18 Stock and patient-named medicines were generally separated, but internal and external medications were not. Some medications given out as special sick were mixed in with the usual stock medicines. All drugs appeared to be correctly labelled. Some medicines were packaged into smaller packs by the pharmacy, and supplied to the centre as stock, although the original manufacturer's pack or a dispensed medication for a named patient should have been used. The packs did, however, contain labelling information, including the batch number and expiry date. There was no dual-labelling system for dispensed stock items. Some items were provided from stock rather than from individually named medication.

5.19 Patient group directions were in place and used by the nursing staff. Written signed copies were available, although some had passed their review date. Nursing staff signed to say they had understood the directives, but the head of healthcare needed to sign to ensure the staff were competent at these. The centre used a formulary based on the Hampshire PCT formulary. The pharmacist audited when doctors did not prescribe within the formulary, and advised where appropriate.

5.20 Staff had access to training through the local PCT. Although all staff had received resuscitation training, some had not had refresher training in the previous 12 months. Staff had not been able to source training in recognising and supporting detainees who had been subject to torture and trauma. Arrangements for clinical supervision for nurses were under development. The healthcare manager had external arrangements for her clinical supervision. Staff met regularly to discuss their practice informally.

5.21 The treatment room held the emergency bag and portable suction machine, which were checked monthly and records of this maintained. An automated external defibrillator was held in the centre office. There were no formal arrangements for the loan of occupational therapy equipment, and the centre tended to buy items that were needed without specialist advice, although this would change now that the service was provided by the PCT. If detainees attended external medical appointments, they returned to the centre with any necessary equipment.

5.22 There was a password-protected electronic system for maintaining clinical records. Hard copies of documents were scanned into the electronic record, and then kept in secure filing

drawers. We were able to locate all the records we looked for, and found entries to be of good quality and contemporaneous. In addition to paper records of dental treatment, entries were also made on the electronic system. All entries were dated and timed. If a detainee returned to the centre, his previous clinical notes could usually be retrieved, although some records had been moved from the main centre storage area and placed in large bags that were not in date order. The centre did not routinely request records from GPs in the community, unless the doctor identified a need for this.

5.23 Complaints about health services were dealt with under the PCT complaints system. This was explained to detainees at reception, and relevant information was included in the health services information leaflet.

Primary care

5.24 A nurse in reception saw all detainees arriving at or returning to the centre, and explained the reception process. Healthcare records were checked to ensure that detainees were suitable for the level of health service available at Haslar – for example, that they did not require detoxification services. A comprehensive health screen was carried out, and if a detainee had a lifelong condition, the nurse explained how health staff at the centre would support this. Self-completion screening questionnaires were available in a range of languages and these, or the telephone interpreting service, were used if a detainee could not communicate in English. Detainees were asked if they had experienced torture and, if so, a pro forma letter was completed and forwarded to the centre manager, with a copy retained in the patient's clinical record. The healthcare department also maintained a log folder of all reported allegations of torture.

5.25 Detainees were given a health services information leaflet, which was available in a range of languages, and there was a section on health services in the general detainee induction book. Detainees were told how to make healthcare appointments, and were offered an appointment with one of the visiting GPs for the day following their arrival.

5.26 Detainees could not access the healthcare centre independently. They could attend access clinics each morning without an appointment to seek the advice of nursing staff, collect medication or make an appointment to see the GP or dentist. Triage algorithms were in use. The wait to see a GP was short, and most detainees received appointments within two days. When they made an appointment, detainees were given a timed appointment slip, and they were followed up if they did not attend.

5.27 Detainees with lifelong conditions were allocated to a nurse trained in that condition. Nurses maintained their own lists of patients with lifelong conditions, and there was no central register. Detainees' care was managed on an individual basis, as the small number with each condition and the short stay of some detainees meant that running clinics for specific conditions was not practical. Barrier protection was freely available to detainees.

5.28 When a detainee left the centre, he was given a copy of his clinical record to take to his GP if he had received treatment while at the centre. He was also given any medication currently prescribed for him.

Pharmacy

5.29 Prescription charts were clearly written, and an entry was also made in the clinical record when a detainee collected his medication. A written in-possession policy was currently under review.

A risk assessment system was used to ascertain if a detainee should have his medication in possession. Most detainees had their medication in possession at the time of our inspection. We were told that detainees could see a pharmacist if requested, but this was not publicised.

5.30 Patients on long-term medication could order repeat prescriptions through a card system. The card was handed into the pharmacy room, which generated a prescription and delivery of medication from the pharmacy. This was similar to the system used in the community. Patient information leaflets were supplied in one of the boxes that in-possession patients received. There was a folder with healthcare information for patients in the pharmacy room, but this had only one patient information leaflet.

5.31 There were no arrangements for detainees to obtain simple analgesics when healthcare staff were not in the centre at night, although they could have them in their possession.

Dentistry

5.32 A dentist and dental nurse visited the centre twice a month. There were 23 detainees on the waiting list at the time of our inspection; the longest wait was four weeks. Detainees in dental pain were prioritised, and there were patient group directions for treatment of dental pain.

Secondary care

5.33 Where possible, detainees could attend appointments that had been booked before their arrival at Haslar. If a detainee required an external appointment this was arranged, and there was up-to-date information on all appointments in the administrator's systems and in the patient's clinical record, including any cancellations. Relationships between the local hospital and centre appeared to be good. Detainees were told the date of their appointment as soon as this information was known by the centre.

5.34 If a detainee required the services of an interpreter for his appointment, this was clearly stated on the referral letter, although in some cases the hospital had not provided this. Once an external appointment had been made detainees were placed on a medical hold, although this only prevented deportation in extreme cases.

5.35 Since the start of 2009, 19 out of the total of 59 appointments had been cancelled. This had been for a variety of reasons, including detainees being temporarily admitted, escorting staff being unavailable, detainees declining to attend or their transfer before their appointment – transfers were often to a centre more convenient for the airport in preparation for deportation. The healthcare administrator maintained close contact with the escort providers to reduce this problem as much as possible. Only one appointment was cancelled by the hospital in this period.

Mental health

5.36 There was one dual-trained nurse on the nursing team. He spent most of his time on generic nursing duties, but undertook mental health assessments and referred detainees to community mental health services when required. All new arrivals received a basic mental health screen. If further screening was indicated, the mental health nurse did this. At the time of our inspection, one detainee was under the care of a local community mental health team. Before the change in the commissioning of health services, 20 psychiatry sessions a year had been

arranged to be used as required. Staff were unclear of the arrangements in place at the time of our visit.

5.37 Transfer to mental health beds in the community was infrequent, but systems were in place when this was needed, and the move was usually swift.

5.38 Some mental health promotion advice was available in a range of languages.

5.39 A counselling service, funded by the National Lottery, was available at the centre. It specialised in cross-cultural counselling and worked with asylum seekers in the local community. A counsellor visited every week, and used specialist interpreters experienced in interpreting for counselling sessions when necessary. Detainees could be seen within a few weeks for assessment, and an additional counsellor could be called upon if needed.

Substance use

5.40 The centre did not accept detainees who required detoxification. There were no services for detoxification support, and the dormitory accommodation was unsuitable for their management and support.

Recommendations

5.41 Service level agreements should be in place for all health services.

5.42 There should be feedback from incident reports.

5.43 There should be sufficient administrative cover to avoid the use of clinical time for administrative tasks.

5.44 All staff should have at least annual resuscitation and defibrillation training, and records of this should be maintained.

5.45 All healthcare staff should receive training in the recognition of signs of trauma and torture, and how to support these detainees.

5.46 There should be formal arrangements with local health and social care agencies for the loan of occupational therapy equipment, and specialist nursing advice to ensure detainees can access mobility and health aids.

5.47 Arrangements for the provision of psychiatrist sessions should be clarified.

5.48 If a detainee is registered with a GP or any relevant care agencies, they should be contacted at the beginning of detention, with the detainee's consent, to provide relevant information to ensure continuity of care.

5.49 All nurses should receive clinical supervision, and records of this should be maintained.

5.50 There should be an auditable dual-labelling system for medication stock.

5.51 Resuscitation kits should be checked weekly, and this should be clearly recorded.

5.52 The in-possession medication policy should include how the risk assessment is done, and who is responsible for undertaking it.

5.53 Where practicable, the use of patient-named medication should be encouraged.

5.54 Out-of-date patient group directions should be revised.

5.55 The medicines and therapeutics committee should meet at least four times a year, and all stakeholders should attend.

5.56 Hospital appointments should not be cancelled due to lack of escorts.

Housekeeping points

5.57 Dates of partnership board meetings should be published well in advance to enable more participants to attend.

5.58 All healthcare staff should have personalised training plans reflecting organisational needs and personal development.

5.59 The availability of a pharmacist for consultation should be advertised to detainees.

5.60 Records of previous patients should be stored to be easily retrievable if a detainee returns to the centre.

5.61 Arrangements for the servicing of clinical equipment should be clarified.

5.62 A lifelong conditions register should be maintained.

Good practice

5.63 *Detainees could use a counselling service specialising in cross-cultural counselling, with access to specialist interpreters experienced in interpreting for counselling sessions.*

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 insufficient paid work, and there was not sufficient activity to meet the needs of the population. The 29 part-time work spaces catered for only around a fifth of the population, and additional workshops had not been funded. The range and quality of education at the centre was good and well managed, with a supportive learning environment. Induction to education was thorough and regular. Most classes were popular and well attended, and there were good relationships between education staff and detainees. Quality assurance and improvement arrangements were well established and effective. The library and physical education provision were very good. The opening hours of the education department and the library were too restricted, with little in the evening and nothing at weekends.

Work and learning and skills

6.2 The centre did not provide sufficient paid work. There were 29 spaces, which catered for only around a fifth of the population. The hours worked were short, at between 10 and 12 hours over a five- or seven-day week for the majority, and fewer hours for seven jobs. Six detainees worked in the kitchens, two as gymnasium assistants, four assisted with education and the library, one with detainees' welfare and another acted as tour guide for new arrivals. The remainder worked in the laundry or as cleaners. Detainees were paid £1 per hour. Eighteen detainees were waiting for a vacancy, and the time spent on the waiting list could be as long as two months. Longstanding and detailed plans to employ detainees in a bicycle repair workshop and in horticulture and recycling activity had not been implemented owing to insufficient funding.

