Report on an unannounced inspection of

Haslar Immigration Removal Centre

by HM Chief Inspector of Prisons

10–11 and 17–21 February 2014

Glossary of terms

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England

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Introduction

Haslar, near Portsmouth, is the UK's oldest immigration removal centre (IRC) and one of the smallest. It is operated by the Prison Service under a service level agreement with the Home Office and complies with the Detention Centre Rules (the statutory instrument that applies to the running of immigration removal centres). This was our first visit to Haslar since 2011 and our first full inspection since 2009. At this inspection we were pleased to find that the centre continued to operate reasonably well and that further improvement had been achieved. Outcomes for detainees were good in two of our four healthy establishment tests and reasonably good in the other two.

The centre was reasonably safe and there were very few fights or assaults. The number of incidents of self-harm was very low but those in crisis were well cared for. Security arrangements were generally reasonable but some were disproportionate to the risks posed by the population. For example, detainees were routinely escorted in handcuffs for outside medical appointments without an individual assessment of risk; others were handcuffed while receiving treatment. We were concerned to find that the special accommodation unit was not routinely staffed when used to hold detainees who had been separated or, more worryingly, when they were at risk of self-harm. This omission was particularly concerning as we had raised it at our last inspection.

As at many of our recent inspections, increasing numbers of detainees did not have a lawyer to assist them with their immigration cases or to apply for bail. Some detainees were held for unreasonably long periods. One man, who we first met at our previous inspection in 2011, was released into the UK during this inspection after three-and-half years in detention.

Haslar was a respectful institution. Residential units were old and worn, and the environment in the exercise yard could be improved, but facilities were adequate and the centre was reasonably clean. Good relationships between staff and detainees underpinned many of the centre's strengths and offset some of the frustrations caused by detention. The senior management team was visible to detainees and engaged positively with them. Some 95% of detainees thought that staff treated them with respect, which was impressive. Health services were undergoing significant changes with a temporary new provider, but despite this they were reasonably good.

There were sufficient activities to engage detainees held for short periods. The opportunities for working in the centre had doubled since our last inspection, but the Home Office continued to prevent detainees from working if they did not comply with immigration processes. The education department, library, gym, outdoor sports field and internet suite enabled detainees to remain purposefully active. We were particularly impressed by the 'Live Life' programme aimed at young adults, which taught a range of life skills.

Not all detainees were prepared for what came after leaving the centre. The centre was seeking to make individual officers responsible for addressing detainees' welfare needs. The scheme was not without merit, but staff training was limited, arrangements were not well embedded and support plans were not yet effective. Arrangements for family and friends to visit detainees were good. Most detainees had a mobile telephone but poor reception hindered their ability to keep in touch with the outside world, as did the lack of access to Skype or social networking sites. Detainees who were moved to other centres were only told the day before, although the centre sometimes knew about this days in advance. We observed one stark example of insufficient preparation for release – a detainee held under immigration powers for three-and-half years immediately following a similar period in prison, was given just three hours' notice of his release and told to travel to Tyneside, leaving the centre late in the afternoon.

Despite these criticisms, Haslar is one of the better centres that we have inspected. Its strengths are derived in large part by the sound relationship between staff and detainees, which in turn are driven by the active and visible management team. We have identified areas for improvement but, overall, this is a good report.

Nick Hardwick July 2014
HM Chief Inspector of Prisons

Fact page

Task of the establishment
To detain people subject to immigration control.

Location
Gosport, Hampshire

Name of contractor
HM Prison Service

Number held
160

Certified normal accommodation
170

Operational capacity
170

Last inspections
31 May–3 June 2011 (short follow-up)
20-24 April 2009 (full announced)

Brief history
Haslar is the UK's oldest operating detention centre. It was originally an army facility, then a young offender detention centre, and has held immigration detainees since 1989. In February 2002, Haslar was officially re-designated an immigration removal centre and began operating under detention centre rules.

Name of centre manager
[redacted]

Escort provider
Tascor

Short description of residential units
There were six main residential units along a single corridor in the main centre building. Units accommodated detainees in large partitioned rooms, holding up to four people. The rooms contained two, three or four beds. H wing consisted of five single cells.

Health service provider
Central and North West London NHS Foundation Trust

Learning and skills provider
Pertemps People Development Group

Independent Monitoring Board chair
Bob Coleman

About this inspection and report

A1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, immigration detention facilities and police custody.

A2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

A3 All Inspectorate of Prisons reports include a summary of an establishment's performance against the model of a healthy establishment. The four tests of a healthy establishment are:

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

A4 Under each test, we make an assessment of outcomes for detainees and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the Home Office.

- **outcomes for detainees are good against this healthy establishment test.** There is no evidence that outcomes for detainees are being adversely affected in any significant areas.

- **outcomes for detainees are reasonably good against this healthy establishment test.** There is evidence of adverse outcomes for detainees in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.

- **outcomes for detainees are not sufficiently good against this healthy establishment test.** There is evidence that outcomes for detainees are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of detainees. Problems/concerns, if left unattended, are likely to become areas of serious concern.

- **outcomes for detainees are poor against this healthy establishment test.** There is evidence that the outcomes for detainees are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for detainees. Immediate remedial action is required.

A5 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.

A6 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.

A7 Our assessments might result in one of the following:

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

A8 Five key sources of evidence are used by inspectors: observation; detainee surveys; discussions with detainees; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.

A9 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection, unless these have already been reviewed by a short follow-up inspection. This inspection follows a short follow-up inspection and does not report directly on progress made against the previous recommendations.

This report

A10 This explanation of our approach is followed by a summary of our inspection findings against the four healthy establishment tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the conditions for and treatment of immigration detainees*. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection.

A11 Details of the inspection team and the detainee population profile can be found in Appendices I and II respectively.

A12 Findings from the survey of detainees and a detailed description of the survey methodology can be found in Appendix III of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant. [1]

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

Summary

Safety

S1 *Detainee's feedback about escorts was generally positive, but too many were moved around the estate too often. Detainees were well cared for by reception and first night staff. There was little violence or bullying, but the behaviour improvement policy was not applied consistently. Detainees rarely harmed themselves and those in crisis were well cared for. Security was generally proportionate but there were a few overly restrictive practices. Force was rarely used but when it was, it was justified and proportionate. Governance, monitoring and staffing of the special accommodation unit required improvement. Too many detainees said they did not have a legal representative. The local immigration team was accessible but the progression of some cases by offsite casework teams was poor.* ***Outcomes for detainees were reasonably good against this healthy establishment test.***

S2 In our survey, detainees were positive about escorts. However, too many detainees were moved too frequently around the estate and this was largely driven by administrative reasons. Escort vehicles were appropriately equipped and person escort records were generally well completed.

S3 The thorough rub down search on arrival was excessive, as detainees had already been searched on arrest or prior to leaving the previous establishment. Reception staff were polite and helpful. First night interviews, covering key practical issues, were conducted. Detainees were well cared for in the first night unit, where induction orderlies were well used. Night staff were briefed about the needs and location of all new arrivals.

S4 Levels of violence, bullying and antisocial behaviour were very low. Fewer detainees than the comparator reported feeling unsafe, with very few claiming they had been victimised. Safer community meetings considered all aspects of safer custody. Incidents were analysed to some extent, but a more thorough approach was required. The behaviour improvement policy was applied inconsistently and some sanctions were unjustified.

S5 The number of self-harm incidents and assessment, care in detention and teamwork (ACDT) case management documents for detainees at risk of suicide or self-harm was low. ACDT documents were detailed and showed that care planning and support was appropriate. Observation entries were good. Detainees in crisis were well cared for but too many were held in the special accommodation unit, normally used to hold refractory detainees or those who threaten safety and security, without it being continually staffed.

S6 A policy outlined what action should be taken to safeguard adults at risk, but no referrals had yet been made to the local social services department at the time of our inspection. Protocols had been agreed with the local adult safeguarding board and the Hampshire Safer Prisons Group.

S7 There was a useful care plan approach for the management of age-dispute cases, but there had been no cases in the previous year. Home Office policy, inappropriately, did not require all cases to undergo a Merton compliant age assessment (a lawful assessment of an asylum seeker claiming to be under 18). Not all relevant staff had undergone appropriate safeguarding training.

S8 The security department was very well managed and links to the rest of the centre were good. The way information was communicated had improved and the security committee was well constructed. Intelligence reporting systems were well developed and the number of security information reports was reasonable. However, some security practices relating to external escorts and room searches were disproportionate. There were few security-related incidents.

S9 Use of force was low. When used, documentation assured us that it was justified and proportionate. Monitoring arrangements were effective and de-escalation techniques were used to good effect. Custodial staff carried defensive weapons, which was disproportionate to the risk posed by the population.

S10 The environment in the special accommodation unit (SAU), used to hold separated detainees, was reasonable, but staffing arrangements were *ad hoc* which meant that it was sometimes not staffed when occupied. The analysis and monitoring of separation data was underdeveloped and governance required improvement. Relations between staff and detainees in the SAU were very good but the regime was poor. The numbers held there were low. Detainees were held for short periods of time. The use of separation was justified and authorised properly.

S11 Despite procedures to identify those without a lawyer, too many detainees who required an immigration lawyer did not have one. Not all detainees understood the centre's legal surgery arrangements. Detainees had good access to the onsite Home Office immigration contact team, who used telephone interpreters when necessary. Bail summaries were not always given to detainees by 2pm the day before the hearing.

S12 The Home Office did not progress some cases promptly, leading to prolonged detention. Two detainees who were unlikely to removed were held for more than a reasonable period. Although the quality of rule 35 reports (written by medical practitioners who disclose information on detainees whose health is likely to be affected by detention or who may have suicidal intentions or been a victim of torture) was variable, some were very good. Not all reports received a response within the required timeframe. Detainees were rarely released as a result of a rule 35 report.

Respect

S13 Detainees' rooms were clean and reasonably well furnished, but communal areas were shabby and worn. Relations between staff and detainees were very good. Professional interpretation was well used but more work was required to identify and consult with protected groups. Faith provision was good. Complaint forms in different language were not always easily available, but replies were generally prompt and polite. Despite a period of transition, health services were reasonably good. Food was good and the shop was a reasonably good resource. ***Outcomes for detainees were good against this healthy establishment test.***

S14 The main residential building was old and worn. The central corridor was grubby and painted walls were peeling. Communal areas on residential wings were shabby and there were signs of damp on the walls, but they were reasonably clean. The centre's grounds were well kept, but the caged walkway and the sentry box in the exercise yard contributed to a needlessly austere environment. Detainees' rooms were clean and reasonably well furnished and all were equipped with smoke alarms. Showers were clean, but detainees complained that the water was often too cold.

S15 In our survey, 95% of detainees said most staff treated them with respect. Managers led staff by example and detainees could speak to staff easily. Personal officers introduced themselves to newly arrived detainees. Consultation with detainees was good and dormitory representatives were active.

S16 Some aspects of the strategic management of equality and diversity were weak and detainees were not sufficiently consulted about equalities issues. Staff provision for equalities work had been reduced substantially since the last full inspection. Despite these failings, equalities meetings were productive and the senior management team (SMT) addressed equalities issues at the SMT meeting. Interpretation was used well. Procedures to indentify detainees in protected groups required improvement. Just before our inspection, custodial staff had worked sensitively with a gay detainee who was in crisis. Although more could have been done for younger detainees, they generally reported a positive experience of detention. Faith provision was good and detainees had access to a supportive chaplaincy.

S17 Complaint forms in languages other English were not always freely available. This may have led to the low number of complaints. Replies were generally polite and addressed the issue raised. The quality assurance and monitoring of complaints however, required development. We reviewed one complaint involving an allegation of racism, which was handled poorly.

S18 Health services were generally well regarded by detainees. There were some gaps in clinical governance, although action was being taken to address these. The range of the primary care service was sufficient to meet demand. The number of detainees failing to attend GP appointments was too high. Detainees had appropriate access to medicines although certain aspects of the pharmacy and medicines management required improvement. There was no waiting list for dentistry, which was commendable. The range of mental health services was not adequate to meet detainees' needs.

S19 In our survey, more detainees than at other centres said the food was good. Menus were varied and the food we sampled was good. Portions on weekdays were adequate, but detainees complained that food was insufficient on weekend evenings. Detainees could purchase a suitable range of goods from the shop and order items from a catalogue.

Activities

S20 *The range of recreational activities was generally good. Educational provision was very good. The number of work places had doubled since our last inspection, but there were limited vocational training opportunities. The library provided a reasonably good service. PE provision was very good.* ***Outcomes for detainees were good against this healthy establishment test.***

S21 There was generally a good range of recreational activities. Education was well managed. Participation in education had improved considerably and was better than at other immigration removal centres. Most detainees could access education or work within 24 hours of their arrival.

