



Report on an announced full follow-up
inspection of

Tinsley House Immigration Removal Centre

8 – 11 October 2012

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by HM Chief Inspector of Prisons

Glossary of terms

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

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Introduction

Tinsley House is an immigration removal centre (IRC) on the perimeter of Gatwick Airport. The facility is purpose built and was opened in the late 1990s. It is operated by G4S and holds up to 119 male detainees in normal accommodation. The centre also has an adjoining facility for families with children which can hold up to eight families. No families were detained during this inspection, and in future we will inspect the family unit over a longer period. This announced inspection followed up our previous visit in February 2011 when we found the centre was performing reasonably well or better against our four tests of a healthy establishment. At this inspection there was evidence of further improvement with the centre now performing well in three of the tests.

Tinsley House is a safe IRC with detainees reporting that they felt safe. Newly arrived detainees were received well into the centre with effective first night and induction arrangements. Security and control were proportionate to risk. Although use of force had slightly increased, it was also proportionate. There was little violence and those at risk of self-harm were generally well cared for. However, want of suitable facilities meant that some detainees in self-harm crisis were placed improperly in the separation room.

The general environment was very good and there had been meaningful work to minimise the centre's institutional feel. Amenities were well appointed and accessible and the atmosphere was calm and respectful. Staff-detainee relationships were very good. Diversity outcomes were good, despite some underdeveloped structures to promote diversity. Detainees were very positive about access to, and support for, their faith needs. Health provision was more of a concern; primary care was generally satisfactory, but clinical governance was weak, and there were some concerning risks in pharmacy and mental health services.

The provision of activity was good and we could discern improvements since our last visit. Facilities were reasonable and the teaching was good. Most detainees had enough to do and could work if they wanted to.

Preparation for removal or release remained as good as we had observed at our last inspection, although we were disappointed that there had been no discernible improvements in this area. Welfare services were well used and had not deteriorated but could still be developed to meet more complex welfare needs. Detainees had good access to communications, and the support of the Gatwick Detainees Welfare Group was particularly valuable.

Over the previous 12 months, just over 40 families had been held in the family unit, normally for a matter of hours. Staff on the unit were well trained and there was evidence that they understood their child protection responsibilities.

Overall this is a very good report. Tinsley House is one of the best centres we have inspected, with good outcomes in three of our four tests of a healthy establishment. We identify a number of improvements that should be made, particularly in relation to health care, but also on the management of separation and in diversity and welfare. Those aside, the personnel associated with the work at Tinsley House should be congratulated for the continued progress of the centre.

Nick Hardwick
HM Chief Inspector of Prisons

December 2012

Fact page

Task of the establishment

The detention, care and welfare of people subject to immigration control.

Location

Tinsley House, Gatwick Airport

Name of contractor

G4S

Number held

111

Certified normal accommodation (CNA)

146

Operational capacity

154

Last inspection

February 2011

Brief history

Tinsley House opened in 1996 as the first purpose-built immigration removal centre. From January 2011 the centre underwent a period of refurbishment when a self-contained family suite was built and furnished. This suite opened in March 2011.

Name of centre manager

Nathan Ward

Escort provider

Reliance

Short description of residential units

Accommodation for adult males in rooms for two to five people and a family suite with rooms accommodating families of two to five people, with the facility for rooms 6 and 7 to be combined to make a larger room.

Health service commissioner and providers

West Sussex Primary Care Trust

G4S

Saxonbrook

Learning and skills providers

Not applicable

Independent Monitoring Board chair

Robert Young

Healthy establishment assessment

Introduction

HE.1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, immigration detention facilities and police custody.

HE.2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

HE.3 All Inspectorate of Prisons reports include a summary of an establishment's performance against the model of a healthy establishment. The four criteria of a healthy establishment are:

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

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

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

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

HE.4 The purpose of this inspection was to follow up the recommendations made in our last inspection in February 2011 and examine progress achieved. We have commented where we have found significant improvements and where we believe little or no progress has been made and work remained to be done.

HE.5 Under each test, we make an assessment of outcomes for detainees and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the United Kingdom Border Agency.

- **outcomes for detainees are good against this healthy establishment test.**

There is no evidence that outcomes for detainees are being adversely affected in any significant areas.

- **outcomes for detainees are reasonably good against this healthy**

establishment test.

There is evidence of adverse outcomes for detainees in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.