6.3 Education had been provided under contract with Highbury College since 2000. Provision was good, and the supportive learning environment provided by the education department was excellent. Corridors and common areas were attractive and welcoming, featuring detainees' artwork, well-presented information boards and displays highlighting equality and diversity.

6.4 Induction to education was thorough. Virtually all detainees received a personal introduction to the provision and were encouraged to attend. Those who did not initially join classes, or ceased attending, were contacted subsequently to remind them of what was available.

6.5 Education was carefully organised to enable detainees to join at any time and attend for as long and as often as they wished. Most classes were popular and well attended. Around 70% of detainees participated in some form of education while at the centre. Tutors were skilled at managing learning in a context where detainees often joined and left classes at different times during a session. Relationships between staff and detainees were very good and characterised by mutual respect. Staff effectively supervised detainees in the education department without the need for officer support.

6.6 The range of education provision was good. Classes in art, English for speakers of other languages (ESOL) and information and communications technology (ICT) took place daily and on some evenings on weekdays; there were twice-weekly music classes and a literacy and numeracy workshop. The centre offered detainees training in basic computer maintenance and

occasional short courses in areas such as health and safety. An intensive two-week course giving detainees an introduction to setting up their own business ran every few months. This was a targeted response to resettlement needs, which would have benefited from evaluation.

6.7 The quality of education provision was good. All programmes were well structured into short units leading to internally accredited certificates. These also led to recognised externally certificated qualifications at a range of levels for those studying for longer periods. Detainees received their certificates at popular weekly celebration of achievement ceremonies. All externally accredited programmes met awarding body requirements.

6.8 Initial assessment of detainees' skills and knowledge was generally sufficient to establish suitable starting points in the different subjects. The planning and monitoring of individuals' learning was simple, but mainly appropriate. Staff used well-established systems to keep appropriate records of detainees' starting points and progress.

6.9 Arts and crafts provision was very good. Detainees followed carefully structured programmes to develop their skills and talent in areas such as painting, drawing, card making, beading and ceramics. Tuition was skilled, and detainees attending the same session could work individually or in small groups in different media and disciplines. Resources were very good and materials readily available. Detainees demonstrated an understanding of the techniques they learned, produced work of a high standard and were proud of what they produced.

6.10 The range of ICT provision had grown significantly and offered courses from entry levels to level three in a range of applications. External accreditation was comprehensive, and covered short units of study as well as more substantial programmes leading to widely recognised qualifications. Tutors provided extensive individual coaching and support. Skills development was good, although the content of assignments rarely reflected detainees' personal interests or aspirations. Examples where detainees had applied their skills included the production of a storybook for young children using art, ICT and language skills effectively. Hardware and software resources were adequate, and included a basic intranet for detainee use. However, the scope of training was limited by the lack of internet and email access, and detainees had to rely on simulations to practise skills in this area (see also main recommendation HE44).

6.11 The education department had made significant efforts to adapt to changing population needs, particularly the fluctuating but often high proportion of former prisoners. It had extended the levels of ICT offered to cater more effectively for detainees who had begun ICT studies in prison, and provided introductory classes in ICT for those whose English was minimal.

6.12 ESOL provision was popular and well attended. Detainees' individual learning was well structured through the provision of workbooks at different levels for self-study outside the classroom. In the classroom, too much learning focused on worksheet completion and detainees did not receive enough structured practice and development of listening and speaking skills.

6.13 There was a varied programme of visits from external organisations, which included monthly music workshops from a specialist external music provider and sexual health workshops. There was also occasional work with the chaplaincy to enable religious awareness presentations by detainees and celebration of festivals such as the Chinese New Year. The centre had good links with the local community, and detainees' artwork was regularly displayed at art exhibitions locally.

6.14 Education was well managed. The education manager worked closely and productively with other managers across the centre. Education staff were committed and generally appropriately

qualified for their role. Most had relevant teaching qualifications, although ESOL staff had not had specialist training in language teaching. Continuous professional development was supported well by the education contractor. All staff had received training in equality and diversity, and most in related areas such as anti-bullying. The department used volunteers effectively to enhance the individual attention received in some ESOL and ICT classes.

6.15 Quality assurance and improvement arrangements were well established, and effective. Staff were observed teaching at least annually as part of performance management arrangements. Opportunities for developing and sharing good practice externally were useful and increasing. Self-assessment reporting was annual. The process, led by the education manager, drew on the views of detainees, education and other centre staff. It covered most activity at the centre, including education, the gym and library, but not paid work. It was effectively scrutinised and moderated by the education contractor. The most recent self-assessment report, still in draft, was thorough and carefully considered.

6.16 The centre did not provide sufficient activity to meet the needs of the population, particularly those there for extended periods. Education classes ran for two hours every weekday morning and for four afternoons a week, and two and a quarter hours on three weekday evenings, a total of around 25 hours. Although the opening hours of the education department had been extended to provide some extra time for detainees to use the facilities before and after classes, access remained too limited at just over 30 hours a week. No education was on offer at the weekends, and detainees had no access for private study or to use the facilities independently.

6.17 Recreational facilities were limited but adequate. In addition to those in the residential units (see paragraph 2.7), there was an association room with two electronic games machines and pool tables. Detainees could book a room to watch DVDs in the afternoons. The 32 detainees with the highest privilege level had a TV and DVD player in their room. When the education department was open, detainees could use the computer suite for private study, listening to music, watching DVDs, and computer-based games.

6.18 The amount of time detainees could move freely within the centre was adequate at 12 hours a day. However, in practice this meant that they spent too long confined to mainly dormitory accommodation for extended periods in the evening.

Library

6.19 Hampshire County Council held the contract for library services. The library was good and well used, by up to 100 detainees each weekday morning. An adjoining small room for listening to music and quiet reading was popular. Induction to the library was a routine part of the education induction. The library was run by a part-time chartered librarian and a part-time assistant librarian, with additional staffing from a senior chartered librarian.

6.20 The library was cramped, but its space was used effectively. It was well organised and welcoming, with attractive displays. There was an extensive range of fiction, non-fiction and reference books, with stock in approximately 40 languages. The stock of approximately 4,000 titles was more than usual for a centre of this size. There were also newspapers in English and a range of foreign languages, and a collection of music CDs from different cultures. An extensive stock of videos and DVDs, in English and many foreign languages, was in regular use. The library stock was increased and updated on a well-planned rota basis. There was an effective system for managing and monitoring loans and returns, and a low rate of book loss, although the loss of music and film CD/DVDs was higher.

6.21 The provision of legal resources was poor, and some were out of date. Staff had no direct access to the internet in the library.

6.22 Opening hours were limited. Detainees had free access to the library during the five weekday mornings and four weekday afternoons it was open. Total opening hours of just over 20 a week were aligned to those of the education department. It was shut in the evenings and at weekends.

Physical education

6.23 PE was very good, the range of activities catered well for detainees, and promotion was largely effective. At least 80% of detainees usually participated in PE at least once a month. Detainees knew what activities were available, and could choose freely between them. The public address system was used effectively to remind detainees five minutes before activities started. Monitoring of attendance was thorough and identified where detainees of particular nationalities or ethnic background were not attending. Staff were appropriately qualified for their role.

6.24 Access to PE was good, and it was available for two sessions of at least an hour each, on mornings and afternoons seven days a week, and in the evenings on four weekdays. Some Wednesday afternoons were reserved for short accredited courses.

6.25 A refurbished indoor sports hall was small with low ceilings but adequate for the activities offered. The range of equipment included running machines, cross trainers, weights, rowing machines and static bicycles. These were generally well positioned and maintained.

6.26 Football games on a full-sized outdoor football pitch were popular and regular. Other grass areas were marked out for activities such as five-a-side football and cricket. The pitches were available for use all year round.

6.27 Links between PE and healthcare staff were good. A simple but effective system ensured PE staff had accurate information about detainees' fitness to take part in physical activity. There were well-established arrangements to provide detainees with programmes of remedial exercise when needed.

6.28 Links with the community were good. There were regular football and cricket matches between detainees and teams from other centres, prisons, members of uniformed services and the local community. Staff and detainee participation in an annual sports day and other competitive events, often including the local community, promoted good relationships.

6.29 The department offered a small but appropriate range of accredited courses periodically in manual handling, first aid and weight lifting, and planned to extend this further.

6.30 The centre provided detainees with suitable clothing and equipment through the laundry exchange system. Showers were clean and discreetly screened, but most detainees preferred to shower in their dormitories.

Recommendations

6.31 The intensive business course should be evaluated.

6.32 Detainees learning English for speakers of other languages (ESOL) should receive teaching and suitable structured practice to develop their listening and speaking skills, and ESOL teachers should have appropriate specialist language teaching qualifications.

6.33 Education classes and supervised access to education facilities should be provided at weekends and extended at other times.

6.34 Detainees' freedom of movement within the centre should be increased in the evenings and extended overall.

6.35 Library opening should extend to evenings and weekends.

6.36 Staff should have direct access to the internet in the library.

6.37 The library should provide ready access to a range of relevant up-to-date legal resources.

Housekeeping points

6.38 The scope of self-assessment reporting should include paid work.

6.39 The content of ICT assignments should reflect detainees' personal interests and aspirations.

Section 7: Rules and management of the centre

Expected outcomes:
Detainees feel secure in a predictable and ordered environment.

7.1 Staff took time to explain behavioural expectations, although the no smoking rule was applied inconsistently. Good dynamic security was supported by thorough analysis of information. The dormitory accommodation raised risk and reduced safety. The rewards policy was not applied as written. Staff rarely resorted to force, but detainees escorted by Prison Service staff were routinely handcuffed. Separation was used sparingly, but not always based on clear evidence of risk. Detainees at high risk of self-harm were routinely separated. Detainees were sometimes strip searched on admission without clear evidence of risk. Complaint responses were timely but not always polite, and those forwarded elsewhere for a response were not always followed up.

Rules of the centre

7.2 No integrated set of rules was issued or displayed. The induction booklet referred to rules and expectations under some subject areas, and the induction compact set out a useful set of general principles of expected behaviour in 24 languages. Staff spent considerable time with detainees individually to explain the rules and ensure compliance.

7.3 The no smoking rule was the most publicised, but detainees were confused about how rigorously this was enforced, as some staff took it more seriously than others.