S22 The centre offered a sufficient variety and range of learning and skills. Most programmes offered accredited qualifications at entry level through to level 3. Some educational sessions were available in the evenings and on Saturday mornings. Attendance was generally good and particularly good in the evenings. English for speakers of other languages provision was very good and very popular. The Live Life programme for young adults was a welcome addition to existing programmes. Achievements on education programmes were generally good. Most

teaching, learning and assessment was good and in some cases very good. Volunteers and peer mentors were used effectively to support tutors and help detainees.

S23 There were approximately 60 work places, more than double the number at our last inspection. The Home Office prohibited some detainees from work because they did not comply with immigration processes, which was inappropriate. Vocational training opportunities remained limited, but there were plans to introduce barbering and cleaning.

S24 The library was small but accessible and reasonably well stocked. A reasonable range of newspapers and magazines in different languages was available. The PE provision was particularly impressive. Detainees received a thorough induction and could use the facilities every day.

Preparation for removal and release

S25 *Detainees were happy to approach staff for help, but officers required welfare training. Detainee support plans required further development. The visits area was welcoming and the atmosphere relaxed. Detainees had reasonably good access to various means of communication. Not all detainees were prepared adequately for their removal or release.* ***Outcomes for detainees were reasonably good against this healthy establishment test.***

S26 In our survey, 88% of detainees said they had a member of staff they could turn to if they had a problem. Personal officers were now responsible for all aspects of welfare but had not received any specific training for the role. Detainee support plans, adopted since our last full inspection, had the potential to be a positive tool, but they were not yet fully embedded and required development. The pre-release section had not been completed on any plans that we saw.

S27 Visiting hours were extensive, offering evening, weekend and all day visits. The visitors' waiting room was adequate. The visits hall was clean and well decorated. The atmosphere was relaxed. Relationships between staff, detainees and their visitors were very good.

S28 Detainees had good access to mobile phones, but the signal in the centre was poor and pay phones had been removed. Staff facilitated calls for detainees. Detainees had access to the internet and email but could not download attachments themselves. Some relevant websites were inappropriately blocked. Detainees had good access to fax machines. There was no access to Skype or social networking sites.

S29 Detainees being removed were given helpful information packs, but they should have received them earlier on in their stay. Health care staff appropriately prepared detainees for discharge. Not all those being removed were provided with the means to reach their final destination safely after arriving in the destination country. Detainees were only informed of their transfer the night before, even when the movement order had arrived days earlier. Details of other centres were provided to those being transferred. Detainees sometimes did not receive sufficient notice of their release. One detainee was given three hours' notice after seven years in custody and was sent to the other end of the country late in the afternoon. A useful pictorial travel guide was available for those who could not speak English.

Main concerns and recommendations

S30 Concern: Some detainees at risk of self-harm or suicide were held in the special accommodation unit without the unit being staffed. This meant that detainees in crisis could be two locked doors away from a member of staff.

Recommendation: The special accommodation unit should be staffed whenever occupied, especially due to the risk of self-harm or suicide.

S31 Concern: The behaviour improvement policy was applied inconsistently and actions were not clearly justified on the documentation. Some actions were clearly punitive in nature.

Recommendation: The behaviour improvement policy should be consistently applied and not used to punish detainees. Actions should be clearly justified.

S32 Concern: Some detainees were held for unreasonable periods of time.

Recommendation: Decisions to continue to hold someone in detention should be based on a realistic appraisal of the prospects of removal, and made in accordance with the law.

S33 Concern: Detainee support plans were not completed in detail and lacked meaningful actions. Staff did not review the plans to assist detainees with their welfare and pre-release needs.

Recommendation: Detainee support plans should provide a meaningful assessment of welfare and pre-release needs, and an action plan to address them.

Section 1. Safety

Escort vehicles and transfers

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

1.1 *In our survey detainees were positive about escorts. Too many were moved around the estate too often. Escort vehicles were appropriately equipped and person escort records were completed well.*

1.2 Detainees were generally positive about their experience of escorts; in our survey, 72% said they were treated well by escort staff against a comparator of 60% and 57% said they were given information on what was going to happen to them in a language they could understand, more than the national comparator (40%) and than at our last full inspection (34%). In our groups, however some detainees said they had not understood where they were going and one, for example, had been told he was going to Morton Hall immigration removal centre (IRC) but was instead taken to Haslar.

1.3 Too many detainees moved around the immigration estate too frequently. The reasons for these moves appeared to be largely driven by administrative convenience rather than the needs of individual detainees. Although Haslar did not receive detainees at night, some had been transferred to other centres in the middle of the night. One had been in four different IRCs in a two-week period. His journey commenced at Dungavel at 12.30am, when he was transferred to Pennine House where he arrived at 4.50am. Five hours later he was transferred to Harmondsworth, arriving at 3.55pm.

1.4 Escort vehicles we inspected were clean, fit for purpose and appropriately equipped and had adequate supplies of snacks and water. The person escort records we examined had all been completed well. (See also section on security.)

Recommendation

1.5 **Detainees should not be moved excessively around the immigration estate.**

Early days in detention

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

1.6 *Reception staff were polite and helpful but the rub down search on arrival was excessive. First night interviews, covering key practical issues, were conducted. Detainees were well cared for in the first night unit, where induction orderlies were visible and well used. Night staff were briefed about the needs and location of all new arrivals.*

1.7 In our survey, 82% of detainees said they were treated well by reception staff against a comparator of 60%, and those in our groups were also positive about this. We observed detainees arriving at and leaving the centre, and staff were polite and helpful at all times. However, all new arrivals were given a level A rub down search, which included searching the mouth and hair and involved detainees removing their shoes. This level of searching was excessive given detainees had already been searched on arrest or before leaving the sending establishment. The reception area was clean and spacious. It contained two holding rooms and toilet and shower facilities.

1.8 All detainees had an initial interview and were subject to a room-sharing risk assessment. We saw the telephone interpreting service being used, although not soon enough after arrival, and it was evident that the detainee had not understood what was being said. Detainees were usually given a health care screening on arrival. However, one detainee who had been at the facility nine months previously, was not given the standard screening because staff assumed not much had changed since he was last there, which was a risk. The health care staff also failed to use telephone interpreting during the screening. Detainees were given a reception pack, and could exchange foreign currency. They could also purchase items from the shop almost immediately. Hot food and drinks were provided.

1.9 A useful induction booklet, available in 21 languages, was provided on reception, and a detainee support plan initiated. In our survey 72% of detainees said they received information on available support on arrival, more than the comparator (42%).

1.10 A designated first night officer interviewed all new arrivals in reception about practical issues. Most detainees went to A dormitory, the first night unit, for between 24 hours and several days, where staff and two induction orderlies cared for them well; the orderlies also took them on a tour of the centre. We saw one first night officer allocate a detainee to a different dormitory so he could be with others who spoke his language. During our night visit, the night staff received a detailed handover and knew what the new arrivals' needs were and where they were located. Each dormitory was checked regularly throughout the night, and in our survey, 69% of detainees reported feeling safe on their first night against a comparator of 52%.

Housekeeping points

1.11 The telephone interpreting service should be used at the earliest opportunity, and throughout the reception process, including during health screenings, when detainees require it.

1.12 All detainees should undergo a routine health screening on arrival.

Bullying and violence reduction

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

1.13 *Detainees reported feeling safe in the centre. Levels of violence, bullying and antisocial behaviour were very low. The centre carried out some analysis of the low number of reported incidents, but had no improvement plan for safer custody. The policy document was comprehensive but not written in plain English. The behaviour improvement policy was not used consistently and could be punitive. Investigations into incidents of bullying were not always carried out and we were not assured that victims were offered adequate support.*

1.14 In our survey, fewer prisoners than the comparator said they felt unsafe (22% against 33%), had been victimised by detainees (11% against 22%) or staff (9% against 17%). Levels of violence, bullying and antisocial behaviour were low and detainees in our groups said they felt safe in the centre. There had been three assaults in the six months prior to our inspection and 10 detainees subject to formal monitoring for antisocial behaviour. No victim support documents were opened during that time.

1.15 The safer community policy was comprehensive but not written in plain English for detainees to easily understand. Safer custody matters were discussed at the bimonthly safer community meeting, which was attended by detainee representatives. Some analysis of the low number of incidents was carried out, but this required development. Detainees had been consulted about safety through a violence reduction survey; they felt bullying and violent behaviour was not a problem but they were sometimes reluctant to report incidents. This had been discussed at the safer community meeting and measures were identified to reassure detainees about reporting incidents.

1.16 The behaviour improvement policy was inconsistently applied: some detainees were monitored for antisocial behaviour and violence while others were not. Documentation was poorly completed and sanctions were sometimes unjustified and punitive. For example, some detainees were banned from the activities room and or given restricted gym access. (See main recommendation S31.) Investigations into alleged incidents of antisocial behaviour and violence were not always completed and those that were often lacked sufficient detail to determine what had happened. We found two incidents where possible victims had been identified but no investigation had taken place or support offered.

Recommendation

1.17 **All incidents of violence and antisocial behaviour should be investigated thoroughly and victims offered appropriate support.**

Self-harm and suicide prevention

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

1.18 *Levels of self-harm were very low as was the number of assessment, care in detention and teamwork (ACDT) case management documents for detainees at risk of suicide or self-harm. ACDT documents were detailed, showing appropriate care planning and support. Detainees reported staff cared for them well when they were in crisis. Too many had been held in the special accommodation unit (SAU) while at risk of self-harm without the unit being continually staffed. Detainees welcomed the re-established dormitory representative scheme, and peers provided detainees with assistance.*

1.19 Levels of self-harm were very low, with only two incidents in the previous six months. The number of ACDT documents opened was also low – 18 in the same period. Suicide and self-harm prevention was discussed at the bimonthly safer community meeting; minutes showed the small number of incidents was monitored.

1.20 Three ACDT case management documents were open at the time of our inspection. All were detailed and showed that staff focused well on care planning and individual support. Observation entries were good. Detainees we spoke to said staff cared for them well, which our observations supported. We saw a detainee receive his removal directions during an ACDT review. He was immediately seen by immigration and centre staff and a further review was scheduled for two days later or sooner if he required additional support. Too many detainees at risk of self-harm were held in the SAU, where there was a safer cell, even though the unit was not always staffed (see main recommendation S30). The regime was also impoverished and items, such as mobile phones and televisions, were removed without sufficient justification.

1.21 The centre had re-established a dormitory representative support scheme, which detainees welcomed; those appointed as dormitory representatives were offered safety and equality training. Detainees were positive about the support they received which our observations confirmed.

Recommendation

1.22 **Detainees in the special accommodation unit should be offered an improved regime and have access to all in- possession items, unless a thorough risk assessment justifies removing them.**

Safeguarding (protection of adults at risk)

Expected outcomes:
The centre promotes the welfare of all detainees, particularly adults at risk, and protects them from all kinds of harm and neglect.[2]

1.23 *The safeguarding policy specified the action to be taken if an adult needed extra care, but no referrals had been made. Protocols had been agreed with the local adult safeguarding board and the Hampshire Safer Prisons Group.*

1.24 The safeguarding adults policy detailed the action to be taken if an adult needed additional care, but no referrals had been made to the local social services department. Protocols had been agreed with the local adult safeguarding board and the Hampshire Safer Prisons Group. The centre manager had been invited to attend future meetings of the latter, which covered adult safeguarding as well as other safer custody matters in Hampshire prisons.

Safeguarding children

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

1.25 *There had been no recorded age-dispute cases in the previous year. A useful care plan approach for the management of age dispute cases was in place. Home Office policy did not require all cases to undergo a Merton compliant age assessment, which was inappropriate. Not all relevant staff had undergone safeguarding training.*

1.26 In the year up to the inspection, there were no recorded cases of detainees claiming to be minors. There was a useful care plan approach for the management of such cases. The Home Office policy on managing age disputes was detailed, but did not require all cases to undergo a Merton compliant age assessment (an assessment by two qualified social workers of an asylum seeker claiming to be under 18), and allowed a chief immigration officer to assess the detainee as being over the age of 18.

1.27 The up-to-date child protection and safeguarding policy focused on the physical safety of children during activities and protecting staff from allegations. It provided little guidance on other child protection issues, such as identifying signs of abuse and how to report it. A safeguarding lead officer's main function was to receive reports from visits staff on child protection concerns but in practice no such concerns had been reported. Thirty staff had undertaken safeguarding training. The centre manager was developing links with the local social services department.

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

Recommendations

1.28 **All staff who may come into contact with minors should undertake appropriate child protection training.**

1.29 **All age dispute cases should be referred to the local social services department for a Merton compliant age assessment.**

Housekeeping point

1.30 The safeguarding policy should provide staff with more guidance on identifying and reporting child protection issues.

Security

Expected outcomes:
Detainees feel secure in an unoppressive environment.