- outcomes for detainees are not sufficiently good against this healthy establishment test.

There is evidence that outcomes for detainees are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of detainees. Problems/concerns, if left unattended, are likely to become areas of serious concern.

- outcomes for detainees are poor against this healthy establishment test.

There is evidence that the outcomes for detainees are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for detainees. Immediate remedial action is required.

HE.6 Although this was a custodial establishment, we were mindful that detainees were not held because they had been charged with a criminal offence and had not been detained through normal judicial processes. In addition to our own independent *Expectations*, the inspection was conducted against the background of the Detention Centre Rules 2001, the statutory instrument that applies to the running of immigration removal centres. Rule 3 sets out the purpose of centres (now immigration removal centres) as being to provide for the secure but humane accommodation of detainees:

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

HE.7 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.

HE.8 At the last inspection in 2011, we found that Tinsley House was reasonably good against the healthy establishment test of safety. We made 25 recommendations, of which 10 had been achieved, five had been partially achieved, nine had not been achieved and one was no longer relevant. We have made 13 further recommendations.

HE.9 In 2011, we found that Tinsley House was reasonably good against the healthy establishment test of respect. We made 27 recommendations, of which eight had been achieved, eight had been partially achieved, 10 had not been achieved and one was no longer relevant. We have made 17 further recommendations.

HE.10 In 2011, we found that Tinsley House was reasonably good against the healthy establishment test of activities. We made four recommendations, of which two had been achieved and two had been partially achieved. We have made two further recommendations.

HE.11 In 2011, we found that Tinsley House was good against the healthy establishment test of preparation for removal and release. We made five recommendations, of which four had not been achieved and one was not possible to inspect. We have made three further recommendations.

HE.12 We have made one recommendation for the family unit which had not opened in 2011.

Safety

HE.13 Detainee feedback on escorts was generally positive, but there were still too many overnight moves and routine handcuffing for external appointments. The reception area was welcoming and well designed. First night procedures were good and induction was effective. Security was proportionate. There was little use of force or separation. Detainees at risk of self-harm were often moved to the separation room in the absence of a care suite. Staff understood child protection responsibilities. The family unit was well designed. Detainees reported feeling safe and there was a calm atmosphere in the centre. Those at risk of self-harm were well cared for. Access to legal advice was good and local immigration staff were accessible. Rule 35 reports were of little value. Outcomes for detainees against this healthy establishment test were good.

HE.14 During the previous month, about 20% of detainees had arrived in the early hours of the morning. They reported respectful treatment from escort staff, and vehicles that we inspected were clean. Recording of welfare and risk issues during escort was poor. Detainees were still routinely handcuffed for outside appointments and during medical examinations.

HE.15 The reception area was well designed, welcoming and comfortable. Staff were respectful and friendly towards detainees, and interviews could now be held in private. Initial assessments had improved, though information from Prison Service records was still not being used to assess ex-foreign national prisoners.

HE.16 Detainees had access to essential amenities on their first night in the centre and first night observations were good. There was an individualised induction process and efforts were made to ensure that detainees had understood the information given to them. In our survey, more than two-thirds of detainees said they received information about support that was available to them, nearly double the comparator for all immigration removal centres (IRCs). A new translated information booklet contained useful information but had not yet been tested with detainees.

HE.17 Security was proportionate and there was good freedom of movement. Substantially more security information was being reported than at our previous inspection, and analysis of intelligence was appropriate. Strip-searching was rare, but we were not assured that it was justified in one case that we reviewed. Use of force was low. Force was used appropriately and proportionately in most cases reviewed, and staff were encouraged to use de-escalation techniques. However, force was used to move a detainee at risk of self-harm, which was not justifiable. Use of force paperwork was completed appropriately.