Security

7.4 Following absconds in 2008, physical security had been strengthened through the addition of a covered walkway and higher fences. These changes had not produced a noticeably more oppressive environment, and there was no evidence that they had adversely affected the detainee experience.

7.5 Security information reports were processed, analysed and followed up effectively, and the monthly security meeting made good use of comprehensive information. In the previous year, 60% of security information reports related to the dormitory areas. This illustrated that risk was higher and the level of safety and security was significantly lower in the dormitory areas. There was no evidence that quantities of illicit drugs came into the centre regularly. The main themes of security information reports were information about behaviour and unauthorised material. Reports about drugs related chiefly to cannabis and misuse of prescribed drugs.

7.6 There was good dynamic security, based on confident relationships between generally experienced staff and detainees, although this was less effective with detainees who spoke little or no English. There had been some problems between different ethnic or national groups of detainees, which had sometimes led to fights. In the previous month there had been a brawl, which staff had ended effectively through swift non-violent intervention. On two occasions, managers had brought together small groups of detainees of two different cultural backgrounds for mediation. Some officers relied on dormitory representatives to mediate between different groups. Such mediation was not formalised, although this would have been a

useful supplement to the formal single-language consultation groups, which tended to stay on relatively safe ground (see paragraph 4.33).

Rewards scheme

7.7 All new arrivals were allocated two stars under the rewards scheme. After two weeks in the induction wing, and if judged eligible, they were given a third star, which qualified them to apply for one of the few work places. Those with the maximum three stars could also buy goods through a catalogue; others could only buy mobile telephones from this catalogue. This restriction on purchasing was not an appropriate use of the rewards scheme.

7.8 Under the policy, a star was lost following a formal warning for a pattern of behaviour, rather than a single incident. However, it was common in practice for a star to be deducted because of a single breach of rules, especially when a detainee was found smoking indoors. Reward and warning slips were countersigned by a principal officer to validate this practice, which managers defended on the ground that a clear sanction was needed in the case of smoking. This, combined with the inconsistent application of the no smoking rule (see paragraph 7.3), undermined the integrity of the rewards scheme.

7.9 Staff issued significantly more reward than warning slips. Appeal forms were available from dormitory offices, but very few appeals were submitted, and the forms were available only in English.

7.10 The policy included monthly monitoring by ethnicity and nationality, although this had not yet been implemented.

The use of force and single separation

7.11 Use of force was relatively infrequent, at 17 occasions in the previous 12 months. In almost all cases, de-escalation took place so that all force was discontinued before the detainee arrived at the intended destination. All use of force had been in response to developing situations – there had been no planned use. Only one detainee had been placed forcibly on an escort van in the previous 12 months. Detainees were interviewed after force had been used on them, and the interviewing officer recorded their views on the incident; the detainee was given the opportunity to sign this record.

7.12 Prison Service staff handcuffed detainees on almost all escorts, and a risk assessment was approved by the duty manager in each case. By contrast, the escort contractor did not apply handcuffs, even for the same detainees who had been handcuffed under Prison Service escort, and there was no evidence of incidents or raised risk in these cases. There had been no recorded use of handcuffs during use of force in the establishment.

7.13 Separation had been used just over once a week in the previous 12 months, although no detainee was in separation during the inspection. All aspects of separation were recorded in comprehensive case files. Telephone interpreting had sometimes been used to give the reasons for separation. Rule 40 (removal in the interests of security or safety) was widely interpreted to cover detainees separated in their own interests, and rule 42 (temporary confinement) for those posing risk of harm to others. This was incorrect, and resulted in misleading statistics, which could suggest a higher level of violence than had occurred.

7.14 Separation had occasionally been used as a 'cooling-off' facility when a detainee was non-compliant and obstructive, even where there was no risk of harm to staff or detainees. This

came close to being an informal sanction. However, detainees placed in separation had received support, and on several occasions had been successfully reintegrated into the general population.

7.15 Detainees assessed as being at high risk of self-harm were routinely placed in separation (see paragraph 4.12 and main recommendation HE42). Although managers had made efforts to fit out and furnish the safer cell and to provide activity for those held in it, which they saw as the safest option for monitoring a detainee at risk, it increased distress in many cases. The threshold for separating those at risk of self-harm appeared too low.

7.16 Continued separation for longer than 24 hours was authorised in writing by the area manager in most cases. In three cases the evidence for this was absent, though there was evidence that authorisation had been sought. Where separation continued for more than 24 hours, this was usually due to delay at the national level in carrying out an agreed transfer.

7.17 Detainees were sometimes strip searched on entry to the special accommodation unit, which was authorised by the duty manager on the basis of risk assessment. In some cases, the purpose appeared to be the removal of any item that could be used for self-harm, despite the absence of any ground for suspicion that a weapon was concealed. A strip search was likely to increase the distress of a vulnerable detainee on top of the punitive action of separating him because of the risk of self-harm.

Complaints

7.18 Requests from detainees – including requests to see immigration staff, access property or speak with a centre manager – were made through an application system. Units recorded details of submitted applications in a log book.

7.19 The centre had not yet introduced the recently revised UKBA complaints procedure, and still processed all formal complaints internally. Where possible, disputes were dealt with informally. In our survey, only 19% of respondents, against the comparator of 34%, said they had made a complaint since arrival at the centre. A monthly monitoring report was collated, which gave senior managers information about complaint types and response times. However, the location of submitted complaints was not monitored. There had been 55 formal complaints between April 2008 and the end of March 2009. The majority of complaints related to property or private cash.

7.20 Detainees had ready access to complaint forms on the units and in the main corridor. All the complaint forms we sampled were written in English and, although the induction booklet, which was available in many languages, included some information about the complaints process, information on notice boards was also in English. In our survey, 62% of respondents, against the comparator of 50%, said it was easy to get a complaint form. Complaint boxes were emptied overnight by the night orderly officer and handed on to the day orderly officer, who passed them to the cashier's officer for processing. This system could undermine detainees' confidence in the confidentiality of the complaints procedure.

7.21 Most of the complaints we sampled, particularly those responded to by local managers, were answered in a timely manner. However, several complaints that had been forwarded to other establishments or organisations did not appear to have received a reply. The centre gave detainees an interim reply slip informing them where the complaint had been sent, but then recorded this interim response as a complete answer to the complaint. There was no system to

follow up and pursue these complaints to ensure that the detainee received a full response or explanation.

7.22 The complaint responses we viewed were addressed in the third person and not directly to the complainant. However, many showed that the complainant had been consulted, and provided a full explanation and response to the complaint. We were told that a centre manager saw all complaints, but there were no formal quality assurance arrangements.

7.23 Detainees had good access to the Independent Monitoring Board (IMB), either through the general application process or by direct request. The photographs of board members were displayed on notice boards throughout the centre, and information about their role was included in the induction booklet and in a separate pamphlet. In our survey, 35% of respondents said it was easy to contact the IMB, significantly better than the comparator of 16%.

Recommendations

7.24 Managers should publish a set of centre rules, and include it in the next update of the induction booklet (including translations).

7.25 Staff should report and record all breaches of the no smoking rule, and managers should ensure a fair and consistent response in each case on the basis of a published policy.

7.26 The security committee should draw up and implement a strategy for improving safety in the dormitory areas.

7.27 There should be regular and systematic mediation and consultation meetings with and between small groups of detainees of different cultural backgrounds, focusing on actual and potential points of tension.

7.28 All detainees should be able to place catalogue orders on an equal basis.

7.29 In accordance with the centre's own policy, detainees should only be downgraded under the rewards scheme for a pattern of behaviour, not a single action.

7.30 The application of the rewards scheme should be monitored by ethnicity and nationality, and this data should be published to staff and detainees and any apparent imbalances addressed.

7.31 Forms to appeal against a warning should be available in a range of common languages.

7.32 Detainees under escort should be handcuffed only where there is a specific evidenced risk justifying it.

7.33 The criteria for rules 40 and 42 should be applied correctly when authorising separation of detainees.

7.34 Staff should not strip search detainees on entry to the special accommodation unit unless there are specific grounds for suspicion that potentially harmful items may be concealed.

7.35 Vulnerable detainees should only be removed from normal location when there is clear evidence of imminent physical self-harm that cannot otherwise be managed.

7.36 When the transfer of a separated detainee is approved, this should be carried out on the same day unless exceptional circumstances cause delay.

7.37 Complaints forwarded externally should be actively followed up to ensure that a full response is received within the required timescale.

7.38 Replies to complaints should be addressed directly to the complainant.

7.39 There should be formal quality assurance of replies to complaints.

7.40 The monthly monitoring report on complaints should record where they originate, so that emerging patterns can be identified and addressed.

7.41 Information about the complaints process should be published on centre notice boards in a range of common languages.

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 The quality of the food was variable. The pictorial menu and clear labelling of food helped detainees to select suitable meals. Detainees could cook a dish of their choice once a week; this was popular and had led to new dishes on the main menu. The shop stocked a wide range of goods, including fresh fruit.

Catering

8.2 The kitchen was clean and staff were appropriately trained. There were separate preparation and storage areas for halal and vegetarian food to prevent cross contamination. Labelling and colour-coded utensils were used at serveries to help detainees identify suitable dishes.

8.3 There was a four-week menu cycle with three or four main choices at every meal, including a halal and vegetarian option. A pictorial menu was displayed in the corridor outside the dining room, and the written menu was colour-coded to identify fish, haram (non-halal), halal and vegetarian dishes; healthy options were marked with a heart symbol.

8.4 The catering staff had engaged with detainees and local communities to ensure that the menus reflected the diversity of the detainee population. There had been visits to the kitchen from Hindu chaplains, a lecturer from Highbury College, and Portsmouth Race Equality Network Organisation (PRENO). Detainees were encouraged to visit the kitchen and talk to staff about any concerns. A food comments book was well used by detainees. Catering was a standard agenda item at the detainee consultative group meeting, and there was evidence that catering managers responded to detainees' views by changing dishes and menus.

8.5 The food we tasted was of variable quality. Portions appeared adequate. Detainees could have two portions of fruit a day, including orange juice at breakfast, and as many portions of vegetables as they wished.