1.31 *The security department was very well managed and links to the rest of the centre were good. There had been improvements in the way information was communicated to the rest of the centre and the security committee was well constructed, but some practices were disproportionate.*

1.32 Important elements of dynamic security were in place. Relationships between staff and detainees were very good and supervision arrangements in residential units were effective (see also section staff-detainee relationships).

1.33 Procedural security was managed appropriately, and security committee meetings were well attended by staff representatives from relevant departments. The standing agenda was comprehensive and included a thorough analysis of security information reports (SIRs). Monthly security objectives were agreed after intelligence was considered. Reports covering other parts of the centre, such as residential areas, were also discussed.

1.34 The security department received an average of 45 SIRs each month. They were processed and categorised promptly. Intelligence was communicated to other areas of the centre, particularly residential units, so that they could take any necessary action. The information was communicated swiftly, often via email and responses were timely. We reviewed a random selection of SIRs and found that they had been submitted by staff from a wide range of departments. All the SIRs we looked at had been processed appropriately and without undue delay.

1.35 Risk assessments and management systems were particularly effective and had improved. Information about detainees' recent custodial behaviour as well as historic data were used extensively to inform assessments. There were few security-related incidents. However, some security practices were too restrictive and were not based on a reasonable assessment of risks. Detainees were handcuffed routinely on escorts to external appointments regardless of the risk they presented, and some had been accompanied into consultation rooms during external appointments for dental treatment and optician appointments.

1.36 Routine searches of detainees' rooms took place, but they were not based on security information or intelligence. Unauthorised articles were seldom found.

Recommendations

1.37 **Security procedures should not be over-restrictive. Detainees should only be handcuffed on external appointments where an individual risk assessment clearly justifies their use.**

1.38 **Searches of detainees' rooms should be based on security information or intelligence.**

Rewards scheme

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

1.39 *The centre did not have a rewards scheme.*

The use of force and single separation

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

1.40 *The use of force was low but when it was used, it was justified and proportionate. Monitoring arrangements were effective and de-escalation techniques were used to good effect. Custodial officers carried batons, which was inappropriate. The environment in the separation unit was reasonable, but it was not always staffed when it was occupied by detainees, and the regime was poor. The analysis and monitoring of separation data was underdeveloped, and governance needed improvement.*

1.41 Incidents involving force were low, with only seven in 2013. Nearly all incidents were spontaneous and only two involved pain compliance techniques. However, custodial officers carried batons, which was inappropriate in an IRC. Monitoring of the use of force was generally good and links to violence reduction and the senior management team were reasonably effective. Incidents were discussed at the monthly security committee meetings. Information, including the nature of the incident, its location and the ethnicity and age of the detainee, was collated each month and some analysis to identify and deal with any emerging patterns and trends was carried out.

1.42 Documentation showed that force was only justified when it was reasonable in the circumstances and was proportionate. Planned interventions were not usually recorded on video. De-escalation was used to good effect.

1.43 The special accommodation (separation) unit (SAU) consisted of three cells on a single landing. Two cells held detainees under rule 42 (temporary confinement) and rule 40 (removal from association); one was a safer cell (also see section on suicide and self-harm prevention). The third was a large three-bedded room described as the care suite, but it was rarely used. Living conditions in the small unit were reasonable, but staffing arrangements were *ad hoc*, which meant it was sometimes not staffed when detainees occupied it. (See main recommendation S30.) The communal corridor was clean and brightly painted. Cells were clean and adequately furnished.

1.44 The daily regime was poor and was restricted to daily showers, escorted access to the shop and exercise. Detainees were not usually allowed their mobile telephones while locked in their cells.

1.45 Fifty detainees had been separated in 2013, which was a substantial number. The average length of separation was short at about two days, but a few had been separated for about a week.

1.46 Although separation was justified and authorised properly, formal governance was generally weak. A distinct separation strategy set out expected working practices and the aims of the unit but had not been implemented. Separation management meetings did not take place, and the analysis of information on how many times the unit was used and the length of time detainees spent there had not been adequately developed.

Recommendations

1.47 **Staff should not carry defensive weapons.**

1.48 **The regime for separated detainees should be improved. Subject to an assessment of risk, detainees should be permitted to keep their mobile telephones.**

1.49 **Governance of separation should be improved.**

Legal rights

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

1.50 *Too many detainees did not have an immigration lawyer. Legal surgery arrangements were not clearly understood. Detainees had good access to the onsite immigration contact team, who used telephone interpreters when necessary. Bail summaries were not always given to detainees by 2pm the day before the hearing.*

1.51 In our survey, 22% of detainees said they required an immigration lawyer but did not have one. Since our last inspection most immigration advice had been removed from the scope of legal aid funding. Fewer detainees than at our last inspection (32% against 50%) said that they received free legal advice. Free representation in relation to bail for detainees who could not pay for it was still available, but centre staff and detainees were unaware of this.

1.52 The Legal Aid Agency (LAA) funded two firms of solicitors to run legal advice surgeries. The surgeries were held twice a week. Staff were confused about which detainees could access the surgeries. The welfare officer's policy incorrectly stated that a detainee with an existing lawyer could not attend the surgery. After attending the surgeries some detainees were unclear if the solicitors had agreed to take their cases on or not. Lawyers did not confirm their advice in writing following the surgery

1.53 Twenty-six per cent of represented detainees said their lawyer had visited them, a substantial reduction since our last full inspection in 2009 when the figure was 51%. The reasons for this decline were unclear and required further investigation.

1.54 The library contained legal textbooks, but not all of them were up to date. It did not keep copies of human rights reports for countries from which most asylum seekers originate.

1.55 Detainees had access to the internet, but some key websites were blocked. The officer on duty in the internet suite could unblock any site. When we visited, the officer agreed to unblock the Bail for Immigration Detainees' website but not Amnesty International's without more senior approval.

1.56 Fifty-seven per cent in our survey said it was easy to see Home Office immigration staff in the contact team, against the comparator of 22%. Detainees said immigration staff used telephone interpreters when necessary. The centre's immigration contact team staff interacted with detainees politely and in a helpful manner. The local contact team ensured detainee transfers from the centre were put on hold pending a bail hearing. However, detainees did not always receive bail summaries by 2pm the day before the hearing[3].

Recommendations

1.57 **The Home Office should invite the Legal Aid Agency to investigate the reasons for poor access to representation in IRCs. Detainees, IRC staff and legal representatives should clearly understand legal surgery arrangements and detainees' entitlement to free representation.**

1.58 **The library should hold up-to-date country of origin information and legal textbooks.**

1.59 **All detainees should receive copies of bail summaries by 2pm on the working day before the hearing.**

Housekeeping point

1.60 The centre should provide detainees with a list of useful websites, including organisations such as Bail for Immigration Detainees and Amnesty International, and ensure the websites are not blocked.

[3] The Home Office issue bail summaries to detainees and their lawyers before a bail hearing. The summary contains details of the detainee's immigration history and the reasons why the Home Office oppose bail. In order to adequately challenge their detention a detainee must have sight of the summary in good time. It is Home Office policy to serve the summary before 2pm the working day before the hearing.

Casework

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

1.61 *The Home Office failed to progress some cases promptly enough, leading to prolonged detention. In two cases, detainees were held for unreasonable periods. Although the quality of rule 35 reports[4] was variable, some were very good. However detainees were rarely released as a result of a rule 35 report, and not all reports were responded to within the required time.*

1.62 Home Office records showed that some cases were not progressed promptly, including delays caused by administrative errors. In one case, detention was unnecessarily prolonged because the Home Office took six months to decide the detainees' asylum claim. (See also main recommendation S32.)

1.63 Some decisions to maintain detention were not in accordance with the law.[5] In one case an Iranian was detained in July 2010. Since October 2010 the prospects of removing him became increasingly remote. In October 2011, government lawyers advised the Home Office of the possibility of an action for unlawful detention by the detainee, but he continued to be detained. The detainee was only released in February 2014 to bail accommodation provided by the Home Office. (See also section on removal and release.)

1.64 In another case, a Zimbabwean detainee had been held for over a year with no prospect of removal within a reasonable period; he was still held at the time of the inspection.

1.65 The Home Office immigration contact team had a system for monitoring rule 35 reports. All the reports we examined contained body maps but a small minority were inadequate as they did not state, for example, whether scarring was consistent with the alleged mistreatment claimed. Most reports were written to a high standard and some were exceptionally good. Home Office policy states that rule 35 reports must be considered by the end of the second working day after they were submitted. In one case, a report made on 4 January documented torture but was not considered until 15 January when the medical evidence was accepted and the detainee released. Detainees were, however, rarely released as a result of a rule 35 report.

[4] A rule 35 report should be made by health care staff to the Home Office where they consider a detainee's health is likely to be injuriously affected by detention, where it is suspected a detainee may have suicidal intentions, or where it is considered the detainee may have been a victim of torture. The Home Office case owner must review detention in light of the report.

[5] The Home Office must follow the Hardial Singh principles when using their power to detain. The principles, reiterated by the Supreme Court in the case of Walumba Lumba (Congo) v SSHD [2011] UKSC 12, are:
(i) The Secretary of State must intend to deport the person and can only use the power to detain for that purpose;
(ii) The deportee may only be detained for a period that is reasonable in all the circumstances;
(iii) If, before the expiry of the reasonable period, it becomes apparent that the Secretary of State will not be able to effect deportation within a reasonable period, he should not seek to exercise the power of detention;
(iv) The Secretary of State should act with reasonable diligence and expedition to effect removal.

1.66 The local immigration contact team ensured that detainees received monthly detention progress reports, chasing up the minority that were not prepared in time. Some detainees complained that reports merely repeated what had already been said and failed to describe any developments; this complaint was consistent with cases we looked at where there had been insufficient progress.

1.67 The immigration contact team did not always communicate effectively with decision making Home Office teams based elsewhere. A detainee in crisis 'came out' as bisexual during an ACDT meeting and told staff that he was being threatened by other detainees for having consensual sex with another detainee. An immigration officer from the contact team attended the ACDT meeting and noted salient facts on the Home Office's case management system. However, the matter was not directly communicated with the case owner responsible for the case. The detainee's asylum claim was based on a fear of persecution in Pakistan due to his sexuality and that asylum had been refused, in part, because the Home Office did not believe he was bisexual. He was removed to Pakistan within a week of the ACDT meeting.

Recommendations

1.68 All casework should be progressed promptly.

1.69 Decisions to continue to hold someone in detention should be based on a realistic appraisal of the prospects of removal and made in accordance with the law.

1.70 All rule 35 reports should provide objective professional assessments – for example, commenting on the consistency between injuries and alleged methods of torture. Detention should be reviewed promptly within the time limit allowed for responding to rule 35 reports.

1.71 Any circumstances that might have a bearing on a detainee's case to remain in the UK should be effectively communicated between centre staff, the Home Office contact team and Home Office decision making teams.

Section 2. Respect

Residential units

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

2.1 *The main residential building was old and worn. Communal areas were shabby in places and there were signs of damp on walls, but they were reasonably clean. Detainees' rooms were generally clean and reasonably furnished and all were equipped with smoke alarms. The centre grounds were well kept but the caged walkway and the sentry box on the exercise yard created an austere environment.*

2.2 There were six main residential units on a single corridor in the main centre building. Units accommodated detainees in large partitioned rooms, each holding up to four people. Exceptionally, H wing consisted of five single prison-like cells.

2.3 On the whole the centre, although worn in places, was generally clean and parts were adequately maintained. The long central communal corridor was reasonably clean but shabby and lacked features that could have created a more pleasant environment. A few areas were grubby, paint was found peeling from walls, bare pipes ran along the length of the ceiling and there were signs of damp on walls below windows.

2.4 A cage-like smoking area was located off the central corridor and a caged walkway from the main building to the exercise yard (see Appendix IV) made the area seem austere, in contrast with the otherwise relaxed atmosphere of the centre. There was also a sentry box in the middle of the exercise yard that was unnecessary and gave the area a prison-like quality. This apart, the centre grounds were attractive and well kept.

2.5 Conditions in the residential units had improved since previous inspections. Detainees' bedrooms were generally clean and well furnished. Many had been personalised with photographs and posters and all were bright and well decorated. All detainees had privacy keys, and could lock their room doors. All rooms had been fitted with smoke alarms. Detainees said that they rarely used call bells in the units, but that they received a prompt response. Our own observations supported this view.

2.6 Communal showers were clean but detainees complained that there was often not enough hot water. Nearly all of those we surveyed said that they could have a shower every day.

2.7 The overall atmosphere in all the units was relaxed and reasonably quiet. The communal association rooms were adequately equipped with televisions and an assortment of table games. The centre had stopped the frequent use of a noisy public address system we criticised in previous inspections and now sent detainees text messages or phoned them if they were required for anything.

2.8 All detainees could wear their own clothes and, although there were no unit-based laundry rooms, provision for them to clean their clothing through a central laundry facility was adequate. In our survey, 92% of respondents, more than the comparator (83%), said that they could clean their clothes easily.