- HE.18** The separation cell, Room 12, was infrequently used. The décor had been softened but it was still unsuitable for vulnerable people who were sometimes placed there as a result of self-harm risk alone. The average length of temporary confinement under Detention Centre Rule 42 was excessive at 14 hours. The blanket policy of separating all those who had disrupted their removal was punitive and unnecessary.
- HE.19** Staff understood their responsibilities to protect children at the centre and in the community. The safeguarding and welfare of children policy had not been ratified by the local safeguarding children board. Cases where detainees disputed their age were now properly managed.
- HE.20** Nobody was held in the family unit during the inspection¹. The unit was well designed, family friendly and welcoming. Families generally arrived at short notice and stayed for short periods, usually just overnight. Staff had received appropriate child-centred training and rightly aimed to assist adults to support and care for their own children. Initial family assessments were completed, but the content was not sufficiently detailed. However, ongoing records demonstrated good staff engagement with families and we saw letters from families expressing appreciation of the approach taken by staff.
- HE.21** There was a calm and cooperative atmosphere in the centre. In both our groups and survey, detainees were positive about safety. There were few assaults and most recorded incidents were relatively minor. Anti-bullying monitoring booklets were used to manage perpetrators and support victims, but entries were of variable quality, with some vague objectives and incomplete reviews. There was detailed monthly analysis and discussion of violence reduction data at the safer community meeting. The safer community orderly performed a useful and valued role.
- HE.22** The quality of assessment, care in detention and teamwork (ACDT) paperwork was reasonable. Detainees at risk of self-harm told us that they felt well cared for. There were few self-harm incidents. A serious incident had occurred during the week before the inspection. From the documentation available at the time of inspection, it appeared to have been well managed, though insufficient support had initially been given to a detainee who witnessed it. There was still no care suite. As a result, some detainees at risk were inappropriately placed in the separation cell or transferred to the more confined environment of Brook House IRC. Observed ACDT reviews were conducted sensitively, but not always in a suitable location. There had been few incidents of food refusal, and it was properly monitored and acted upon. Samaritans visited the centre regularly and detainees could contact them easily. The befriender scheme was effective. Strip-clothing was no longer used.
- HE.23** There were no formal arrangements in place with the local authority for safeguarding adults at risk.
- HE.24** Detainees could communicate easily with their solicitors. Those in need of legal advice had good access to two duty advice surgeries each week. There were no waiting lists. Up-to-date country-of-origin reports were available in the library.
- HE.25** Delays in receiving immigration decisions were a common concern raised by detainees. Observed UK Border Agency (UKBA) induction interviews were reasonably well conducted. In our survey, more detainees than at other centres said

¹ In future, this unit is subject to inspection over several weeks using a similar methodology to that employed for the inspection of Cedars pre-departure accommodation, which also holds families.

it was easy to see immigration staff. Progress reports were generally served on time but did not always contain relevant developments in detainees' cases. Some Rule 35 reports provided a diagnostic opinion, and all were reviewed by a doctor. However, most simply described detainee accounts and were of little value to UKBA staff in their assessment of fitness to detain. Most responses to Rule 35 reports were served on time. None led to release.²

Respect

HE.26 The centre was clean and well decorated. Detainees had good access to showers and a laundry. Detainee feedback on staff was exceptional. There was much improved use of professional interpretation. Diversity outcomes were reasonably good overall but some procedures were underdeveloped. Detainees reported positively on faith provision, and facilities for worship were good. Replies to complaints were polite but investigations were not always rigorously followed through. Health care outcomes were reasonable overall, but there were significant shortcomings in mental health provision and governance was under-developed. The range of food was limited and quality varied. Outcomes for detainees against this healthy establishment test were reasonably good.

HE.27 The centre was clean, tidy and well decorated, and there were now a number of well presented wall displays and pictures. Soft furnishings and plants helped to soften the environment, and the outside courtyard area had been substantially improved for both single adults and families. Bedrooms were in a reasonable state of decoration. Detainees had lockable cupboards and chairs. Ventilation had been upgraded but rooms could still become stuffy. There had been no reported issues with laundry and detainees had free access to showers.

HE.28 Detainee feedback on staff was exceptional and, in our survey, 95% of detainees said that most staff treated them with respect. Nearly 80% said they had a member of staff to turn to if they had a problem. A care officer scheme was in place and there was regular consultation leading to tangible improvements.