8.6 All meals, including breakfast, were served in the dining hall, which could seat up to 140 detainees at fixed tables and chairs. There was no pre-select system, but detainees were called to the dining room on a rota, which gave each dormitory an opportunity to get first choice, and ensured there was adequate space in the dining hall. The dining area was crowded but clean, with information and health promotion posters on display. Detainees had access to drinking water, and could make toast at breakfast.

8.7 There was no systematic means of identifying detainees who were not taking meals. Once they had left the dormitory, there was no check to see that they had gone to the dining room and taken a meal. If a detainee indicated that he was refusing food, there was a policy for monitoring them.

8.8 A popular detainee ‘chef’s choice’ had been introduced on Saturdays, in which detainees were encouraged to choose and prepare a meal with the assistance of catering staff. Some of the dishes prepared by detainees had been so popular that they had been included in the main menu.

8.9 Six detainee volunteers worked in the kitchen and had received basic hygiene training, but they were not able to gain recognised catering qualifications. Despite the lack of learning opportunities, their presence helped increase the confidence of other detainees in the catering arrangements.

8.10 There was good cooperation between catering staff and the healthcare department. One of the catering staff had completed a course in nutrition and advised detainees considering a special diet for health reasons. Catering staff also attended the Haslar health promotion group run by the healthcare department.

Centre shop

8.11 The shop provided a wide variety of goods. In our survey, 40% of respondents, against a comparator of 29%, said that the shop sold a wide enough range to meet their needs. The goods were supplied by the Prison Service's contractor and the shop staff were employed by the centre. Staff were able to respond to requests from detainees, who were encouraged to make suggestions through a suggestions/comments box. Fresh fruit was available every day, supplied by a local source.

8.12 The shop operated on a cashless system. Detainees put their money into an account and could use credit from this to buy goods. Money was usually credited to the account the day after a detainee's arrival. New arrivals were offered a smoker's pack in reception, the cost of which was deducted from their account in instalments; non-smokers' packs were due to be introduced. A pictorial product list, including prices, was displayed next to the shop.

8.13 Detainees could have clothing and other approved items posted in or handed in on visits, and could buy items by mail order.

Recommendations

8.14 There should be an effective system to identify detainees not taking meals.

8.15 Detainees working in the kitchen should be able to gain recognised vocational qualifications.

8.16 New arrivals should be offered the choice of a smoker's or non-smoker's pack.

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 There was good quality welfare provision and strong links with community groups. However, one welfare officer was insufficient to meet the need. Detainees received fewer visitors than at other IRCs. There was no visitors' centre, but the visits hall was welcoming and visitors were treated with respect. Access to telephones was generally good. There was still no access to email or internet. Most detainees were not aware that they could send letters free of charge. Appropriate notice was given before removal or transfer, and vulnerability issues were considered as a priority. The welfare officer and/or Haslar Detainee Visitors Group helped to resolve practical issues. Not all detainees were given the means to reach their final destination.

Welfare

9.2 There was good quality welfare provision, which was appreciated by detainees. A full-time dedicated welfare officer had a clear job specification, which included sessions with new arrivals each weekday as well as seven open-door sessions a week. Information about the welfare officer was well publicised around the centre. She mainly helped detainees to find solicitors, apply for bail, obtain transfers, recover property and contact family. She frequently used telephone interpreting. She also had links with outside groups, including Refugee and Migrant Justice, Bail for Immigration Detainees, Citizens Advice, Refugee Action and the Red Cross. However, one welfare officer was not sufficient to meet the need, and there was inadequate cover during her absence and at weekends.

9.3 There were strong links with the Haslar Detainee Visitors Group, who were affiliated to the Association of Visitors to Immigration Detainees. They provided a support service and also assisted with welfare issues and preparation for release. In particular, they assisted with property and money retrieval, loaning mobile telephones and finding solicitors. On one afternoon when we went to the visits hall, five of the six visits taking place were from the Visitors Group. Detainees we spoke with were consistently positive about them.

Visits

9.4 Visits did not need to be booked and detainees could have visitors between 2pm and 4pm each day, on Monday evenings until 7.45 pm, from 9.30am to 7.45pm on Thursday, and 9am till 11.30am on Saturday. However, in our survey only 30% of respondents' said they had received a visit from family or friends, which was below the 47% comparator. This was likely to be because of the distance, cost and difficulty in making the journey, which usually involved a ferry crossing and taxi journey, and there was no assisted visits scheme. Detainees told us that the limited hours on most days also deterred their visitors, although they appreciated the all-day visits on Thursday, which included a sandwich lunch.

9.5 There was no visitors' centre for visitors arriving early. Visitors could wait in a small, unwelcoming room with three chairs in the gate lodge until they were taken over to the visits

hall. Visitors were allowed to bring paperwork into the visits hall, and could easily bring in and take away property for detainees, as long as the remaining property did not weigh over 20kg. The searching of visitors was respectful and visitors were generally treated well.

9.6 The visits hall was an informal and welcoming environment with a pleasant children's play area. There was a kitchen where visitors could make themselves hot drinks and have biscuits, although apart from this there was no access to food. The hall was decorated with detainees' artwork and displays. Information on how to submit a race complaint was displayed in a number of languages, but other information was mostly in English. There was one closed visits booth, but we were told that this had never been used. There were two legal visits booths and one video link courtroom. Facilities included baby changing and a disabled-access toilet.

9.7 There were all-day children's visits four times a year. They were held from 10am to 4pm on Thursdays, with lunch provided, and were a growing success. The education department and Music in Detention were involved in putting on activities for the children.

9.8 Feedback from detainees using the visits hall and from legal visitors had been sought via a recent survey. The main findings from legal visitors were that there should be more time for legal visits, better opening times, better refreshments and that staff could be friendlier. The main findings from the detainees were that there was not enough food on all-day visits, detainees should be allowed to bring food in from the canteen, that visits time was insufficient, and that there should be transport for visitors to and from the ferry. While managers had taken note of these concerns, there were no formal actions or action plan to address them. There was no comments book or other means of seeking general visitors' views.

Telephones

9.9 Each residential area had two outgoing telephones, which had hoods, and two incoming telephones in the unit association/TV area, which was sufficient for the 37 detainees on each unit. However, these areas were very noisy and busy, which often made it difficult for detainees to hear while using the telephones. Detainees could also have a mobile telephone without a camera facility, and Haslar Detainee Visitors Group provided one if a detainee did not have a mobile telephone or the means to buy one.

9.10 On arrival, all detainees received a free £5 telephone card, but there was no ongoing assistance for detainees who did not have the means to maintain telephone contact with family. In emergencies, the welfare officer assisted detainees to make free telephone calls.

9.11 Detainees could buy telephone cards for £3.75 (£5 card) or £2.75 (£3 card) through the centre shop and tariffs to different countries were displayed.

9.12 Detainees had no access to email or internet, which restricted their ability to communicate with family and legal representatives (see main recommendation HE44).

Mail

9.13 Detainees could send faxes whenever they needed to through the centre staff office at no cost. The welfare officer dealt with emergency faxes.

9.14 There were no reported delays with sending or receiving mail. Detainees could send two letters within the UK and one internationally each week plus all legal mail at no cost, but most

detainees were not aware of this provision, which was not mentioned in the induction information or displayed on notice boards.

9.15 An 'email a detainee' scheme was scheduled to start on 1 May 2009. This would enable family, friends and solicitors to email a central office, which would send a fax of the email to the relevant establishment. However, this was not due to extend to outgoing messages.

Removal and release

9.16 In the previous month, 20 detainees had been removed directly to a flight, 58 transferred in readiness for removal, 48 transferred for other operational reasons, 34 released on temporary admission, six given adjudicator's bail and one given secretary of state bail. Detainees were given appropriate notice of planned transfer or removal directions. Vulnerability issues were assessed before directions were given, and there was a good system for communicating vulnerability to all appropriate staff. In some cases, removal directions were postponed until the detainee had been transferred to an establishment where more support was available. UKBA staff informed the welfare officer when removal directions had been given, and the welfare officer dealt with these detainees as a priority.

9.17 The welfare officer worked with Haslar Detainee Visitors Group to deal with property issues in preparation for release. Detainees were also given appropriate clothing and bags where necessary. The welfare officer had set up a 'smart suit scheme' where donated suits could be given to detainees for court or to travel home. Other clothes were also available.

9.18 Apart from those returning on a voluntary removal scheme, who received a £46 discharge grant, detainees were not given the means to reach their final destination. In cases where no other help was available, Haslar Detainee Visitors Group gave up to £20 to detainees unable to fund their journey home.

9.19 Detainees due for transfer were not given reasons in writing for the transfer, but they were given written information about most of the centres they were moving to (see paragraph 1.8). We were told that such moves were usually because of operational reasons, such as filling bed spaces.

9.20 There was no protocol for detainees alleging assault during a removal attempt, as most detainees in failed removals were taken to a centre near the port. Reception staff said that they would ask the detainee if he wanted to press charges, in which case they would inform the police. Medical staff in reception said that they would arrange for the detainee to see a doctor as a priority. UKBA said it only refrained from further removal attempts if police advised that the detainee was likely to be needed as a witness.

9.21 There was a new area dedicated to providing useful resettlement information in a range of languages. This included information for asylum seekers and refugees, useful welfare numbers and information about settling in the UK, such as entitlement to treatment under the NHS and how to register children in a school. An intensive two-week business course ran every few months and gave detainees a basic grounding in how to set up a business on return to home countries (see paragraph 6.6).

Recommendations

9.22 There should be an additional welfare officer and cover should be provided at weekends.

9.23 Visiting hours should be longer to encourage more visitors to make the long journey.

9.24 UKBA should introduce an assisted visits scheme to help family and friends of detainees who have difficulty with travel costs.

9.25 There should be a visitors' centre with appropriate facilities.

9.26 Substantial food should be available in the visits hall.

9.27 Information displayed in the visits hall should be in a range of languages.

9.28 Feedback should be sought from all visitors and findings should be turned into an action plan that is reviewed regularly.

9.29 Telephones should be located in quieter areas.

9.30 There should be ongoing assistance for detainees who do not have the funds to telephone their family.

9.31 Detainees should be informed of their entitlement to send mail at no cost.

9.32 Detainees who are removed should be given the funds to reach their final destination.

9.33 Detainees who are transferred should be given reasons in writing.

9.34 There should be a protocol detailing the centre's responsibilities when a detainee makes an allegation of assault during a removal attempt.