2.9 House rules were displayed and available in a range of languages, although most notices were in English. Monthly consultation meetings were held with detainees to discuss the environment and facilities. Personal invites were issued to detainees, and the meeting times and minutes were displayed on notice boards. Although attendance was variable, some meetings were well attended and many issues discussed there were followed up.

Recommendations

2.10 All communal areas should be properly decorated and maintained.

2.11 Detainees should have enough hot water to shower.

Housekeeping point

2.12 The sentry box on the exercise yard should be removed.

Staff-detainee relationships

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

2.13 *Survey results relating to relationships were very positive and had improved since our last full inspection. Detainees in our groups reported that staff treated them with respect and were helpful. Electronic case notes showed that personal officers introduced themselves to detainees and made regular, if sparse entries. Management checks were evident.*

2.14 In our survey, 95% of detainees reported that most staff treated them with respect, better than the comparator of 74% and 79% at our last full inspection. Detainees in our groups were positive about relationships with staff and in our survey, 88% reported that they had a member of staff they could turn to for help which was an improvement on 67% at our last full inspection and better than the comparator (61%). Managers had gone to considerable efforts to improve relationships and the new welfare officer scheme reflected this. All staff acted as welfare officers and detainees were assigned quickly to officers after their arrival. Detainees could speak to a manager easily and managers led staff by example.

2.15 Case notes showed that officers introduced themselves to detainees in their care and made regular, if sometimes sparse, entries in case notes. Management checks were evident. Staff used interpreting services well when they dealt with detainees. Consultation with detainees was good and minutes from monthly meetings showed what progress had been made to address the issues raised. Dormitory representatives were active. However, custodial staff continued to carry batons in the centre, which was inappropriate (see recommendation, 1.47).

Equality and diversity

Expected outcomes:

The centre demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no detainee is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. At a minimum, the distinct needs of each protected characteristic[6] are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

2.16 *Provision for equalities work had been reduced substantially since our last inspection. Some aspects of strategic management were weak and detainees were not sufficiently consulted. Equalities meetings were relatively productive and the senior management team (SMT) dealt with equalities issues reasonably well. Telephone interpretation was used well. Procedures to indentify detainees in protected groups required improvement. Just before our inspection, custodial staff worked sensitively with a gay detainee in crisis. Although more could have been done for younger detainees, they reported a mostly favourable experience of detention.*

Strategic management

2.17 The equalities policy was brief but covered all protected groups. There were additional detailed policies covering sexual orientation and older detainees, but not other groups. There was no action plan as managers considered that there were insufficient actions were required to justify one. No equality impact assessments had been carried out since June 2013 when it had been decided that no further assessments were necessary.

2.18 Staff provision for equalities work had been reduced substantially since our last inspection when there was a full-time equalities officer. Equalities work was now undertaken by a custodial manager who was employed full time on other duties. This was not sufficient, particularly in light of the various strategic and operational weaknesses, identified during the inspection.

2.19 Detainees were consulted on equalities as part of the general weekly detainee consultation programme. Equality issues did not receive sufficient attention and themed detainee consultation meetings to which specific nationality groups were invited, focused more on information provision, rather than consultation. There was no specific consultation forum for detainees from other protected groups, such as young adults.

2.20 Plans were being implemented to include an equalities remit in the new dormitory detainee representative role, which could improve detainees' involvement in equalities work.

2.21 A relatively productive bimonthly equalities working group meeting was chaired by the centre manager and attended by detainee representatives and advisers from a local Citizens Advice Bureau. Equalities was also discussed as a standing item at the SMT meeting. There was evidence of strong equalities leadership on some key issues, such as the use of interpreters.

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

2.22 Equalities monitoring data was only collated systematically for nationality and ethnicity and not for other protected characteristics. They covered a range of areas such as unit location, access to services and work. Good use was made of some data, for example, to ensure not too many detainees from one nationality stayed in one unit. Other data highlighted an unmet need for more strategic interventions, which the centre had overlooked. For example, although data identified that Bangladeshi detainees were underrepresented in education, staff put down this down to 'cultural reasons' and failed to investigate further.

2.23 The number of discrimination complaints was very low. One complaint about the quantity of food offered to Muslim detainees during Ramadan was addressed well and to the satisfaction of the Muslim chaplain. Another, concerning an allegation of racism, was handled poorly (see section on complaints). Responses to equalities complaints were not quality checked externally.

Recommendations

2.24 Equalities policies, planning, monitoring and consultation should cover all protected groups.

2.25 The centre should review the time and resources required to undertake equalities work and make provision in line with the findings.

Protected characteristics

2.26 In our survey, all detainees who did not speak English said they had a member of staff they could turn to if they had a problem and all said they felt respected. Detainees were positive about staff's use of interpreters and this was also borne out by management information on usage. Written information on the establishment and removal and release had been translated into common languages.

2.27 There was no process, such as a confidential questionnaire, under which detainees from all protected groups could be identified on arrival. At the time of the inspection, the centre did not believe it was holding any detainees with disabilities. This was not credible for a population of 160 detainees, and in our survey 7% of respondents said they had a disability.

2.28 We saw evidence of good, sensitive work with a bisexual detainee in crisis and who had 'come out' to staff. Additional support was provided through an external agency. However, we had some concerns that immigration staff at Haslar had not informed Home Office decision-makers about the detainee's sexuality (see section on casework).

2.29 The number of young adults held at the establishment had increased since the New Year. There had been no consultation with young adults and insufficient attention had been paid to their needs. However, those we spoke were mostly favourable about their treatment by staff. The Live Life training programme for 18-to-24-year-olds was a positive initiative (see section on activities).

Recommendation

2.30 Detainees from protected groups should be identified systematically on arrival.

Faith and religious activity

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

2.31 *Faith provision was good, and detainees had access to a supportive chaplaincy.*

2.32 The chaplaincy was diverse and adequately reflected the religious composition of the population. The team had good links with faith groups in the community. The chaplaincy was well integrated into the work of the centre, and members were co-opted to the SMT meeting and other key meetings.

2.33 The chapel was bright and pleasant, as was the multi-faith room. The mosque was operating towards the limit of its capacity, given the number of Muslim detainees. Detainees had good access to corporate worship and to religious study classes. Chaplains told us that detainees in the separation unit could attend corporate worship, subject to a risk assessment, and could provide examples of this. There was an active calendar of religious festivals.

2.34 The chaplaincy was developing a very good religious awareness e-learning programme, including an impressive Sikh awareness module, although only a minority of staff had completed this. Pastoral care was good and the chaplaincy was involved in care planning. The team contributed to the Live Life training programme (see section on activities).

Complaints

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

2.35 *Complaint forms in languages other than English were not freely available, which might have led to the small number of complaints. Replies were generally polite and addressed the issue raised. The quality assurance and monitoring of complaints required development. One complaint involving an allegation of racism was poorly handled.*

2.36 The number of complaints was small; 10 had been submitted since June 2013 about a variety of issues including food portions, lost property, staff conduct and lack of notice of transfer. A number of easily accessible complaints boxes throughout the centre were emptied by Home Office staff, but very few complaints forms were displayed next to them and none were freely available in other languages. This might have had an impact on the number of complaints submitted.

2.37 Replies to complaints were generally polite, prompt, demonstrated thorough investigation and addressed the issue raised. A manager allocated complaints to relevant functional heads, gave them a deadline for their response and received a copy of the reply. However, the quality assurance of responses required development: we reviewed one complaint involving an allegation of racism, which was not substantiated, in part, because the complainant could not define racism. This inadequate response had not been sufficiently challenged. Complaints

were not monitored consistently. We were told replies were always in English, even if the complaint had been made in another language.

Recommendations

2.38 Complaints forms in a wide range of languages should be freely available to detainees at all times.

2.39 Complaints should be robustly quality assured and consistently monitored to identify developing trends.

Housekeeping point

2.40 Replies to complaints should be in the same language as the complaint.

Health services

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

2.41 *The health service was in a state of transition and modernisation had begun. Despite their positive view of health care, detainees were not routinely consulted about the services. Some good practices were in place, such as gaining consent and ensuring access to health care, but the failure-to-attend rate for the doctor was too high. Some aspects of the pharmacy and medicines management required improvement. Detainees did not have access to routine dental care, but there was no waiting list for emergency care. The range of mental health services did not meet needs.*

Governance arrangements

2.42 Central and North West London NHS Foundation Trust (CNWL) provided health services on a temporary basis. The tendering process for a new contractor had begun. Staff said relationships in the centre were good and partnership meetings for contractual and governance purposes had been re-established. A health needs analysis was underway and was due to be completed in March 2014.

2.43 CNWL clinical governance systems were good and were being introduced into the service with standardised reporting systems; there had been no serious incidents since the CNWL had become the provider.

2.44 The CNWL had introduced a biannual service user satisfaction survey, the first of which had been completed – results were very positive – but there was no other regular forum through which to consult detainees about health services.

2.45 The health service was available from 8am to 9pm with shorter hours at the weekend and detainees had open access. The centre had sufficient staff to meet the demand, and new staff

had been recruited to provide 24-hour care from April 2014. The staffing complement was being reviewed with a view to updating the workforce skills mix. CNWL mandatory training had yet to be fully embedded and although clinical supervision had started the supervision model had not been finalised.

2.46 Treatment planning, policies and procedures including infection and prevention control were good although auditing of clinical records to assure quality had not yet commenced.

2.47 Patients were asked for their consent to share medical information as appropriate.

2.48 The health centre was small, functional and clean. The interview room in reception was good. An infection control audit had taken place in December 2013, and compliance with standards was generally very good. An action plan was being considered. Resuscitation equipment, including automatic external defibrillators (AEDs) and oxygen, was available in the health centre and the main corridor hub, although we did not see a spare oxygen cylinder. The equipment was checked regularly. Custody managers were trained in the use of the AED and we were assured that one was always on duty.

2.49 Interpreting services were frequently needed and used (see also section on early days in detention), and printed literature about health care was available in the most common languages. We did not see a health care leaflet for detainees at reception, although we were assured that a revised version would be printed.

2.50 Health care professionals were to receive training from April 2014 on recognising the signs of trauma and torture and treating detainees. Detainees who alleged torture had medical consultations and relevant reports were forwarded to the Home Office under rule 35[7] of the detention centre rules. Rule 35 reports were usually of a high standard (see section on casework).

2.51 We observed health care professionals treating patients with respect and in privacy, preserving their dignity. There had been no comments or complaints about health care since the CNWL had become the provider. Patient complaints were submitted via the general system which did not guarantee medical confidentiality.

2.52 A nursing assistant took the lead on health promotion. A health promotion day in January 2014 had received a positive evaluation. Access to smoking cessation clinics was good, with a waiting list of only four days. Barrier protection was available but it was not well advertised. A senior nurse was responsible for the care of older adults.

Recommendations

2.53 There should be a regular forum where detainees are consulted about their health services.

2.54 Health care professionals should be trained to recognise the signs of trauma and torture and their treatment.

[7] A Rule 35 report should be made by health care staff to the Home Office where they consider a detainee's health is likely to be injuriously affected by detention, where it is suspected a detainee may have suicidal intentions, or where it is considered the detainee may have been a victim of torture. The Home Office case owner must review detention in light of the report.

2.55 The health care complaints system should provide medical confidentiality at all stages.

2.56 The health needs of the population should be assessed.

Housekeeping points

2.57 All health care professionals should have access to appropriate clinical supervision, which should be recorded.

2.58 Clinical audit of medical records should be introduced as soon as possible.

2.59 Detainees should be given information on how to access health care at reception in a language that they can understand.

2.60 The availability of barrier protection should be advertised.

Delivery of care (physical health)

2.61 About 40 detainees arrived at the centre every week. There was a comprehensive approach to health assessment beginning with reception screening; only a minority of detainees had registered with a GP prior to their detention.

2.62 We observed good clinical interactions with patients and those with long-term conditions received appropriate care. The appointments system was robust, although detainees were frequently late for appointments. The failure-to-attend rate for the GP service was too high at approximately 20% over the previous three months. Out-of-hours cover was provided via 111, the NHS helpline, although it was rarely used.

2.63 Primary care services were limited to a nurse-led morning drop-in clinic, as well as GP clinics, but these met most of the demand. Detainees could make appointments with other health care professionals, such as a podiatrist, optician and others. Age-appropriate care included chlamydia screening, and influenza vaccinations for older detainees. Detainees' medical history was well scrutinised, particularly where they had had malaria, tuberculosis or sickle cell disease. An impressive array of immunisations was available.

2.64 There was no policy on the palliative care of patients. A protocol guiding the approach to detainees who refused food and fluid was available.