HE.29 Diversity outcomes were generally good and there were few obvious tensions between different nationality groups. The diversity policy was comprehensive but had no action plan. Nationality monitoring took place but was unsophisticated, and there was no monitoring of diversity beyond nationality and ethnicity. Detainee groups had recently been started to enhance communication between staff and detainees, particularly those who spoke little English. These needed to be sustained and developed. Diversity was celebrated well, with bi-monthly events led by the

² **Inspection methodology:** There are five key sources of evidence for inspection: observation; detainee surveys; discussions with detainees; discussions with staff and relevant third parties; and documentation. During inspections, we use a mixed-method approach to data gathering, applying both qualitative and quantitative methodologies. All findings and judgements are triangulated, which increases the validity of the data gathered. Survey results show the collective response (in percentages) from detainees in the establishment being inspected compared with the collective response (in percentages) from respondents in all establishments of that type (the comparator figure). Where references to comparisons between these two sets of figures are made in the report, these relate to statistically significant differences only. Statistical significance is a way of estimating the likelihood that a difference between two samples indicates a real difference between the populations from which the samples are taken, rather than being due to chance. If a result is very unlikely to have arisen by chance, we say it is 'statistically significant'. The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance. (Adapted from Towl et al (eds), *Dictionary of Forensic Psychology*.)

chaplancy. Professional interpretation was in general well used and had increased substantially.

- HE.30** Our survey suggested there were more men with disabilities than had been identified by the centre. Evacuation plans were produced and reviewed appropriately. The detainees with disabilities we spoke to said they were content with their treatment. Staff were confident and appropriate in the way they cared for gay and transgender detainees. Three detainees in the centre during the inspection had felt safe enough to be open about being gay, suggesting a level of confidence that is extremely unusual for any custodial establishment.
- HE.31** There were ministers for the major faiths, and there were well-publicised religious services. In our survey, detainees were positive about the religious provision and places of worship were attractive. Detainees attended a variety of cultural events supported by the chaplancy and the local community.
- HE.32** Few detainees had made complaints while at the centre. A number told us they were reluctant to do so because they were afraid of repercussions for their cases. Replies were typed, polite and addressed the issues raised, but were not timely given that most detainees were at the centre for short periods. We saw some examples where investigations lacked rigour.
- HE.33** While most detainees were content with the food, we saw inconsistent quality, little variety, and not enough vegetables. Vegetarians had a particularly limited choice. There was no advanced notice of menus, which were in English only. There was no cultural kitchen, and only limited opportunities for detainees to be involved in food preparation. The shop sold an appropriate range of reasonably priced goods.
- HE.34** Governance of health care was weak. Primary clinical care was adequate but would have been improved through better follow up to meet patients' ongoing needs. Detainees had daily access to nurses and GPs. There were significant risks in medicines management. Dental treatment was adequate. Systems for referring men with mental health problems to the mental health nurse were inadequate and there was little use of recognised assessment tools and care planning. There was poor integration between primary and secondary mental health care. This reflected substantial risks that needed urgent attention.

Activities

HE.35 Management of activities had improved. There was a limited range of education classes but there was an additional music workshop. Teaching was good and appreciated, but there was no routine quality assessment. Most detainees had enough to fill their time and recreational provision was well used. The library was accessible. PE facilities were appropriate for the population. Outcomes for detainees against this healthy establishment test were good.

HE.36 There was more proactive management and leadership of activities than at the previous inspection. In our survey, about two-thirds of detainees said there was enough to do to fill their time, and free movement around the centre meant that they could attend activities easily. There had been some improvements in the range of

activities. Activities data were not sufficiently well used to target provision. There was an appropriate range of recreational activities, including in the evenings.

- HE.37** There was still a limited range of education, though it was available every day and in the evenings. The weekly music workshop was a welcome addition. The teaching of ESOL (English for speakers of other languages) and arts and crafts had been praised by detainees and teaching and learning in the observed lessons was good. However, there was no routine assessment of quality to drive further improvements. Good work was done by tutors to help detainees progress and certification was used appropriately to mark achievement. There was good use of prizes and competitions to encourage attendance.
- HE.38** There were 46 paid jobs at the time of the inspection, not all of which were filled. There was reasonable advertising of vacancies. There was no waiting list and there were no unnecessary delays in assessing suitability after a detainee had applied for work. Non-compliance with UKBA was still used as a reason for blocking access to work, inappropriately mixing centre and immigration roles.
- HE.39** The library was well organised, tidy and accessible, and the internet computers were well used. Replenishment and management of stock had only just started. The gym and sports facilities were well equipped and all detainees had an induction.