Good practice

9.35 *The resettlement area provided a range of information in different languages, which detainees found helpful and which supported the work of the welfare officer.*

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 UKBA and NOMS

10.1 The dormitories should be rebuilt to give detainees privacy and to minimise noise and light intrusion. (HE40)

10.2 Where there is no prospect of a detainee being removed because his country of origin declines to issue travel documents, the caseworker should address any such continued detention as a matter of law and fact. (HE41)

10.3 There should be a care suite with appropriate facilities for detainees at risk of self-harm. (HE42)

10.4 The centre should significantly increase the amount of paid work for detainees, including the implementation of planned workshops. (HE43)

10.5 Detainees should have access to email and the internet. (HE44)

Main recommendations

To the centre manager

10.6 There should be a diversity strategy for detainees that addresses needs relating to the wider aspects of diversity, including sexuality, age and disabilities, as well as race, culture and religion. (HE45)

10.7 Initial personal officer interviews should take place within the detainee's first week of arrival. (HE46)

Recommendations

To UKBA

Arrival in detention

10.8 All detainees should be informed of their destination before they are transferred. (1.24)

Casework

10.9 All casework files should be quality checked monthly. (3.22)

10.10 In consultation with the centre, UKBA should ensure that all detainees receive a copy of the bail summary in due time before the hearing, and the on-site immigration team should monitor the receipt of bail summaries. (3.23)

10.11 Monthly reviews of detention (form 151F) should be timely and show a balanced consideration of all factors relevant to continuing detention. The review letter should routinely include a subheading that refers to progress since the last report to ensure that this issue is addressed and that reasons are given when there is a lack of progress. (3.24)

10.12 In an age-dispute case, the UKBA caseworker should respond within 24 hours of receipt to documentary evidence that shows that the detainee is under 18. (3.25)

10.13 Unless the documentary evidence of age submitted in an age-dispute case is clearly unreliable, detainees under 18 should not be detained while the age-dispute issue is resolved. (3.26)

10.14 The UKBA caseworker should respond to rule 35 letters within the required two working days, detailing in every instance the consideration given to continued detention in the light of the rule 35 letter and the detainee's circumstances. (3.27)

Rules and management of the centre

10.15 When the transfer of a separated detainee is approved, this should be carried out on the same day unless exceptional circumstances cause delay. (7.36)

Preparation for release

10.16 UKBA should introduce an assisted visits scheme to help family and friends of detainees who have difficulty with travel costs. (9.24)

Recommendations

To the centre manager

Arrival in detention

10.17 Detainees who are transferred from Haslar should not be searched twice in reception before leaving. (1.25)

10.18 Telephone interpreting should be used for the first night interview and risk assessments and for induction whenever a detainee is unable to speak and understand English. (1.26)

10.19 All information displayed in the reception waiting area should be in a range of languages. (1.27)

10.20 Information about how to access legal and bail advice should be a routine part of induction, and also included in the translated induction booklet. (1.28)

10.21 Escort staff should record details of toilet stops and the issue of refreshments on the escort record. (1.29)

Environment and relationships

10.22 The public address system should be replaced by a less intrusive form of communication. (2.15)

10.23 All rooms should have window curtains. (2.16)

10.24 All communal association areas should be kept in good decorative order. (2.17)

10.25 Unit notice boards should display material translated into a range of relevant languages. (2.18)

10.26 Staff should ensure that observation panels in room doors are not obstructed. (2.19)

10.27 Damaged chairs in communal association rooms should be replaced. (2.20)

10.28 Worn mattresses should be replaced and the mattress exchange programme should be publicised to detainees. (2.21)

10.29 There should be effective accounting of detainees' personal laundry. (2.22)

10.30 Staff should receive training to enhance their understanding of the experiences and histories of people seeking asylum, refugees and those detained under immigration powers. (2.28)

10.31 Staff should not use surnames alone when they address detainees. (2.29)

10.32 Personal officer interviews with detainees who speak little English should take place through a professional interpreting service. (2.30)

10.33 Staff should be encouraged to wear a less formal uniform to help distinguish prison and IRC roles. (2.31)

10.34 Staff should not carry defensive weapons. (2.32)

Casework

10.35 In consultation with the Legal Services Commission, the centre should improve detainee access to specialist legal advice and representation, including bail applications. (3.8)

10.36 The centre should formalise the arrangement for Bail for Immigration Detainees to provide a weekly full-day advice session with access to translation and interpreting facilities. (3.9)

Duty of care

10.37 Staff should receive training in the new system for managing bullying behaviour. (4.15)

10.38 Detainees displaying anti-social behaviour should only be transferred out of the centre as a last resort, and there should be more attempts to manage them within the population. (4.16)

10.39 Safer community data and trends should be systematically analysed and discussed at safer community meetings. (4.17)

10.40 The violence reduction detainee survey for 2009 should be completed promptly and used to inform the violence reduction strategy. (4.18)

10.41 The safer communities coordinator should quality check assessment, care in detention and teamwork (ACDT) forms frequently to ensure that actions requested by managers have been carried out, and that inadequate care maps are revised appropriately. (4.19)

10.42 The safer communities meeting should take place every month. (4.20)

10.43 Force should not be used on detainees to reduce the risk of self-harm, unless there is clear imminent danger of serious physical harm. (4.21)

10.44 The formal peer support scheme should be implemented. (4.22)

10.45 The race equality officer should be trained for the role, including completing investigations. (4.44)

10.46 Detainees who submit a race complaint should receive a response, even if they have moved on to another establishment. If they are being removed before the investigation is completed, they should be given an update on the investigation so far. (4.45)

10.47 Consultation meetings should be held frequently with all non-English language groups of detainees, and there should be action plans to address their areas of concern. (4.46)

10.48 There should be assessments of locally implemented policies to determine their impact on minority groups and different nationalities. (4.47)

10.49 Detainees should be represented at equal opportunities meetings. (4.48)

10.50 Emergency evacuation plans should automatically be completed on all detainees with disabilities who need one. (4.49)

10.51 There should be a clear procedure for identifying detainees with disabilities, assessing their needs and creating a support plan shortly after their arrival. (4.50)

10.52 Diversity monitoring should include nationality, age and disability as well as other aspects of diversity, should allow trends to be analysed over time, and should be routinely discussed at diversity meetings. (4.51)

10.53 All detainees should have access to a chaplain of their faith each week. (4.57)

10.54 The Muslim chaplain's input should be increased to match the needs of the Muslim population. (4.58)

10.55 Detainees should be able to attend study groups in their faith. (4.59)

10.56 Chaplains should be involved with preparing detainees for release, removal or transfer when required. (4.60)

Health services

10.57 Service level agreements should be in place for all health services. (5.41)

10.58 There should be feedback from incident reports. (5.42)

10.59 There should be sufficient administrative cover to avoid the use of clinical time for administrative tasks. (5.43)

10.60 All staff should have at least annual resuscitation and defibrillation training, and records of this should be maintained. (5.44)

10.61 All healthcare staff should receive training in the recognition of signs of trauma and torture, and how to support these detainees. (5.45)

10.62 There should be formal arrangements with local health and social care agencies for the loan of occupational therapy equipment, and specialist nursing advice to ensure detainees can access mobility and health aids. (5.46)

10.63 Arrangements for the provision of psychiatrist sessions should be clarified. (5.47)

10.64 If a detainee is registered with a GP or any relevant care agencies, they should be contacted at the beginning of detention, with the detainee's consent, to provide relevant information to ensure continuity of care. (5.48)

10.65 All nurses should receive clinical supervision, and records of this should be maintained. (5.49)

10.66 There should be an auditable dual-labelling system for medication stock. (5.50)

10.67 Resuscitation kits should be checked weekly, and this should be clearly recorded. (5.51)

10.68 The in-possession medication policy should include how the risk assessment is done, and who is responsible for undertaking it. (5.52)

10.69 Where practicable, the use of patient-named medication should be encouraged. (5.53)

10.70 Out-of-date patient group directions should be revised. (5.54)

10.71 The medicines and therapeutics committee should meet at least four times a year, and all stakeholders should attend. (5.55)

10.72 Hospital appointments should not be cancelled due to lack of escorts. (5.56)

10.73 All healthcare staff should have personalised training plans reflecting organisational needs and personal development. (5.58)

10.74 A lifelong conditions register should be maintained. (5.62)

Activities

10.75 The intensive business course should be evaluated. (6.31)

10.76 Detainees learning English for speakers of other languages (ESOL) should receive teaching and suitable structured practice to develop their listening and speaking skills, and ESOL teachers should have appropriate specialist language teaching qualifications. (6.32)

10.77 Education classes and supervised access to education facilities should be provided at weekends and extended at other times. (6.33)

10.78 Detainees' freedom of movement within the centre should be increased in the evenings and extended overall. (6.34)

10.79 Library opening should extend to evenings and weekends. (6.35)

10.80 Staff should have direct access to the internet in the library. (6.36)

10.81 The library should provide ready access to a range of relevant up-to-date legal resources. (6.37)

Rules and management of the centre

10.82 Managers should publish a set of centre rules, and include it in the next update of the induction booklet (including translations). (7.24)

10.83 Staff should report and record all breaches of the no smoking rule, and managers should authorise a fair and consistent response in each case on the basis of a published policy. (7.25)

10.84 The security committee should draw up and implement a strategy for improving safety in the dormitory areas. (7.26)

10.85 There should be regular and systematic mediation and consultation meetings with and between small groups of detainees of different cultural backgrounds, focusing on actual and potential points of tension. (7.27)

10.86 All detainees should be able to place catalogue orders on an equal basis. (7.28)

10.87 In accordance with the centre's own policy, detainees should only be downgraded under the rewards scheme for a pattern of behaviour, not a single action. (7.29)

10.88 The application of the rewards scheme should be monitored by ethnicity and nationality, and this data should be published to staff and detainees and any apparent imbalances addressed. (7.30)

10.89 Forms to appeal against a warning should be available in a range of common languages. (7.31)

10.90 Detainees under escort should be handcuffed only where there is a specific evidenced risk justifying it. (7.32)

10.91 The criteria for rules 40 and 42 should be applied correctly when authorising separation of detainees (7.33).

10.92 Staff should not strip search detainees on entry to the special accommodation unit unless there are specific grounds for suspicion that potentially harmful items may be concealed. (7.34)