2.65 Detainees with outside hospital appointments had good access to NHS services. Medical holds (a doctor's order used to keep a patient in the hospital for medical reasons) were used to ensure that detainees' treatment was not interrupted. We were concerned to hear from detainees that they had been handcuffed in full view of the public while in the waiting areas of the hospital and the optician. One detainee described his acute embarrassment at the inquisitiveness of a child in an optician's waiting area. (See recommendation 1.37.)

Recommendations

2.66 Failure-to-attend rates should be reduced through sustained management action.

2.67 There should be policy to support staff providing palliative care.

Pharmacy

2.68 During our inspection, there were no pharmacy clinics, medicine use reviews or medicines management training for staff. In November 2013, the CNWL introduced a medicines and therapeutics committee and a pharmacist, who had drawn up an action plan to address these issues. Who would deliver the plan and by when had yet to be decided. Standard operating procedures, including the formulary (medications used to inform prescribing) and the use of patient group directions (which enable nurses to supply and administer prescription-only medicine), were under review.

2.69 Nurses transported medicines from the main gate through communal areas during association, which was unsafe. Stock management and medicines management were acceptable but there was no regular audit of stock. We observed nurses labelling and dispensing stock items after they had been prescribed by the GP, which ought to have been done under the supervision of a pharmacist. A stock of controlled drugs was destroyed while we visited; it had not been used so it was not clear why it was on site. Refrigerator temperatures were monitored, but the pharmacy room temperatures were not – and we were informed it could get hot in summer. High temperatures could affect the properties of the medicines.

2.70 Most patients had medicines in possession, following a risk assessment. There were secure storage facilities in detainees' rooms. Over-the-counter remedies were administered during nurse-led clinics, but there was no policy to support their administration.

Recommendations

2.71 There should be pharmacy-led clinics and medicines use reviews.

2.72 All standard operating procedures under review should be ratified and put into practice as soon as possible.

2.73 The centre should introduce patient group directions and/or non-medical prescribers.

2.74 A pharmacist should supervise the labelling and dispensing of medications.

Housekeeping points

2.75 Medicines management training should be available to staff as soon as possible.

2.76 The medicines management action plan should be completed and implemented as soon as possible.

2.77 Medicine stock should not be transported through communal areas.

2.78 Stock medicines should be regularly audited.

2.79 The temperature of the pharmacy room should be monitored to ensure it is acceptable.

Dentistry

2.80 Detainees had prompt access to emergency treatment from a dentist and a dental nurse. Access was available at the next clinic; no one was waiting at the time of our inspection. Out-of-hours dental cover was available via 111 but it had not been used.

2.81 Dental staff were unable to offer the usual range of treatments beyond emergency care to the majority of detainees. However, in January 2014, they had been given permission to offer routine treatment to detainees who had been at the centre for more than a year.

2.82 The dental suite was small and did not comply with decontamination requirements; the team compensated for this by bringing and taking away sterile supplies. Out-of-date equipment and supplies were in the cupboards and much documentation was out of date. The X-ray equipment was not in use and it was unclear when it would be, despite having been checked and certified.

Recommendations

2.83 **All detainees should have access to routine dental treatment.**

2.84 **Dental supplies and equipment should be up to date and/or certified and ready for use when required.**

Delivery of care (mental health)

2.85 Only 11% of custodial officers were trained in mental health awareness, including criteria for referral, which was insufficient. Opportunities for mental health care were limited to those offered by the GP, which was inadequate.

Recommendations

2.86 **All custodial officers should be trained to recognise mental health problems and in the criteria required to refer a detainee to the health care department.**

2.87 **Mental health services should meet the needs of the population.**

Substance misuse

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

2.88 *Detainees with substance misuse problems were not held at the centre.*

2.89 Detainees with substance misuse problems were not admitted to the centre, although health care professionals were trained to assist those who had them. There had been no drug finds at the centre, and only the occasional find of 'hooch' (illicit alcohol).

Services

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

2.90 *In our survey, more detainees than the comparator said the food was good. Menus were varied and the food we sampled was good. Portions on weekdays were adequate but detainees complained of insufficient food at the weekend. Detainees were able to purchase a suitable range of goods from the shop and could order from a catalogue.*

2.91 In our survey, 43% of detainees said the food was good, against the comparator of 27%. The menus were varied and the food we sampled was good, but fresh fruit was only provided four days a week. Detainees in our groups complained about the quantity of food on weekend evenings, which consisted largely of a baguette or pot noodle. There were plans to introduce a hot meal on weekend evenings. However, breakfast every day was to be replaced by a pre-packed meal.

2.92 The pre-select menu was not translated into common languages. There was no cultural kitchen, where detainees could prepare their own food, although the kitchen did provide a themed menu for major religious festivals.

2.93 The kitchens were clean and there were appropriate arrangements for food storage. Detainees working in the kitchen received a health screening, wore appropriate clothing and had appropriate basic food hygiene training.

2.94 Detainees could register comments in a food log. Most comments were favourable and responses from kitchen staff showed they responded positively to any concerns. The catering manager attended the detainee consultative meeting once a month specifically to listen to views on catering.

2.95 Detainees could purchase a suitable range of goods from the centre shop and order approved goods from a catalogue, but they complained that prices in the shop were high.

Recommendations

2.96 Menus should be translated into appropriate languages.

2.97 There should be a review of pricing in the shop, in consultation with detainees.

Section 3. Activities

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

3.1 *The centre offered a reasonably good range of purposeful activity. More detainees than in similar centres said that they had enough to do to fill their time. Recreational amenities were generally good. More paid work places were offered than at the last inspection. The learning and skills department provided a sufficient range and variety of programmes to meet the needs of most detainees, many of whom were there for short periods. A newly introduced and well-developed Live Life programme was a welcome addition. More detainees than in similar centres found the education provision helpful. Learning sessions were generally well attended, especially in the evenings. Arrangements to quality assure and improve education were well established. The library was reasonably good and provided detainees with easy access and an improved range of foreign newspapers and journals. The physical education provision was extremely impressive and good use was made of the outdoor space, indoor sports hall and fitness areas.*

3.2 The centre offered a reasonably good range of purposeful activities, which met the needs of most detainees. More detainees than at the last full inspection, 71% compared with 50%, said there was enough to fill their time. This was also higher than for similar immigration removal centres. Recreational amenities were generally good and catered well for detainees held for a short time. The dedicated outdoor sports areas and indoor facilities were used well. Exercise courtyards were clean and inviting and contained a small variety of exercise equipment, which was frequently used. A small activity centre was equipped with pool tables and table football. Residential units had small association areas where detainees played board games.

3.3 Learning, skills and work had improved since the last short follow-up inspection and there were enough places for most of the population. Detainees' participation in education was substantially higher than at the last short follow-up inspection with approximately 80% involved. Most of the work places were filled and the large majority of detainees could participate in education and work within 24 hours of entering the centre. Accredited training was limited to basic manual handling, emergency first aid, food safety and hygiene. There was no provision to help detainees who wished to start their own businesses, but there were plans to reinstate a business start-up programme.

3.4 Induction into education was thorough and effective, providing detainees with appropriate information. However, education was not sufficiently well promoted in the units. Work opportunities were promoted well on notice boards with pictures and easily understood written information. Staff regularly walked along the corridors to chat with detainees and encourage them to go to education. Detainees could move around the centre from the time they were unlocked until the lock up time of 8.45pm and benefited from approximately 13 hours out of their rooms.

Recommendation

3.5 **A business enterprise/start-up programme should be introduced to provide detainees with the skills to support self-employment or start their own business on release.**

Learning and skills

3.6 The centre offered approximately 60 education places. The education department had a vibrant atmosphere with enthusiastic and motivated staff. The provision was well managed. The education provider, Pertemps People Development Group (PPDG), had responded positively to the changes in detainees' length of stay. PPDG had introduced a framework of awards, which offered detainees the opportunity to achieve small steps as well as work towards full qualifications. The range and variety of programmes was good and met the needs of most detainees. Programmes were offered from entry level to level 3. In our survey, more detainees than in similar centres said that they found education helpful: 98% compared with 87%.

3.7 Most of the learning sessions were offered in the mornings, afternoons and evenings during the week and on Saturday mornings. Detainees were keen to learn and many attended several sessions during the week. The introduction of 'drop-in' sessions was proving successful and over 80% of the population participated. Evening and weekend sessions were very popular and rooms were often full and attendance was very good. Punctuality was variable due to the 'drop-in' structure.

3.8 Most of the teaching rooms were equipped with interactive whiteboards, which experienced staff used particularly well to support learning. Some rooms were small and cramped, but learning sessions were participative: group discussions worked well and staff used detainees' experiences to discuss equality and diversity. Detainees were self-confident and showed mutual respect.

3.9 Education included English and mathematics, English for speakers of other languages (ESOL), art, information technology and music. ESOL sessions were of a high standard and very popular. The arts and crafts programme was popular, offering a wide range of activities from clay modelling, to t-shirt decorating. Standards of work were outstanding. On occasions, arts and craft creations were displayed at exhibitions in the community. The standard of detainees' information technology skills were also very good. The internet suite was especially important to detainees as a means of keeping in touch with families and legal representatives. The resource was well used.

3.10 Good links had been established between the physical education department and the Salvation Army and a pilot programme entitled Live Life had been introduced. The programme included dependency awareness, safety in the home, emergency first aid, healthy living and building relationships. The programme, internally accredited, was primarily aimed at those under 24, but older detainees also participated. Seven courses had been run and over 60% of detainees completing the programme achieved the full award. Several detainees had achieved modules instead of the full award.

3.11 Teaching, learning and assessment were good or better than at the last full inspection and some aspects were outstanding. These included the excellent use of voice recordings to supplement ESOL sessions. Teaching staff were well qualified and experienced and used a wide variety of activities very effectively to hold detainees' attention and keep them motivated. In discrete English and mathematics sessions, detainees were encouraged to work at their own pace and the more able, who were appropriately challenged, responded positively. In other sessions, English and mathematics were integrated well. In some sessions, detainees' personal and social development skills were not sufficiently well recorded. External volunteer teaching assistants and peer mentors supported teaching staff well and provided good well-structured individual support.

3.12 Arrangements to assure and improve the quality of learning and skills were well established and effectively used to support quality improvement.

Recommendation

3.13 The centre should recognise and record detainees' development of personal and social skills systematically to provide a clear picture of their progress.

Paid work

3.14 The centre offered a reasonable choice of paid work. Most was part time and detainees could earn £1-£1.25 per hour. In our survey, 64% of detainees said that they were able to work if they wanted to. Approximately 60 places were available compared with 29 places reported at the last short follow-up inspection. Most of the places were filled. The allocation process was well managed and applications were accepted every day. Custodial staff contacted detainees by telephone when clearance had been secured to ensure that they could start without delay. There were no waiting lists. The Home Office could veto individual work applications for reasons of non-cooperation with immigration processes.

3.15 Paid work opportunities included work as orderlies and kitchen, laundry, gardening and cleaning work. Work opportunities were well promoted around the centre and clear information was provided about pay rates and rules for work. Employability skills training was limited. Food safety and hygiene qualifications, manual handling and emergency first aid training were offered. Kitchen workers were given basic skills training but these were not formally recognised or recorded. The centre planned to introduce cleaning and barbering accredited skills training in the near future.

Recommendations

3.16 Detainees' cooperation or failure to cooperate with the Home Office should not affect the process of allocating paid work roles.

3.17 The centre should increase further the paid work and vocational training available to detainees, training in all work roles should lead to internal or external accreditation, and the planned barbering, cleaning and painting programmes should be implemented.

Library

3.18 The library was small but reasonably good. In our survey, 88% of detainees stated that it was easy to visit the library compared with 70% in similar centres. The library was well stocked with a good range of reading materials. The amount of stock and range of foreign national newspapers and periodicals had improved since the last short follow-up inspection and the library remained welcoming. Although there were no accurate records of the number of detainees borrowing newspapers or magazines, approximately 70% were registered and borrowed books, CDs and DVDs. The library was open for four and a half days per week. Since the last short follow-up inspection, a small resource room in one of the units was staffed by detainees so books could be borrowed and exchanged. This was open on occasions during the week and at weekends when the main library was closed and was popular.

Sport and physical activity

3.19 Recreation and fitness provision was particularly impressive. Staff were very experienced and motivated. There was an extremely well equipped cardiovascular fitness room, with a wide range of high quality equipment. Detainees had free access to the fitness rooms when they were unlocked and made good use of them. In our survey 80% of detainees said that it was easy to go to the gym, against the comparator of 66%. An induction to the gym was mandatory and very thorough, and its completion was effectively monitored. Instructions in a variety of languages were available on laminated cards.

3.20 The sports hall and outdoor sports areas were well used, and staff arranged activities to take account of staff absences - for example, playing six-a-side rather than 11-a-side football required fewer staff to supervise the detainees. Courtyard recreational fitness facilities were clean and in good condition and used when the weather permitted. Links with the health care department were very effective and detainees with health issues were appropriately identified and monitored.