Preparation for removal and release

- HE.40** The welfare service was well used and accessible but was less effective for more complex matters. Visits provision was good. Detainees had good access to telephones, faxes and, usually, to the internet. The Gatwick Detainees Welfare Group provided very good support to detainees. Pre-removal work still needed development. Outcomes for detainees against this healthy establishment test were good.
- HE.41** There was good awareness of and access to welfare support for detainees. Ongoing cases were recorded to allow continuity of work, though most issues were dealt with quickly and informally. Basic needs, especially relating to property, were met. However, more complex needs concerning the closure of affairs in the UK before removal were less well met. There was no systematic pre-release assessment.
- HE.42** There was good daily provision of visits. The visits hall was welcoming and had a decent children's play area. Nearly all detainees in our survey reported good treatment by visits staff. However, some staff said they applied restrictive rules, such as not allowing detainees to go to the vending machines. The free shuttle service for visitors was helpful and visitors could bring in property. There was little information for visitors either in booklet or poster form. Gatwick Detainees Welfare Group (GDWG) provided a good service, with over 100 volunteers to support detainees. The Storytime for Dads (enables detainees to record bedtime stories for their children) scheme was now available.
- HE.43** Detainees normally had good access to email and the internet, but had intermittently been unable to open Word and PDF attachments, or to use some legitimate websites. Mobile phones were readily available and both the welfare officer and GDWG helped people with limited means to make telephone calls. Faxes could be sent easily and free of charge.

HE.44 Detainees were given appropriate notice of removal, but only received an hour's notice of transfer. Some effort was made to provide translated information to detainees on hotels and Red Cross/Crescent contact details in destination countries. There was a Refugee Action surgery each week. There was no systematic provision of financial assistance for detainees who needed help to reach final destinations, but GDWG provided some assistance to those most in need. No charter removals took place during the inspection. The system of using 'reserves' for overseas escorts continued and was not acceptable. On removal, detainees were assessed for fitness to fly and medication was provided for those who needed it. Medical notes were provided for detainees being released or transferred.

Main concerns and recommendations

HE.45 Concern: Some detainees at risk of self-harm were moved into the separation unit or to Brook House, neither of which was the best environment for vulnerable people. A dedicated care suite would have removed the need for this.

Recommendation: Detainees at risk of self-harm or suicide should not be located in the separation accommodation solely for reasons of vulnerability. A suitable care suite should be available. (Repeated recommendation HE.40)

HE.46 Concern: Systems for referring men with mental health problems to the mental health nurse were inadequate and there was little use of recognised assessment tools and care planning.

Recommendation: There should be a clear referral and assessment system for mental health needs, with appropriate linkage between primary mental health and services for severe and enduring mental health. Recognised assessment tools and care planning should be used.

HE.47 Concern: The system of taking 'reserves' for overseas escorts, who might or might not be deported depending on space, continued and was unacceptable.

Recommendation: The practice of taking additional detainees as reserves to the airport for charter flight removals should cease. (Repeated recommendation HE.43)

Section 1: Safety

Escort vehicles and transfers

Expected outcomes:

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

- 1.1 Detainees said that escort staff treated them with respect. Vehicles were clean. The recording of welfare and risk issues remained poor. Too many detainees arrived at the centre at night. Detainees were still routinely handcuffed for hospital visits and during medical examinations without individual risk assessment, though there had been some exceptions. Inter-centre transfers were often completed with no explanation to the detainee.
- 1.2 Escort vans that we inspected were clean and well equipped, with adequate provision of food and drink. Detainee escorts that we observed were carried out in a relaxed and courteous manner and, in our survey, 75% of detainees said that they were treated well or very well by escort staff against the comparator of 54%. However, we saw a very compliant detainee unnecessarily handcuffed by escort staff while being escorted from the reception desk to a van in a secure sterile area. Records showed that risk was not assessed consistently when deciding whether to use handcuffs: some detainees were transferred to the nearby Brook House without handcuffs, while others, including two detainees on ACDTs (assessment, care in detention and teamwork), were handcuffed for reasons that were not clear. In another case, a detainee on an ACDT who had complied while on two previous escorts and was assessed as low risk was placed in handcuffs. One detainee was handcuffed during his wedding.
- 1.3 Records showed that journey times to the centre from Gatwick and Heathrow airports were reasonable. However, in our groups some detainees said they had spent a long time in vans covering quite short distances and, in our survey, 18 detainees said their journey had been over four hours. Escort records that we examined did not show clearly whether any toilet breaks had taken place, which our detainee groups complained about, though there was an indication that detainees were offered food and drink.
- 1.4 Detainees could arrive any time during the day or night. During September 2012 approximately 20% of detainees arrived between midnight and 5am, similar to the previous inspection. Records did not show where these detainees had travelled from, and it was likely that some were from other immigration removal centres (IRCs) rather than police stations and that their transfers could therefore have been better planned. Escort records were not always adequately completed, and some were difficult to read. Most documents gave very little information about welfare and risks to self and others. Information on detainees on short journeys was particularly sparse, even when the escort included a child or a pregnant woman. No women or children were in the centre at the time of the inspection.
- 1.5 Detainees escorted to hospital or other medical appointments were routinely handcuffed, and staff said it was customary for them to remain handcuffed to staff throughout medical procedures, or during an overnight stay in hospital. The decision was made by the duty director, and directions for staff to handcuff were recorded, though the risk assessments that we read were cursory. The system did allow some flexibility: one seriously injured detainee was not handcuffed during hospital treatment, as it was assessed that it would aggravate his injuries.