10.93 Vulnerable detainees should only be removed from normal location when there is clear evidence of imminent physical self-harm that cannot otherwise be managed. (7.35)

10.94 Complaints forwarded externally should be actively followed up to ensure that a full response is received within the required timescale. (7.37)

10.95 Replies to complaint should be polite, respectful and addressed directly to the complainant. (7.38)

10.96 There should be formal quality assurance of replies to complaints. (7.39)

10.97 The monthly monitoring report on complaints should record where complaints originate, so that emerging patterns can be identified and addressed. (7.40)

10.98 Information about the complaints process should be published on centre notice boards in a range of common languages. (7.41)

Services

10.99 There should be an effective system to identify detainees not taking meals. (8.14)

10.100 Detainees working in the kitchen should be able to gain recognised vocational qualifications. (8.15)

10.101 New arrivals should be offered the choice of a smoker's or non-smoker's pack. (8.16)

Preparation for release

10.102 There should be an additional welfare officer and cover should be provided at weekends. (9.22)

10.103 Visits should be longer to encourage more visitors to make the long journey. (9.23)

10.104 There should be a visitors' centre with appropriate facilities. (9.25)

10.105 Substantial food should be available in the visits hall. (9.26)

10.106 Information displayed in the visits hall should be in a range of languages. (9.27)

10.107 Feedback should be sought from all visitors and findings should be turned into an action plan that is reviewed regularly. (9.28)

10.108 Telephones should be located in quieter areas. (9.29)

10.109 There should be assistance for detainees who do not have the funds to telephone their family. (9.30)

10.110 Detainees should be informed of their entitlement to send mail at no cost. (9.31)

10.111 Detainees who are removed should be given the funds to reach their final destination. (9.32)

10.112 Detainees who are transferred should be given reasons in writing. (9.33)

10.113 There should be a protocol detailing the centre's responsibilities when a detainee makes an allegation of assault during a removal attempt. (9.34)

Housekeeping points

Arrival in custody

10.114 A variety of microwave meals suitable for different diets should be available in reception. (1.30)

Environment and relationships

10.115 There should be a clear job description for detainee dormitory representatives. (2.23)

Casework

10.116 A copy of the IS91 form (the authority to detain) should be placed on the casework file. (3.28)

10.117 Records should be kept of all cases when less than 72 hours' notice of removal is given, with the reasons. (3.29)

Health services

10.118 Dates of partnership board meetings should be published well in advance to enable more participants to attend. (5.57)

10.119 The availability of a pharmacist for consultation should be advertised to detainees. (5.59)

10.120 Records of previous patients should be stored to be easily retrievable if a detainee returns to the centre. (5.60)

10.121 Arrangements for the servicing of clinical equipment should be clarified. (5.61)

Activities

10.122 The scope of self-assessment reporting should include paid work. (6.38)

10.122 The content of ICT assignments should reflect detainees' personal interests and aspirations. (6.39)

Examples of good practice

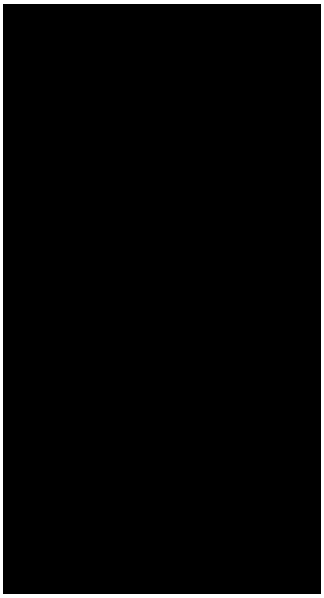
10.123 The detailed induction booklet gave detainees a good general introduction to the centre and was translated into 24 languages, with six audio versions for those who had difficulty reading. (1.31)

10.124 Whenever an ACDT form was opened, a summary briefing sheet was sent to all departments, describing particular risks and triggers for the individual.(4.23)

10.126 Detainees could use a counselling service specialising in cross-cultural counselling, with access to specialist interpreters experienced in interpreting for counselling sessions.(5.63)

10.127 The resettlement area provided a range of information in different languages, which detainees found helpful and which supported the work of the welfare officer. (9.35)

Appendix I: Inspection team



Team leader
Inspector
Inspector
Inspector
Inspector
Inspector

Healthcare inspector
Healthcare inspector

Researcher
Researcher
Researcher

Ofsted inspector
Ofsted inspector

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	12	*7.7*
22 years to 29 years	62	*40*
30 years to 39 years	58	*37.4*
40 years to 49 years	13	*8.4*
50 years to 59 years	9	*5.8*
60 years to 69 years	1	*0.6*
Total	**155**	***99.9***

(ii) Nationality	No. of men	%
Afghanistan	6	*3.9*
Albania	4	*2.6*
Algeria	6	*3.9*
Angola	2	*1.3*
Bangladesh	4	*2.6*
Belgium	1	*0.6*
Bhutan	1	*0.6*
Cameroon	2	*1.3*
China	8	*5.2*
Colombia	1	*0.6*
Congo Dem Republic (Zaire)	5	*3.2*
Cote D'Ivorie	1	*0.6*
Egypt	1	*0.6*
Eritrea	4	*2.6*
Ethiopia	1	*0.6*
Former Republic of Yugoslavia	2	*1.3*
Ghana	5	*3.2*
India	10	*6.4*
Iran	3	*1.9*

Iraq	5	*3.2*
Jamaica	8	*5.2*
Kuwait	1	*0.6*
Libya	1	*0.6*
Morocco	1	*0.6*
Nigeria	17	*11*
Not specified	1	*0.6*
Pakistan	4	*2.6*
Romania	1	*0.6*
Russia	1	*0.6*
Serbia	1	*0.6*
Sierra Leone	2	*1.3*
Somalia	5	*3.2*
Sri Lanka	9	*5.8*
Sudan	2	*1.3*
Turkey	2	*1.3*
Uganda	1	*0.6*
Ukraine	1	*0.6*
Vietnam	10	*6.4*
Zimbabwe	5	*3.2*
Total	**145**	***92.9***

(iii) Religion/belief	**No. of men**	**%**
Buddhist	12	*7.7*
Roman Catholic	7	*4.5*
Orthodox	3	*1.9*
Other Christian religion	42	*27*
Hindu	10	*6.4*
Muslim	56	*36*
Sikh	6	*3.9*
Non-conformist	1	*0.6*
Rastafarian	2	*1.3*
Total	**139**	***89.3***

(iv) Length of time in detention in this centre	No. of men	%
Less than one week	27	*17.4*
More than one week up to four weeks	54	*34.8*
More than one month up to two months	34	*21.9*
More than two months up to four months	25	*16.1*
More than four months up to six months	3	*1.9*
More than six months up to eight months	10	*6.5*
More than eight months up to ten months	1	*0.6*
More than ten months (please note the longest length of time)	1 (360 days)	*0.6*
Detainees showing errors with sentenced time included on the local report	2	*1.3*
Total	**155**	***99.8***

(v) Ethnic group		No of men	%
Asian:	Indian	10	*6.5*
	Sri Lankan	9	*5.8*
	Bangladeshi	4	*2.6*
	Pakistan	4	*2.6*
	Other	19	*12.3*
Black:	Sub Saharan African (below Morocco)	49	*31.6*
	Caribbean	9	*5.8*
	Other	1	*0.6*
White:	White European	26	*16.8*
Other:	Chinese	8	*5.2*
	South American	1	*0.6*
	Mixed background	4	*2.6*
	North African (white)	5	*3.2*
Total		**149**	***96.2***

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 Haslar IRC. Individuals were randomly selected.

Location of interviews

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

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

Demographic information

- The average length of time in detention was approximately two months and ranged from 1.5 weeks to eight months.
- Length of time at Haslar ranged from three days to seven months. The average length of time spent at Haslar was approximately two months.
- For 15 interviewees, this was their first time in detention.
- Ages ranged from 21 to 47, the average being 30.
- Three interviewees were Jamaican, three Sri Lankan, two Zimbabwean and one interviewee each came from the following countries: Uganda, Nigeria, Ghana, Vietnam, Sudan, Yugoslavia, Somalia, Congo, Cameroon, Kosovo, Eritrea and Bangladesh.
- All interviewees spoke English except one who required a translator. Eleven interviewees spoke English as their main language.
- Eight interviewees identified their religion as Christian, six as Muslim, three as Hindu, one as Buddhist, one as Roman Catholic and one described his as mixed.
- Two interviewees stated they had a disability.

Safety

All interviewees were asked to identify areas of concern with regards to safety within Haslar 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	14	3.3	46
Overcrowding	8	3.3	26
Layout of the centre	6	2.5	15
Isolation (within the centre)	4	3.5	14
Access to legal advice	4	3.3	13
Lack of communication with family/friends	4	3.3	13
Gang culture	3	3.7	11
Surveillance cameras	3	2.7	8
The way meals are served	3	2.7	8
Healthcare facilities	3	2.3	7
Aggressive body language of detainees	2	3.5	7
Lack of information about centre regime	3	2.3	7
Staff behaviour with detainees	2	3	6
Response of staff with regards to fights/bullying in the centre	1	3	3
Lack of trust in staff	2	1.5	3
Lack of confidence in staff	2	1.5	3
Aggressive body language of staff	1	3	3
Number of staff on duty during the day	0	0	0
Existence of an illegal market	0	0	0
Availability of drugs	0	0	0
Response of staff to self harm incidents in the centre	0	0	0
Staff members giving favours in return for something	0	0	0
Lack of information in translation	0	0	0

Overall rating

Interviewees were asked to give an overall rating for safety at Haslar IRC, with 1 being very bad and 4 being very good. The average rating was 2.8.