3.21 The physical education (PE) department played a major role in the Live Life programme and arranged for external agencies to come into the centre to promote healthy lifestyles (see the section on learning and skills). This was particularly well supported and detainees appreciated it. Shower facilities were reasonably good, but detainees had to wear PE kit supplied by the centre rather than their own.

Recommendation

3.22 Detainees should be allowed to wear their own PE kit in recreational sports and fitness training.

Section 4. Preparation for removal and release

Welfare

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

4.1 *Detainees were happy to approach staff for help, but officers required welfare training. Detainee support plans were a welcome initiative, although they required further development.*

4.2 In our survey, 88% of detainees said they had a member of staff they could turn to if they had a problem. Welfare provision had changed considerably since the last short follow-up inspection in 2011 from one dedicated officer to all personal officers (now called welfare officers) who were responsible for all aspects of welfare. The range of assistance they were expected to provide was very wide, and included concluding affairs through contact with banks and employers and retrieving property. However, officers had not received any specific training for the role. Detainee support plans were a positive initiative and required welfare officers to carry out an assessment of their needs within 48 hours of arrival. They had the potential to become a very good support tool, but in practice were not yet fully embedded (see main recommendation S33). Almost all those we looked at were perfunctory and did not include any action points or reviews, and none had a completed pre-release section.

Recommendations

4.3 **Welfare officers should have appropriate training for the role.**

4.4 **Detainee support plans should be developed and embedded to provide a meaningful assessment of welfare needs and an action plan to address them.**

Visits

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

4.5 *The visitors' waiting room was comfortable, and the visits area was welcoming and relaxed.*

4.6 Social visits took place on Monday, Tuesday and Friday mornings. There were separate sessions on weekend mornings and afternoons. On Wednesdays and Thursdays visits lasted all day and finished at 8pm in the evening. At the weekend, visitors were allowed to attend both sessions if there was enough space, but had to leave between sessions. Detainees did not have to book their visits.

4.7 The visitors' waiting room was reasonably comfortable but not staffed. Lockers were provided, and visitors could hand in property for detainees. Baby changing facilities and a disabled access toilet were available. There were notice boards with relevant up-to-date information and some useful written information that visitors could take away with them, but all were in English only.

4.8 The main visits hall was a reasonable size, well decorated and clean. Seating was comfortable and informally arranged, which helped to create a relaxed environment. 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.

4.9 A snack bar offered a free selection of cold snacks and hot drinks and there was a well-equipped children's play area. During all day visits on Wednesday and Thursday visitors were provided with meals which they could have with the detainee they had come to visit.

4.10 Relationships between staff and detainees were particularly good. Supervising officers were friendly and respectful in their dealings with detainees and their visitors. Procedures such as searching and dealing with children were carried out sensitively.

4.11 A charity that supported immigrants in the Portsmouth area, the Haslar Visitors Group provided visitors for detainees on request. They attended the centre every two weeks to see and help detainees maintain contact with the outside world. Detainees we spoke to said that they valued the scheme.

Recommendation

4.12 Up-to-date information for visitors should be provided in a range of languages.

Communications

Expected outcomes:

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

4.13 *Detainees had reasonably good access to various means of communication.*

4.14 Detainees had good access to mobile telephones; they were not permitted to keep their own if it had a camera or internet facilities, but were given one by the centre. The signal in the centre was poor and pay phones for outgoing calls had been removed. We observed staff facilitating calls for detainees using office telephones, but in our survey only 56% of detainees said it was easy to use the telephone, against the comparator of 67%.

4.15 Detainees had access to the internet and email, but were not allowed to download attachments themselves and had to ask staff to do this. Some relevant websites were inappropriately blocked (see section on legal rights). Detainees had free access to a fax machine in the internet suite. There was no access to Skype or social networking sites.

Recommendations

4.16 The mobile telephone signal in the centre should be improved.

4.17 Detainees should have access to Skype and social networking sites.

Removal and release

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

4.18 *Not all detainees were prepared adequately for their removal or release.*

4.19 Information packs containing details of support organisations and other helpful information for a few destination countries were given to detainees, but not until the day of their removal. Medical summaries were prepared and accompanied all detainees leaving the centre so they could pass them on to a health care provider in their destination country. Detainees being removed were supplied with copies of health treatment documentation and up to a month's supply of medication. Appropriate travel bags were provided, and clothing was available from the centre or the visitors group. Not all those being removed were provided with the means to safely reach their final destination after arriving in the destination country; for example, not all detainees were provided with funds to travel from their arrival airport to their home town or village.

4.20 Those being transferred were only informed the night before, even when the movement order had arrived days earlier, which was unnecessary. Details of other immigration removal centres were provided.

4.21 Some detainees did not receive sufficient notice of their release, for example, one was given three hours' notice of their release after seven years in custody and sent to bail accommodation at the other end of the country late in the afternoon. A useful pictorial travel guide had been developed for those who did not speak English. In addition, useful information packs had been developed for most major cities containing details of support organisations and public transport, but again they were not provided until the time of release. Travel warrants and a small sum of money for a meal were provided if detainees faced a long journey.

Recommendation

4.22 Detainees should be adequately prepared for their removal or release through the timely provision of information and the means to reach their final destination safely.

Housekeeping point

4.23 The range of countries for which information packs are provided should be extended.

Section 5. Summary of recommendations and housekeeping points

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

Main recommendation — To the Home Office

5.1 Decisions to continue to hold someone in detention should be based on a realistic appraisal of the prospects of removal, and made in accordance with the law. (S32)

Main recommendations — To the centre manager

5.2 The special accommodation unit should be staffed whenever occupied, especially due to the risk of self-harm or suicide. (S30)

5.3 The behaviour improvement policy should be consistently applied and not used to punish detainees. Actions should be clearly justified. (S31)

5.4 Detainee support plans should provide a meaningful assessment of welfare and pre-release needs, and an action plan to address them. (S33)

Recommendations — To the Home Office

Escort vehicles and transfers

5.5 Detainees should not be moved excessively around the immigration estate. (1.5)

Legal rights

5.6 The Home Office should invite the Legal Aid Agency to investigate the reasons for poor access to representation in IRCs. Detainees, IRC staff and legal representatives should clearly understand legal surgery arrangements and detainees' entitlement to free representation. (1.57)

5.7 All detainees should receive copies of bail summaries by 2pm on the working day before the hearing. (1.59)

Casework

5.8 All casework should be progressed promptly. (1.68)

5.9 Decisions to continue to hold someone in detention should be based on a realistic appraisal of the prospects of removal and made in accordance with the law. (1.69)

5.10 Any circumstances that might have a bearing on a detainee's case to remain in the UK should be effectively communicated between centre staff, the Home Office contact team and Home Office decision making teams. (1.71)

Activities

5.11 Detainees' cooperation or failure to cooperate with the Home Office should not affect the process of allocating paid work roles. (3.16)

Recommendation — To the Home Office and centre manager

Casework

5.12 All rule 35 reports should provide objective professional assessments – for example, commenting on the consistency between injuries and alleged methods of torture. Detention should be reviewed promptly within the time limit allowed for responding to rule 35 reports. (1.70)

Recommendations — To the centre manager

Bullying and violence reduction

5.13 All incidents of violence and antisocial behaviour should be investigated thoroughly and victims offered appropriate support. (1.17)

Self-harm and suicide prevention

5.14 Detainees in the special accommodation unit should be offered an improved regime and have access to all in- possession items, unless a thorough risk assessment justifies removing them. (1.22)

Safeguarding children

5.15 All staff who may come into contact with minors should undertake appropriate child protection training. (1.28)

5.16 All age dispute cases should be referred to the local social services department for a Merton compliant age assessment. (1.29)

Security

5.17 Security procedures should not be over-restrictive. Detainees should only be handcuffed on external appointments where an individual risk assessment clearly justifies their use. (1.37)

5.18 Searches of detainees' rooms should be based on security information or intelligence. (1.38)

The use of force and single separation

5.19 Staff should not carry defensive weapons. (1.47)

5.20 The regime for separated detainees should be improved. Subject to an assessment of risk, detainees should be permitted to keep their mobile telephones. (1.48)

5.21 Governance of separation should be improved. (1.49)

Legal rights

5.22 The library should hold up-to-date country of origin information and legal textbooks. (1.58)

Residential units

5.23 All communal areas should be properly decorated and maintained. (2.10)

5.24 Detainees should have enough hot water to shower. (2.11)

Equality and diversity

5.25 Equalities policies, planning, monitoring and consultation should cover all protected groups. (2.24)

5.26 The centre should review the time required to undertake equalities work and make provision in line with the findings. (2.25)

5.27 Detainees from protected groups should be identified systematically on arrival. (2.30)

Complaints

5.28 Complaints forms in a wide range of languages should be freely available to detainees at all times. (2.38)

5.29 Complaints should be robustly quality assured and consistently monitored to identify developing trends. (2.39)

Health services

5.30 There should be a regular forum where detainees are consulted about their health services. (2.53)

5.31 Health care professionals should be trained to recognise the signs of trauma and torture and their treatment. (2.54)

5.32 The health care complaints system should provide medical confidentiality at all stages. (2.55)

5.33 The health needs of the population should be assessed. (2.56)

5.34 Failure-to-attend rates should be reduced through sustained management action. (2.66)

5.35 There should be policy to support staff providing palliative care. (2.67)

5.36 There should be pharmacy-led clinics and medicines use reviews. (2.71)

5.37 All standard operating procedures under review should be ratified and put into practice as soon as possible. (2.72)

5.38 The centre should introduce patient group directions and/or non-medical prescribers. (2.73)

5.39 A pharmacist should supervise the labelling and dispensing of medications. (2.74)

5.40 All detainees should have access to routine dental treatment. (2.83)

5.41 Dental supplies and equipment should be up to date and/or certified and ready for use when required. (2.84)

5.42 All custodial officers should be trained to recognise mental health problems and in the criteria required to refer a detainee to the health care department. (2.86)

5.43 Mental health services should meet the needs of the population. (2.87)

Services

5.44 Menus should be translated into appropriate languages. (2.96)

5.45 There should be a review of pricing in the shop, in consultation with detainees. (2.97)

Activities

5.46 A business enterprise/start-up programme should be introduced to provide detainees with the skills to support self-employment or start their own business on release. (3.5)

5.47 The centre should recognise and record detainees' development of personal and social skills systematically to provide a clear picture of their progress. (3.13)

5.48 The centre should increase further the paid work and vocational training available to detainees, training in all work roles should lead to internal or external accreditation, and the planned barbering, cleaning and painting programmes should be implemented. (3.17)

5.49 Detainees should be allowed to wear their own PE kit in recreational sports and fitness training. (3.22)

Welfare

5.50 Welfare officers should have appropriate training for the role. (4.3)

5.51 Detainee support plans should be developed and embedded to provide a meaningful assessment of welfare needs and an action plan to address them. (4.4)

Visits

5.52 Up-to-date information for visitors should be provided in a range of languages. (4.12)

Communications

5.53 The mobile telephone signal in the centre should be improved. (4.16)

5.54 Detainees should have access to Skype and social networking sites. (4.17)

Removal and release

5.55 Detainees should be adequately prepared for their removal or release through the timely provision of information and the means to reach their final destination safely. (4.22)

Housekeeping points

Early days in detention

5.56 The telephone interpreting service should be used at the earliest opportunity, and throughout the reception process, including during health screenings, when detainees require it. (1.11)

5.57 All detainees should undergo a routine health screening on arrival. (1.12)

Safeguarding children

5.58 The safeguarding policy should provide staff with more guidance on identifying and reporting child protection issues. (1.30)

Legal rights

5.59 The centre should provide detainees with a list of useful websites, including organisations such as Bail for Immigration Detainees and Amnesty International, and ensure the websites are not blocked. (1.60)

Residential units

5.60 The sentry box on the exercise yard should be removed. (2.12)

Complaints

5.61 Replies to complaints should be in the same language as the complaint. (2.40)

Health services

5.62 All health care professionals should have access to appropriate clinical supervision, which should be recorded. (2.57)

5.63 Clinical audit of medical records should be introduced as soon as possible. (2.58)

5.64 Detainees should be given information on how to access health care at reception in a language that they can understand. (2.59)

5.65 The availability of barrier protection should be advertised. (2.60)

5.66 Medicines management training should be available to staff as soon as possible. (2.75)

5.67 The medicines management action plan should be completed and implemented as soon as possible. (2.76)

5.68 Medicine stock should not be transported through communal areas. (2.77)

5.69 Stock medicines should be regularly audited. (2.78)

5.70 The temperature of the pharmacy room should be monitored to ensure it is acceptable. (2.79)

Removal and release

5.71 The range of countries for which information packs are provided should be extended. (4.23)

Section 6. Appendices

Appendix I: Inspection team

[redacted]	Deputy chief inspector
	Team leader
	Inspector
	Inspector
	Inspector
	Inspector
	Senior research officer
	Research officer
	Research trainee