- 1.6 Detainees said they had little understanding of why they were being sent to Tinsley House and, in our survey, only 36% said they had received written information on what to expect on arrival. The reasons for inter-centre transfers were not always explained to detainees, and staff said that they could be moved at any time, to meet the population needs of the whole IRC estate.

Recommendations

- 1.7 **Detainees should not be subject to exhausting overnight transfers between centres.**
(Repeated recommendation HE.38)
- 1.8 **All detainee welfare records should be completed fully and accurately by escort staff.**
(Repeated recommendation 1.8)
- 1.9 **Detainees should only be handcuffed for outside appointments, during medical assessments and other events on the basis of individualised and clearly documented risk assessments.**

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.

- 1.10 The reception area was well designed, welcoming and comfortable, and detainees and staff could hold private conversations. Initial assessments had improved, though information from Prison Service records was still not being used to assess the risk or vulnerabilities of ex-foreign national prisoners. Detainees had access to all essential amenities on their first night and first night observations were good. There was an individualised induction process.
- 1.11 The reception area had improved since our last inspection, and initial interviews with detainees could now be held in private. There was a comfortable waiting room for six detainees with toilet facilities, hot and cold drinks and basic information about the centre displayed on a monitor in a number of languages. There were reading materials and a television, and hot meals were provided regardless of the time of arrival. We observed respectful and friendly treatment of detainees in reception and, in our survey, 83% of detainees said they were treated well by reception staff against the national comparator of 56%.
- 1.12 Priority was rightly given to vehicles holding families so that children would not see male detainees being brought into the centre. Records showed very short drop-off times for families and single females arriving at the family suite.
- 1.13 All detainees were interviewed by health care staff on reception. The initial assessment documentation had changed and records that we scrutinised were completed fully and included action plans for detainees identified as a potential risk to themselves and others or requiring additional attention. Reception staff were clear about their role in completing initial risk assessments, particularly the need for early identification of self-harm and suicide risks. This remained a crucial assessment as 15 of the 86 detainees who responded to our survey said they felt depressed or suicidal when they first arrived at the centre. Staff reported that Prison Service records on former foreign national prisoners were now regularly received, but

they did not use them to inform their initial risk assessments. The use of the telephone interpretation service on reception had improved recently and staff said they were encouraged to use it. Detainees were no longer involved in interpreting for other detainees during initial assessments. We observed detainees making free telephone calls to family and friends in the reception area.

- 1.14 All new arrivals were observed at regular intervals for a 24-hour period and records indicated a good level of engagement with detainees. Rooms were allocated on reception taking into account a detainee's vulnerability and nationality. Personal property could be stored in rooms and items not allowed on site, such as money, were recorded and stored.
- 1.15 Induction to the centre took place on the day of arrival, or the next day for detainees arriving late. All detainees were given a tour of the centre by an officer; those who did not understand English were usually accompanied by another detainee who acted as interpreter, or the rules, routines and services were explained to them, using telephone interpretation, in the welfare office. Staff told us the need for this was rare. In our survey, 68% of detainees said they had received information about support available to them in the centre against the comparator of 36% and 50% at our inspection in 2011. Detainees who could not speak English responded similarly.
- 1.16 A new booklet contained useful information, was clearly formatted and generally written in plain language, though it needed some simplification. The use of pictorial cues was a helpful initiative, though the effectiveness of the booklet was still to be tested.