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

1	2	3	4
2 (10%)	4 (20%)	10 (50%)	4 (20%)

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
14 (70%)	4 (20%)	2 (10%)	0

The average rating was 1.4

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

1 Always	2	3	4 Never
15 (75%)	3 (15%)	2 (10%)	0

The average rating was 1.4

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

1 Always	2	3	4 Never
13 (65%)	2 (10%)	2 (10%)	3 (15%)

The average rating was 1.8

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

One person did not answer this question, but of the 19 who did the results are as follows:

1 Always	2	3	4 Never
5 (26%)	3 (16%)	0	11 (58%)

The average rating was 2.9

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

One person did not answer this question, but of the 19 who did the results are as follows:

1 Very helpful	2	3	4 Not at all helpful
13 (68%)	6 (32%)	0	0

The average rating was 1.4

6. How often are staff appropriate in their behaviour?

One person did not answer this question, but of the 19 who did the results are as follows:

1 Always	2	3	4 Never
14 (74%)	5 (26%)	0	0

The average rating was 1.3

7. Do staff treat detainees fairly?

1 Completely	2	3	4 Not at all
19 (95%)	0	1 (5%)	0

The average rating was 1.1

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

Two people did not answer this question, but of the 18 who did the results are as follows:

Yes	No	Depends who you approach
17 (94%)	0	1 (6%)

9. How often do staff interact with you?

1 Always	2	3	4 Never
6 (30%)	8 (40%)	5 (25%)	1 (5%)

The average rating was 2.1

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

Three (15%) stated they did not. Of the 17 (85%) 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
8 (47%)	3 (18%)	1 (6%)	5 (29%)

The average rating was 2.2

11. Do staff challenge inappropriate behaviour?

Three people did not answer this question, but of the 17 who did, results are as follows:

1 Always	2	3	4 Never
10 (59%)	2 (12%)	2 (12%)	3 (18%)

The average rating was 1.9

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

One person did not answer this question, but of the 19 who did the results are as follows:

1 Always	2	3	4 Never
8 (42%)	0	1 (5%)	10 (53%)

The average rating was 2.7

13. No one felt they had been discriminated against by staff due to any of the following:

- Their culture or ethnicity
- Their nationality
- Their religion
- Their age
- Because they had a disability
- Because of their sexual orientation

Overall rating

Interviewees were asked to give an overall rating for staff-detainee relationships at Haslar IRC, with 1 being excellent and 4 being poor. The average rating was 2.1.

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

1	2	3	4
4 (20%)	11 (55%)	5 (25%)	0

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 6-7 April 2009, the detainee population at Haslar was 142. The questionnaire was offered to all detainees.

Selecting the sample

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

Completion of the questionnaire was voluntary. Questionnaires were offered in 23 languages.

If a detainee could not read and write in English or their own language, an interpreter was used via telephone to go through the questions in the survey. Four interviews were carried out with respondents with literacy difficulties.

Methodology

Every attempt was made to distribute the questionnaires to each respondent. 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 and hand it straight back to a member of the research team, one of whom was always present in the room in which we were based;
- 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 leave in their room for collection.

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

Response rates

In total, 75 respondents completed and returned their questionnaires. This represented 53% of the detainee population. The response rate was 53%. In total, 67 questionnaires were not returned or returned blank. Forty-four questionnaires (59%) were returned in English, nine (12%) in Farsi, four (5%) in Pashto and Vietnamese, three (4%) in Chinese, two (3%) in French, Urdu and Tamil, and one each in Arabic, Bengali, Kurdish Sorani, Punjabi and Russian.

Comparisons

The following details the results from the survey. Data from each centre has 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 10 detention centres since April 2003. This document also shows statistically significant differences between the responses of detainees in 2005 and those from detainees in 2009.

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures, i.e. the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading. Orange shading has been used to show a significant difference in detainees' 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 is excluded). The actual numbers will match up as the data is 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 has been weighted for comparison purposes.

Detainee survey responses Haslar 2009

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

Key to tables

	Any numbers highlighted in green are significantly better than the IRC comparator	Haslar IRC	IRC comparator	Haslar IRC 2009	Haslar IRC 2005
	Any numbers highlighted in blue are significantly worse than the IRC comparator				
	Any percent highlighted in orange shows a significant difference in detainees' background details				
	Numbers which are not highlighted show there is no significant difference between the 2008 survey and the IRC comparator				
SECTION 1: General information					
Number of completed questionnaires returned		75	944	75	69
1	Are you male?	100%	83%	100%	100%
2	Are you aged under 21 years?	16%	14%	16%	18%
5	Is English your first language?	34%	29%	34%	30%
6	Do you understand spoken English?	81%	75%	81%	73%
7	Do you understand written English?	74%	70%	74%	65%
8	Are you Muslim?	40%	39%	40%	
9	Do you consider yourself to have a disability?	10%	17%	10%	
10	Do you have any children under the age of 18?	42%	41%	42%	48%
SECTION 2: Immigration detention					
11	When being detained, were you told the reasons why in a language you could understand?	71%	69%	71%	
12	Following detention, were you given written reasons why you were being detained in a language you could understand?	70%	59%	70%	
13	Were you first detained in a police station?	69%	63%	69%	
14	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	3%	10%	3%	
15	Have you been here for more than one month?	56%	67%	56%	52%
SECTION 3: Transfers and escorts					
16	Did you know where you were going when you left the last place where you were detained?	54%	44%	54%	26%
17	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	34%	32%	34%	
18	Did you spend more than four hours in the escort van to get to this centre?	17%	29%	17%	18%
19	Were you treated well/very well by the escort staff?	71%	49%	71%	28%
SECTION 4: Reception and first night					
21	Were you seen by a member of healthcare staff in reception?	93%	87%	93%	75%
22	When you were searched in reception was this carried out in a sensitive way?	69%	64%	69%	53%
23	Were you treated well/very well by staff in reception?	80%	57%	80%	34%

Key to tables

		Haslar IRC	IRC comparator	Haslar IRC 2009	Haslar IRC 2005
	Any numbers highlighted in green are significantly better than the IRC comparator				
	Any numbers highlighted in blue are significantly worse than the IRC comparator				
	Any percent highlighted in orange shows a significant difference in detainees' background details				
	Numbers which are not highlighted show there is no significant difference between the 2008 survey and the IRC comparator				
24a	Did you receive information about what was going to happen to you on your day of arrival?	**46%**	**31%**	**46%**	**23%**
24b	Did you receive information about what support was available to people feeling depressed or suicidal on your day of arrival?	**56%**	**25%**	**56%**	**20%**
24c	Did you receive information about how to make applications on your day of arrival?	**56%**	**26%**	**56%**	**36%**
24d	Did you receive information about healthcare services at the Centre on your day of arrival?	**69%**	**39%**	**69%**	
24e	Did you receive information about the religious team on your day of arrival?	**55%**	**31%**	**55%**	
24f	Did you receive information on how to make a bail application on your day of arrival?	**41%**	**23%**	**41%**	
24g	Did you receive information about how people can visit you on your day of arrival?	**55%**	**41%**	**55%**	**38%**
For those who required information in a translated form:					
25	Was any of this information provided in a translated form?	**56%**	**30%**	**56%**	
26a	Did you receive something to eat on your day of arrival?	**77%**	**71%**	**77%**	**54%**
26b	Did you get the opportunity to make a free telephone call on your day of arrival?	**72%**	**61%**	**72%**	**66%**
26c	Did you get the opportunity to have a shower on your day of arrival?	**75%**	**56%**	**75%**	
26d	Did you get the opportunity to change into clean clothing on your day of arrival?	**62%**	**49%**	**62%**	
27	Did you feel safe on your first night here?	**61%**	**50%**	**61%**	**38%**
28a	Did you have any problems when you first arrived?	**65%**	**78%**	**65%**	**82%**
28b	Did you have any problems with loss of transferred property when you first arrived?	**18%**	**23%**	**18%**	**20%**
28c	Did you have any housing problems when you first arrived?	**8%**	**12%**	**8%**	**14%**
28d	Did you have any problems contacting employers when you first arrived?	**4%**	**7%**	**4%**	**6%**
28e	Did you have any problems contacting family when you first arrived?	**13%**	**20%**	**13%**	**14%**
28f	Did you have any problems ensuring dependants were being looked after when you first arrived?	**12%**	**10%**	**12%**	**8%**
28g	Did you have any problems accessing your phone numbers when you first arrived?	**15%**	**15%**	**15%**	
28h	Did you have any problems accessing legal advice when you first arrived?	**18%**	**22%**	**18%**	
28i	Did you have any problems getting access to your immigration case papers when you first arrived?	**18%**	**22%**	**18%**	
28j	Did you have any money/debt worries when you first arrived?	**27%**	**13%**	**27%**	**10%**
28k	Did you have any problems with feeling depressed or suicidal when you first arrived?	**20%**	**32%**	**20%**	**27%**
28l	Did you have any drug problems when you first arrived?	**2%**	**5%**	**2%**	**0%**
28m	Did you have any alcohol problems when you first arrived?	**0%**	**3%**	**0%**	**0%**
28n	Did you have any health problems when you first arrived?	**12%**	**31%**	**12%**	**45%**
28o	Did you have any problems with needing protection from other detainees when you first arrived?	**4%**	**9%**	**4%**	**6%**
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?	**46%**	**30%**	**46%**	**46%**

Key to tables

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SECTION 5: Legal rights and immigration					
31	Do you have a solicitor or legal representative?	**72%**	**61%**	**72%**	**53%**
For those who have a solicitor or legal representative:					
33	Is it easy/very easy to communicate with your solicitor or legal representative?	**56%**	**41%**	**56%**	
34	Are you able to send a fax to your legal representative free of charge?	**100%**	**89%**	**100%**	**100%**
35	Are you able to send letters to your legal representative free of charge?	**100%**	**79%**	**100%**	**79%**
36	Have you had a visit from your solicitor/legal representative?	**50%**	**54%**	**50%**	**50%**
32	Do you get legal aid (free advice under the legal aid scheme)?	**50%**	**45%**	**50%**	
37	Can you get access to books about your legal rights?	**39%**	**30%**	**39%**	
38	Is it easy/very easy for you to obtain bail information?	**36%**	**26%**	**36%**	
39	Can you get access to official information reports on your country?	**16%**	**18%**	**16%**	**9%**
40	Is it easy/very easy to see immigration staff when you want?	**34%**	**21%**	**34%**	**32%**
41	Have you had a review of your detention every month?	**42%**	**38%**	**42%**	
For those who have had a written review:					
42	Was the review written in a language you could understand?	**63%**	**64%**	**63%**	
SECTION 6: Respectful detention					
44	Are you normally offered enough clean, suitable clothes for the week?	**73%**	**50%**	**73%**	**73%**
45	Are you normally able to have a shower every day?	**94%**	**91%**	**94%**	
46	Is it normally quiet enough for you to be able to sleep in your room at night?	**36%**	**54%**	**36%**	**35%**
47	Can you normally get access to your property held by staff at the centre, if you need to?	**69%**	**48%**	**69%**	**51%**
48	Is the food good/very good?	**28%**	**22%**	**28%**	**12%**
49	Does the shop sell a wide enough range of goods to meet your needs?	**40%**	**29%**	**40%**	**37%**
50	Do you feel that your religious beliefs are respected?	**78%**	**68%**	**78%**	**72%**
51	Are you able to speak to a religious leader of your own faith if you want to?	**53%**	**56%**	**53%**	**48%**
52	Is it easy/very easy to contact the Independent Monitoring Board?	**35%**	**16%**	**35%**	**7%**
53	Is it easy/very easy to get a complaint form?	**62%**	**50%**	**62%**	**35%**
54	Have you made a complaint since you have been at this centre?	**19%**	**34%**	**19%**	
For those who have made a complaint:					
55a	Do you feel complaints are sorted out fairly?	**42%**	**27%**	**42%**	**31%**
55b	Do you feel complaints are sorted out promptly?	**40%**	**24%**	**40%**	**30%**