Specialist inspectors

[redacted]	Health services inspector
	Care Quality Commission
	Ofsted

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	4	
22 years to 29 years	66	
30 years to 39 years	65	
40 years to 49 years	20	
50 years to 59 years	3	
60 years to 69 years	2	
Total		**100**

(ii) Nationality	No. of men	%
Afghanistan	5	
Albania	5	
Algeria	2	
Bangladesh	29	
Cameroon	2	
China	10	
Dutch	1	
Egyptian	2	
Eritrean	4	
Gambia	1	
Ghana	3	
India	23	
Iran	1	
Iraq	2	
Ivory Coast	1	
Latvia	1	
Liberia	2	
Mexican	1	
Moroccan	1	
Nepalese	1	
Nigeria	10	
Pakistan	32	
Polish	1	
Portuguese	3	
Russia	1	
Sierra Leone	1	
Somalian	2	
Sri Lanka	5	
Syrian	2	
Turkey	4	
Vietnam	1	
Zambia	1	
Total		**100**

(iii) Religion/belief	No. of men	%
Buddhist	4	
Roman Catholic	4	
Orthodox	1	
Other Christian religion	21	
Hindu	14	
Muslim	80	
Sikh	15	
Agnostic/atheist	6	
Unknown	14	
Rastafarian	1	
Total		**100**

(iv) Length of time in detention in this centre	No. of men	%
Less than 1 week	18	
1 to 2 weeks	41	
2 to 4 weeks	45	
1 to 2 months	21	
2 to 4 months	26	
4 to 6 months	3	
6 to 8 months	0	
8 to 10 months	2	
More than 10 months (please note the longest length of time)	4	
Total		**100**

(v) Detainees' last location before detention in this centre	No. of men	%
Community		
Another IRC		
A short-term holding facility (e.g. at a port or reporting centre)		
Police station		
Prison	15	
Total		**100**

Appendix III: Summary of detainee survey responses

Detainee survey methodology

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

Sampling

The questionnaire was offered to all detainees.

Distributing and collecting questionnaires

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

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

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

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

Survey response

At the time of the survey on 10 February the detainee population at Haslar IRC was 154. Questionnaires were offered to all 154 detainees.

We received a total of 92 completed questionnaires, a response rate of 60%. Six respondents refused to complete a questionnaire, 54 questionnaires were not returned and two were returned blank.

Returned language	Number of completed survey returns
English	46 (50%)
Bengali	11 (12%)
Arabic	6 (7%)
Chinese	6 (7%)
Punjabi	5 (5%)
Urdu	4 (4%)
Albanian	3 (3%)
French	3 (3%)
Tamil	2 (2%)
Tigrinya	2 (2%)
Turkish	2 (2%)
Polish	1 (1%)
Vietnamese	1 (1%)
Total	**92 (100%)**

Presentation of survey results and analyses

Over the following pages we present the survey results for Haslar IRC.

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

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant[8] differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in detainees' background details.

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

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

The following comparative analyses are presented:

- The current survey responses from Haslar IRC in 2014 compared with responses from detainees surveyed in all other detention centres. This comparator is based on all responses from detainee surveys carried out in nine detention centres since April 2009.
- The current survey responses from Haslar IRC in 2014 compared with the responses of detainees surveyed at Haslar IRC in 2009.
- A comparison within the 2011 survey between the responses of non-English speaking detainees with English speaking detainees.

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

Survey summary

Section 1: About you

Q1 Are you male or female?

Male	91 (100%)
Female	0 (0%)

Q2 What is your age?

Under 18	0 (0%)
18-21	11 (12%)
22-29	38 (42%)
30-39	25 (28%)
40-49	11 (12%)
50-59	4 (4%)
60-69	1 (1%)
70 or over	0 (0%)

Q3 What region are you from? (Please tick only one.)

Africa	25 (28%)
North America	0 (0%)
South America	0 (0%)
Indian subcontinent (India, Pakistan, Bangladesh, Sri Lanka)	39 (44%)
China	6 (7%)
Other Asia	5 (6%)
Caribbean	1 (1%)
Europe	8 (9%)
Middle East	5 (6%)

Q4 Do you understand spoken English?

Yes	65 (73%)
No	24 (27%)

Q5 Do you understand written English?

Yes	63 (74%)
No	22 (26%)

Q6 What would you classify, if any, as your religious group?

None	7 (8%)
Church of England	2 (2%)
Catholic	6 (7%)
Protestant	1 (1%)
Other Christian denomination	8 (9%)
Buddhist	2 (2%)
Hindu	9 (11%)
Jewish	0 (0%)
Muslim	40 (47%)
Sikh	10 (12%)

Q7 Do you have a disability?

Yes	6 (7%)
No	79 (93%)

Section 2: Immigration detention

Q8 **When being detained, were you told the reasons why in a language you could understand?**

Yes	67 (78%)
No	19 (22%)

Q9 **Including this centre, how many places have you been held in as an immigration detainee since being detained (*including police stations, airport detention rooms, removal centres, and prison following end of sentence*)?**

One to two	48 (56%)
Three to five	34 (40%)
Six or more	4 (5%)

Q10 **How long have you been detained in this centre?**

Less than 1 week	7 (8%)
More than 1 week less than 1 month	32 (36%)
More than 1 month less than 3 months	28 (31%)
More than 3 months less than 6 months	15 (17%)
More than 6 months less than 9 months	2 (2%)
More than 9 months less than 12 months	4 (4%)
More than 12 months	2 (2%)

Section 3: Transfers and escorts

Q11 **Before you arrived here did you receive any written information about what would happen to you in a language you could understand?**

Yes	51 (57%)
No	29 (33%)
Do not remember	9 (10%)

Q12 **How long did you spend in the escort vehicle to get to this centre on your most recent journey?**

Less than one hour	3 (3%)
One to two hours	32 (36%)
Two to four hours	44 (49%)
More than four hours	9 (10%)
Do not remember	2 (2%)

Q13 **How did you feel you were treated by the escort staff?**

Very well	26 (29%)
Well	40 (44%)
Neither	21 (23%)
Badly	2 (2%)
Very badly	2 (2%)
Do not remember	0 (0%)

Section 4: Reception and first night

Q15 **Were you seen by a member of healthcare staff in reception?**

Yes	84 (93%)
No	1 (1%)
Do not remember	5 (6%)

Q16 **When you were searched in reception, was this carried out in a sensitive way?**

Yes	61 (67%)
No	22 (24%)
Do not remember/ Not applicable	8 (9%)

Q17 Overall, how well did you feel you were treated by staff in reception?

Very well	31 (34%)
Well	43 (48%)
Neither	15 (17%)
Badly	1 (1%)
Very badly	0 (0%)
Do not remember	0 (0%)

Q18 On your day of arrival did you receive information about what was going to happen to you?

Yes	45 (50%)
No	37 (41%)
Do not remember	8 (9%)

Q19 On your day of arrival did you receive information about what support was available to you in this centre?

Yes	65 (72%)
No	18 (20%)
Do not remember	7 (8%)

Q20 Was any of this information given to you in a translated form?

Do not need translated material	34 (41%)
Yes	23 (28%)
No	25 (30%)

Q21 On your day of arrival did you get the opportunity to change into clean clothing?

Yes	71 (79%)
No	17 (19%)
Do not remember	2 (2%)

Q22 Did you feel safe on your first night here?

Yes	62 (69%)
No	21 (23%)
Do not remember	7 (8%)

Q23 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)

Not had any problems	50 (60%)
Loss of property	3 (4%)
Contacting family	13 (15%)
Access to legal advice	8 (10%)
Feeling depressed or suicidal	16 (19%)
Health problems	15 (18%)

Q24 Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?

Not had any problems	50 (61%)
Yes	21 (26%)
No	11 (13%)

Section 5: Legal rights and immigration

Q26 Do you have a lawyer?

Do not need one	13 (15%)
Yes	56 (64%)
No	19 (22%)

Q27 Do you get free legal advice?

Do not need legal advice	26 (30%)
Yes	28 (32%)
No	33 (38%)

Q28 Can you contact your lawyer easily?

Yes	47 (55%)
No	6 (7%)
Do not know/ Not applicable	32 (38%)

Q29 Have you had a visit from your lawyer?

Do not have one	32 (37%)
Yes	14 (16%)
No	40 (47%)

Q30 Can you get legal books in the library?

Yes	47 (54%)
No	4 (5%)
Do not know/ Not applicable	36 (41%)

Q31 How easy or difficult is it for you to obtain bail information?

Very easy	11 (12%)
Easy	24 (27%)
Neither	16 (18%)
Difficult	18 (20%)
Very difficult	6 (7%)
Not applicable	14 (16%)

Q32 Can you get access to official information reports on your country?

Yes	26 (30%)
No	27 (31%)
Do not know/ Not applicable	33 (38%)

Q33 How easy or difficult is it to see the centre's immigration staff when you want?

Do not know/ have not tried	12 (13%)
Very easy	25 (28%)
Easy	26 (29%)
Neither	16 (18%)
Difficult	6 (7%)
Very difficult	4 (4%)

Section 6: Respectful detention

Q35 Can you clean your clothes easily?

Yes	83 (92%)
No	7 (8%)

Q36 Are you normally able to have a shower every day?

Yes	84 (94%)
No	5 (6%)

Q37 Is it normally quiet enough for you to be able to relax or sleep in your room at night time?

Yes	64 (72%)
No	25 (28%)

Q38 Can you normally get access to your property held by staff at the centre if you need to?

Yes	51 (57%)
No	13 (15%)
Do not know	25 (28%)

Q39 What is the food like here?

Very good	6 (7%)
Good	33 (37%)
Neither	29 (32%)
Bad	12 (13%)
Very bad	10 (11%)

Q40 Does the shop sell a wide enough range of goods to meet your needs?

Have not bought anything yet	9 (10%)
Yes	38 (42%)
No	43 (48%)

Q41 Do you feel that your religious beliefs are respected?

Yes	68 (76%)
No	6 (7%)
Not applicable	16 (18%)

Q42 Are you able to speak to a religious leader of your faith in private if you want to?

Yes	58 (65%)
No	6 (7%)
Do not know/ Not applicable	25 (28%)

Q43 How easy or difficult is it to get a complaint form?

Very easy	34 (37%)
Easy	32 (35%)
Neither	7 (8%)
Difficult	2 (2%)
Very difficult	2 (2%)
Do not know	14 (15%)

Q44 Have you made a complaint since you have been at this centre?

Yes	14 (16%)
No	64 (73%)
Do not know how to	10 (11%)

Q45 If yes, do you feel complaints are sorted out fairly?

Yes	7 (8%)
No	6 (7%)
Not made a complaint	74 (85%)

Section 7: Staff

Q47 Do you have a member of staff at the centre that you can turn to for help if you have a problem?

Yes	77 (88%)
No	11 (13%)

Q48 Do most staff at the centre treat you with respect?

Yes	83 (95%)
No	4 (5%)

Q49 Have any members of staff physically restrained you (C and R) in the last six months?

Yes	8 (10%)
No	71 (90%)

Q50 **Have you spent a night in the separation/isolation unit in the last six months?**

Yes	9 (11%)
No	75 (89%)

Section 8: Safety

Q52 **Do you feel unsafe in this centre?**

Yes	18 (22%)
No	63 (78%)

Q53 **Has another detainee or group of detainees victimised (insulted or assaulted) you here?**

Yes	9 (11%)
No	75 (89%)

Q54 **If you have felt victimised by a detainee/group of detainees, what did the incident(s) involve? (Please tick all that apply to you.)**

Physical abuse (being hit, kicked or assaulted)	3 (4%)
Because of your nationality	3 (4%)
Having your property taken	1 (1%)
Drugs	0 (0%)
Because you have a disability	0 (0%)
Because of your religion/religious beliefs	3 (4%)

Q55 **Has a member of staff or group of staff victimised (insulted or assaulted) you here?**

Yes	7 (8%)
No	77 (92%)

Q56 **If you have felt victimised by a member of staff/group of staff, what did the incident(s) involve? (Please tick all that apply to you.)**

Physical abuse (being hit, kicked or assaulted)	3 (4%)
Because of your nationality	3 (4%)
Drugs	0 (0%)
Because you have a disability	0 (0%)
Because of your religion/religious beliefs	2 (2%)

Q57 **If you have been victimised by detainees or staff, did you report it?**

Yes	4 (5%)
No	6 (8%)
Not been victimised	70 (88%)

Q58 **Have you ever felt threatened or intimidated by another detainee/group of detainees in here?**

Yes	8 (10%)
No	75 (90%)

Q59 **Have you ever felt threatened or intimidated by a member of staff in here?**

Yes	5 (6%)
No	77 (94%)

Section 9: Health care

Q61 **Is health information available in your own language?**

Yes	40 (48%)
No	12 (14%)
Do not know	31 (37%)

Q62 Is a qualified interpreter available if you need one during health care assessments?

Do not need an interpreter/ Do not know	55 (66%)
Yes	20 (24%)
No	8 (10%)

Q63 Are you currently taking medication?

Yes	32 (37%)
No	54 (63%)

Q64 What do you think of the overall quality of the health care here?

Have not been to healthcare	19 (22%)
Very good	18 (21%)
Good	24 (28%)
Neither	15 (18%)
Bad	6 (7%)
Very bad	3 (4%)

Section 10: Activities

Q66 Are you doing any education here?

Yes	53 (62%)
No	33 (38%)

Q67 Is the education helpful?

Not doing any education	33 (39%)
Yes	50 (60%)
No	1 (1%)

Q68 Can you work here if you want to?

Do not want to work	28 (35%)
Yes	52 (64%)
No	1 (1%)

Q69 Is there enough to do here to fill your time?

Yes	58 (71%)
No	24 (29%)

Q70 How easy or difficult is it to go to the library?

Do not know/ Do not want to go	9 (11%)
Very easy	45 (54%)
Easy	28 (34%)
Neither	1 (1%)
Difficult	0 (0%)
Very difficult	0 (0%)

Q71 How easy or difficult is it to go to the gym?

Do not know/ Do not want to go	12 (15%)
Very easy	41 (50%)
Easy	25 (30%)
Neither	3 (4%)
Difficult	0 (0%)
Very difficult	1 (1%)

Section 11: Keeping in touch with family and friends

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

Do not know/ Have not tried	8 (10%)
Very easy	26 (32%)
Easy	20 (24%)
Neither	10 (12%)
Difficult	8 (10%)
Very difficult	10 (12%)

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

Yes	15 (18%)
No	41 (50%)
Do not know	26 (32%)

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

Yes	24 (30%)
No	57 (70%)

Q76 How did staff in the visits area treat you?

Not had any visits	49 (60%)
Very well	12 (15%)
Well	16 (20%)
Neither	5 (6%)
Badly	0 (0%)
Very Badly	0 (0%)

Section 12: Resettlement

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

Yes	13 (17%)
No	64 (83%)

Appendix IV: Photographs

Communal area



Detainees room



Exercise Yard



Caged walkway from main building to the exercise yard



H wing



Detainee survey responses: Haslar IRC 2014

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

Key to tables

	Any percentage highlighted in green is significantly better
	Any percentage highlighted in blue is significantly worse
	Any percentage highlighted in orange shows a significant difference in detainees' background details
	Percentages which are not highlighted show there is no significant difference

		Haslar 2014	IRC comparator	Haslar 2014	Haslar 2009
Number of completed questionnaires returned		92	1,409	92	75
SECTION 1: General information					
1	Are you male?	100%	90%	100%	100%
2	Are you aged under 21 years?	12%	10%	12%	16%
4	Do you understand spoken English?	73%	72%	73%	81%
5	Do you understand written English?	74%	68%	74%	74%
6	Are you Muslim?	47%	50%	47%	40%
7	Do you have a disability?	7%	13%	7%	12%
SECTION 2: Immigration detention					
8	When being detained, were you told the reasons why in a language you could understand?	78%	73%	78%	71%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	5%	7%	5%	3%
10	Have you been detained in this centre for more than one month?	57%	54%	57%	
SECTION 3: Transfers and escorts					
11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	57%	40%	57%	34%
12	Did you spend more than four hours in the escort van to get to this centre?	10%	25%	10%	17%
13	Were you treated well/very well by the escort staff?	72%	60%	72%	71%
SECTION 4: Reception and first night					
15	Were you seen by a member of health care staff in reception?	93%	86%	93%	93%
16	When you were searched in reception was this carried out in a sensitive way?	67%	66%	67%	69%
17	Were you treated well/very well by staff in reception?	82%	60%	82%	80%
18	Did you receive information about what was going to happen to you on your day of arrival?	50%	34%	50%	46%
19	Did you receive information about what support was available to you in this centre on your day of arrival?	72%	42%	72%	
For those who required information in a translated form:					
20	Was any of this information provided in a translated form?	48%	30%	48%	56%
21	Did you get the opportunity to change into clean clothing on your day of arrival?	79%	61%	79%	62%
22	Did you feel safe on your first night here?	69%	52%	69%	61%
23a	Did you have any problems when you first arrived?	40%	68%	40%	65%
23b	Did you have any problems with loss of transferred property when you first arrived?	4%	12%	4%	18%
23c	Did you have any problems contacting family when you first arrived?	16%	17%	16%	13%

Key to tables

Main comparator and comparator to last time

	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference	Haslar 2014	IRC comparator	Haslar 2014	Haslar 2009
SECTION 4: Reception and first night continued					
23d	Did you have any problems accessing legal advice when you first arrived?	**9%**	**18%**	**9%**	**18%**
23e	Did you have any problems with feeling depressed or suicidal when you first arrived?	**19%**	**33%**	**19%**	**20%**
23f	Did you have any health problems when you first arrived?	**18%**	**27%**	**18%**	**12%**
For those who had problems on arrival:					
24	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	**66%**	**34%**	**66%**	**46%**
SECTION 5: Legal rights and immigration					
26	Do you have a lawyer?	**64%**	**66%**	**64%**	**72%**
For those who have a lawyer:					
28	Can you contact your lawyer easily?	**89%**	**75%**	**89%**	
29	Have you had a visit from your lawyer?	**26%**	**51%**	**26%**	**50%**
27	Do you get free legal advice?	**32%**	**45%**	**32%**	**50%**
30	Can you get legal books in the library?	**54%**	**44%**	**54%**	**39%**
31	Is it easy/very easy for you to obtain bail information?	**39%**	**30%**	**39%**	**36%**
32	Can you get access to official information reports on your country?	**30%**	**21%**	**30%**	**16%**
33	Is it easy/very easy to see this centre's immigration staff when you want?	**57%**	**22%**	**57%**	
SECTION 6: Respectful detention					
35	Can you clean your clothes easily?	**92%**	**83%**	**92%**	
36	Are you normally able to have a shower every day?	**95%**	**92%**	**95%**	**94%**
37	Is it normally quiet enough for you to be able to sleep in your room at night?	**72%**	**65%**	**72%**	**36%**
38	Can you normally get access to your property held by staff at the centre, if you need to?	**57%**	**50%**	**57%**	**69%**
39	Is the food good/very good?	**43%**	**27%**	**43%**	**28%**
40	Does the shop sell a wide enough range of goods to meet your needs?	**42%**	**47%**	**42%**	**40%**
41	Do you feel that your religious beliefs are respected?	**76%**	**74%**	**76%**	**78%**
42	Are you able to speak to a religious leader of your own faith if you want to?	**65%**	**53%**	**65%**	**53%**
43	Is it easy/very easy to get a complaint form?	**72%**	**50%**	**72%**	**62%**
44	Have you made a complaint since you have been at this centre?	**16%**	**24%**	**16%**	**19%**
For those who have made a complaint:					
45	Do you feel complaints are sorted out fairly?	**55%**	**25%**	**55%**	**42%**
SECTION 7: Staff					
47	Do you have a member of staff you can turn to for help if you have a problem?	**88%**	**61%**	**88%**	**67%**
48	Do most staff treat you with respect?	**95%**	**74%**	**95%**	**79%**
49	Have any members of staff physically restrained you in the last six months?	**10%**	**12%**	**10%**	**4%**
50	Have you spent a night in the segregation unit in the last six months?	**11%**	**15%**	**11%**	**3%**
SECTION 8: Safety					
52	Do you feel unsafe in this centre?	**22%**	**33%**	**22%**	
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	**11%**	**22%**	**11%**	**22%**

Key to tables

	Any percentage highlighted in green is significantly better
	Any percentage highlighted in blue is significantly worse
	Any percentage highlighted in orange shows a significant difference in detainees' background details
	Percentages which are not highlighted show there is no significant difference

Main comparator and comparator to last time

		Haslar 2014	IRC comparator	Haslar 2014	Haslar 2009
54a	Have you been hit, kicked or assaulted since you have been here? (By detainees)	4%	5%	4%	2%
54b	Have you been victimised because of your nationality since you have been here? (By detainees)	4%	7%	4%	7%
54c	Have you ever had your property taken since you have been here? (By detainees)	1%	4%	1%	3%
54d	Have you been victimised because of drugs since you have been here? (By detainees)	0%	1%	0%	0%
54e	Have you ever been victimised here because you have a disability? (By detainees)	0%	1%	0%	0%
54f	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	4%	5%	4%	7%
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	9%	17%	9%	13%
56a	Have you been hit, kicked or assaulted since you have been here? (By staff)	4%	3%	4%	0%
56b	Have you been victimised because of your nationality since you have been here? (By staff)	4%	7%	4%	3%
56c	Have you been victimised because of drugs since you have been here? (By staff)	0%	1%	0%	3%
56d	Have you ever been victimised here because you have a disability? (By staff)	0%	2%	0%	0%
56e	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	2%	4%	2%	5%
For those who have been victimised by detainees or staff:					
57	Did you report it?	41%	44%	41%	35%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	9%	14%	9%	15%
59	Have you ever felt threatened or intimidated by a member of staff in here?	6%	14%	6%	3%
SECTION 9: Health services					
61	Is health information available in your own language?	48%	37%	48%	49%
62	Is a qualified interpreter available if you need one during health care assessments?	24%	20%	24%	23%
63	Are you currently taking medication?	37%	42%	37%	42%
For those who have been to health care:					
64	Do you think the overall quality of health care in this centre is good/very good?	64%	42%	64%	59%
SECTION 10: Activities					
66	Are you doing any education here?	62%	21%	62%	59%
For those doing education here:					
67	Is the education helpful?	98%	87%	98%	91%
68	Can you work here if you want to?	64%	56%	64%	68%
69	Is there enough to do here to fill your time?	71%	50%	71%	37%
70	Is it easy/very easy to go to the library?	88%	70%	88%	79%
71	Is it easy/very easy to go to the gym?	80%	66%	80%	69%
SECTION 11: Keeping in touch with family and friends					
73	Is it easy/very easy to use the phone?	56%	67%	56%	
74	Have you had any problems with sending or receiving mail?	18%	22%	18%	9%
75	Have you had a visit since you have been in here from your family or friends?	30%	46%	30%	30%
For those who have had visits:					
76	Do you feel you are treated well/very well by staff in the visits area?	86%	71%	86%	77%
SECTION 12: Resettlement					
78	Has any member of staff helped you to prepare for your release?	17%	14%	17%	

Key questions (non-English speakers) Haslar IRC 2014

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

Key to tables

		Non-English speakers	English speakers
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		24	65
8	When being detained, were you told the reasons why in a language you could understand?	69%	82%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	6%	3%
10	Have you been in this centre for more than one month?	56%	55%
11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	45%	64%
13	Were you treated well/very well by the escort staff?	70%	75%
17	Were you treated well/very well by staff in reception?	79%	86%
18	Did you receive information about what was going to happen to you on your day of arrival?	44%	55%
19	Did you receive information about what support was available to you on your day of arrival?	56%	80%
22	Did you feel safe on your first night here?	61%	72%
23	Did you have any problems when you first arrived?	37%	41%
26	Do you have a lawyer?	55%	68%
33	Is it easy/very easy to see the centre's immigration staff when you want?	53%	59%
35	Can you clean your clothes easily?	95%	91%
36	Are you normally able to have a shower every day?	95%	93%
43	Is it easy/very easy to get a complaint form?	55%	81%

Key to tables

		Non-English speakers	English speakers
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
44	Have you made a complaint since you have been at this centre?	**14%**	**17%**
47	Do you have a member of staff you can turn to for help if you have a problem?	**100%**	**84%**
48	Do most staff treat you with respect?	**100%**	**95%**
52	Do you feel unsafe in this centre?	**24%**	**19%**
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	**5%**	**12%**
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	**5%**	**8%**
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	**0%**	**12%**
59	Have you ever felt threatened or intimidated by a member of staff in here?	**6%**	**7%**
61	Is health information available in your own language?	**55%**	**47%**
62	Is a qualified interpreter available if you need one during health care assessments?	**61%**	**10%**
66	Are you doing any education here?	**66%**	**62%**
68	Can you work here if you want to?	**70%**	**63%**
69	Is there enough to do here to fill your time?	**77%**	**71%**
70	Is it easy/very easy to go to the library?	**80%**	**92%**
71	Is it easy/very easy to go to the gym?	**79%**	**83%**
73	Is it easy/very easy to use the phone?	**51%**	**60%**
74	Have you had any problems with sending or receiving mail?	**6%**	**23%**
75	Have you had a visit since you have been in here from your family or friends?	**27%**	**32%**
78	Has any member of staff helped you to prepare for your release?	**26%**	**14%**