Key to tables

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	Numbers which are not highlighted show there is no significant difference between the 2008 survey and the IRC comparator				
SECTION 7: Staff					
57	Do you have a member of staff you can turn to for help if you have a problem?	**67%**	**53%**	**67%**	**58%**
58	Do most staff treat you with respect?	**79%**	**68%**	**79%**	**51%**
59	Do staff speak to you most of the time/all of the time?	**30%**	**20%**	**30%**	
60	Have any members of staff physically restrained you in the last six months?	**4%**	**15%**	**4%**	**33%**
61	Have you spent a night in the segregation unit in the last six months?	**3%**	**16%**	**3%**	**24%**
SECTION 8: Safety					
63	Have you ever felt unsafe in this centre?	**33%**	**48%**	**33%**	**74%**
64	Do you feel unsafe in this centre at the moment?	**28%**	**45%**	**28%**	
65	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	**22%**	**32%**	**22%**	**42%**
66a	Have you had insulting remarks made about you, your family or friends since you have been here? (By detainees)	**7%**	**12%**	**7%**	**4%**
66b	Have you been hit, kicked or assaulted since you have been here? (By detainees)	**2%**	**6%**	**2%**	**3%**
66c	Have you experienced unwanted sexual attention here from another detainee?	**2%**	**3%**	**2%**	**0%**
66d	Have you been victimised because of your cultural or ethnic origin since you have been here? (By detainees)	**7%**	**7%**	**7%**	**7%**
66e	Have you been victimised because of your nationality since you have been here? (By detainees)	**7%**	**7%**	**7%**	**1%**
66f	Have you ever had your property taken since you have been here? (By detainees)	**3%**	**7%**	**3%**	**1%**
66g	Have you ever been victimised because you were new here? (By detainees)	**5%**	**5%**	**5%**	**3%**
66h	Have you been victimised because of drugs since you have been here? (By detainees)	**0%**	**1%**	**0%**	
66i	Have you been victimised here because of your sexuality? (By detainees)	**0%**	**2%**	**0%**	
66j	Have you ever been victimised here because you have a disability? (By detainees)	**0%**	**2%**	**0%**	
66k	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	**7%**	**5%**	**7%**	
67	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	**13%**	**26%**	**13%**	**40%**
68a	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	**2%**	**8%**	**2%**	**1%**
68b	Have you been hit, kicked or assaulted since you have been here? (By staff)	**0%**	**4%**	**0%**	**1%**
68c	Have you experienced unwanted sexual attention here from staff?	**2%**	**2%**	**2%**	**1%**
68d	Have you been victimised because of your cultural or ethnic origin since you have been here? (By staff)	**2%**	**6%**	**2%**	**4%**
68e	Have you been victimised because of your nationality since you have been here? (By staff)	**3%**	**6%**	**3%**	**3%**
68f	Have you ever been victimised because you were new here? (By staff)	**0%**	**5%**	**0%**	**3%**
68g	Have you been victimised because of drugs since you have been here? (By staff)	**3%**	**1%**	**3%**	**1%**
68h	Have you been victimised here because of your sexuality? (By staff)	**0%**	**2%**	**0%**	

Key to tables

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	Any percent highlighted in orange shows a significant difference in detainees' background details				
	Numbers which are not highlighted show there is no significant difference between the 2008 survey and the IRC comparator				
68i	Have you ever been victimised here because you have a disability? (By staff)	**0%**	**2%**	**0%**	
68j	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	**5%**	**5%**	**5%**	
For those who have been victimised by detainees or staff:					
69	Did you report it?	**35%**	**44%**	**35%**	**59%**
70	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	**15%**	**21%**	**15%**	
71	Have you ever felt threatened or intimidated by a member of staff in here?	**3%**	**24%**	**3%**	
SECTION 9: Healthcare					
73	Is health information available in your own language?	**49%**	**30%**	**49%**	**25%**
74	Do you know whether counselling is available at this centre?	**39%**	**23%**	**39%**	
75	Are you able to see a doctor of your own gender?	**54%**	**36%**	**54%**	
76	Is a qualified interpreter available if you need one during healthcare assessments?	**23%**	**14%**	**23%**	**15%**
77	Are you currently taking medication?	**42%**	**43%**	**42%**	
For those who are currently taking medication:					
78	Are you allowed to keep possession of your medication in your own room?	**100%**	**53%**	**100%**	
For those who have been to healthcare:					
79	Do you think the overall quality of health care in this centre good/very good?	**59%**	**35%**	**59%**	**33%**
SECTION 10: Activities					
81	Do you have unrestricted access to the centre facilities for at least 12 hours each day?	**39%**	**40%**	**39%**	
82	Are you doing any education here?	**59%**	**32%**	**59%**	**54%**
For those doing education here:					
83	Is the education helpful?	**91%**	**83%**	**91%**	**79%**
84	Can you work here if you want to?	**68%**	**44%**	**68%**	
85	Is there enough to do here to fill your time?	**37%**	**37%**	**37%**	**38%**
86	Is it easy/very easy to go to the library?	**79%**	**66%**	**79%**	
87	Is it easy/very easy to go to the gym?	**69%**	**57%**	**69%**	
SECTION 11: Keeping in touch with family and friends					
89	Is it easy/very easy to receive incoming calls?	**58%**	**52%**	**58%**	**32%**
90	Is it easy/very easy to make outgoing calls?	**57%**	**49%**	**57%**	**27%**
91	Have you had any problems with sending or receiving mail?	**9%**	**24%**	**9%**	
92	Have you had a visit since you have been in here from your family or friends?	**30%**	**47%**	**30%**	**34%**
93	Have you had a visit since you have been here from volunteer visitors?	**21%**	**19%**	**21%**	**28%**

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	Any numbers highlighted in blue are significantly worse than the IRC comparator				
	Any percent highlighted in orange shows a significant difference in detainees' background details				
	Numbers which are not highlighted show there is no significant difference between the 2008 survey and the IRC comparator				
For those who have had visits:					
94	Do you feel you are treated well/very well by visits staff?	**77%**	**58%**	**77%**	

Key questions (Non-English speakers) Haslar IRC 2009

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		13	57
11	When being detained, were you told the reasons why in a language you could understand?	74%	69%
12	Following detention, were you given written reasons why you were being detained in a language you could understand?	62%	73%
14	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	0%	4%
15	Have you been here for more than one month?	41%	57%
16	Did you know where you were going when you left the last place where you were detained?	26%	58%
17	Before you arrived here did you receive any written information about what would happ to you in a language you could understand?	16%	38%
19	Were you treated well/very well by the escort staff?	68%	73%
23	Were you treated well/very well by staff in reception?	68%	80%
24a	Did you receive information about what was going to happen to you on your day of arrival?	62%	42%
24b	Did you receive information about what support was available to people feeling depressed or suicidal on your day of arrival?	55%	58%
24c	Did you receive information about how to make applications on your day of arrival?	55%	58%
24d	Did you receive information about healthcare services at the centre on your day of arrival?	62%	69%
24e	Did you receive information about the religious team on your day of arrival?	55%	54%
24f	Did you receive information on how to make a bail application on your day of arrival?	45%	40%
24g	Did you receive information about how people can visit you on your day of arrival?	45%	58%
27	Did you feel safe on your first night here?	68%	61%
28a	Did you have any problems when you first arrived?	74%	63%
31	Do you have a solicitor or legal representative?	63%	74%
40	Is it easy/very easy to see immigration staff when you want?	26%	39%
41	Have you had a review of your detention every month?	26%	43%
44	Are you normally offered enough clean, suitable clothes for the week?	50%	78%
45	Are you normally able to have a shower every day?	83%	96%
53	Is it easy/very easy to get a complaint form?	50%	63%
54	Have you made a complaint since you have been at this centre?	9%	20%

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		
57	Do you have a member of staff you can turn to for help if you have a problem?	**71%**	**65%**
58	Do most staff treat you with respect?	**81%**	**81%**
59	Do staff speak to you most of the time/all of the time?	**50%**	**28%**
63	Have you ever felt unsafe in this centre?	**17%**	**38%**
64	Do you feel unsafe in this centre at the moment?	**35%**	**27%**
65	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	**26%**	**24%**
67	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	**17%**	**13%**
70	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	**0%**	**21%**
71	Have you ever felt threatened or intimidated by a member of staff in here?	**0%**	**5%**
73	Is health information available in your own language?	**38%**	**55%**
76	Is a qualified interpreter available if you need one during healthcare assessments?	**38%**	**20%**
82	Are you doing any education here?	**55%**	**58%**
84	Can you work here if you want to?	**55%**	**71%**
85	Is there enough to do here to fill your time?	**35%**	**33%**
86	Is it easy/very easy to go to the library?	**58%**	**80%**
87	Is it easy/very easy to go to the gym?	**42%**	**72%**
89	Is it easy/very easy to receive incoming calls?	**55%**	**55%**
90	Is it easy/very easy to make outgoing calls?	**55%**	**54%**
91	Have you had any problems with sending or receiving mail?	**0%**	**12%**
92	Have you had a visit since you have been in here from your family or friends?	**19%**	**30%**