Housekeeping point

- 1.17 Prison Service files should inform initial risk assessments undertaken by reception staff with former foreign national prisoners.

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.

- 1.18 In our survey, most detainees were positive about safety. The number of physical assaults and bullying incidents was low and there were no identifiable trends or patterns of behaviour. Investigations into incidents were thorough but anti-bullying records were of variable quality. A well attended safer community group meeting considered detailed violence reduction data. A safer community orderly performed a valued role.
- 1.19 In our survey, 17% of detainees reported feeling unsafe against the comparator of 39% and 38% at the last inspection. However, detainees who could not speak English reported more negatively at 37%, which required further investigation. There was a very calm atmosphere in the centre.
- 1.20 During the previous six months, there had been nine physical assaults by detainees on detainees, and none on staff. All incidents were minor, for example pushing another detainee after an argument. Only eight bullying incidents had been reported in the same period which included queue jumping in the dining room and being noisy at night. There were no identifiable

trends or patterns of behaviour. Initial investigations into incidents that we looked at were thorough and detailed. Anti-bullying books were used for the 15 perpetrators and 10 victims identified, but those we inspected were of variable quality with some incomplete reviews and vague objectives, for example 'you don't own the pool table'. In our groups, detainees said there was little bullying in the centre and this was reflected in our survey in which 15% reported they had been victimised by other detainees against the comparator of 28%.

- 1.21 A well attended safer community meeting was held each month and included representation from the UK Border Agency, the Samaritans and detainees. A detailed monthly report was analysed at the meeting which included a breakdown of incidents by age, nationality, religion and location. A survey which incorporated safer community questions had been undertaken by the centre earlier in the year. Although the return rate was low at about 30%, the responses reflected the positive findings in our own survey.
- 1.22 There was one safer community orderly, with another being recruited. The orderly was valued by detainees we spoke to and alert to bullying issues. The paid post had a role profile but no training was provided and photographs displayed of orderlies were out of date.

Recommendation

- 1.23 **Anti-bullying books should be completed thoroughly and include clear outcome-focussed objectives.**

Housekeeping points

- 1.24 Safer community orderlies should receive training for the role.
- 1.25 Photographs of safer community orderlies should be kept up to date.

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.

- 1.26 Arrangements for managing detainees at risk of self-harm were generally good. Detainees we spoke to told us that they had been well cared for. ACDT (assessment, care in detention and teamwork) reviews were well managed but not always held in an appropriate location. The number of self-harm incidents was low, and most were low level. A serious incident had been well managed but little support had been offered to a detainee who witnessed it. Food refusal was well monitored. A number of detainees had been segregated due to risk of self-harm and the lack of a care suite remained a considerable problem. Access to the Samaritans was good and the befriender scheme was a helpful initiative. Detailed data were analysed at the monthly safer community meeting.

- 1.27 Arrangements for managing detainees at risk of self-harm were generally good. A raised awareness support plan (RASP) was opened by staff concerned about detainees who were

feeling low but not considered to be at risk of self-harm. The ACDT framework was used for detainees considered to be at greater risk of self-harm. During the previous six months, 43 RASPs and 64 ACDTs had been opened, and at the time of inspection there were two open ACDTs. Most ACDTs were opened because of detainees' anxiety about removal.

- 1.28 The quality of ACDT documentation was reasonable: most care plans were detailed and detainees at risk of self-harm whom we spoke to said they had been well cared for. We attended two ACDT reviews which were well managed and attended by all relevant staff. However, one was held in the main health care room and was interrupted by the telephone ringing, which was inappropriate.
- 1.29 There had been 12 self-harm incidents in the previous six months and most were low level. One serious self-harm incident had occurred the week prior to inspection, when a detainee had cut himself and required immediate hospitalisation. The incident report was detailed and indicated that staff had acted decisively and appropriately. However, little follow-up support had been offered to a detainee who had witnessed the incident. Food refusal was monitored well and a small number of detainees had been put on to an ACDT when the refusal exceeded three days.
- 1.30 Nearly half the detainees segregated in the separation cell (Room 12), during 2012 had been on ACDTs, and some had been there solely because of the risk of self-harm. Staff we spoke to considered it routine practice for anyone requiring constant watch to be segregated, and in one ACDT record such segregation was an objective in the care plan. Detainees were sometimes transferred to Brook House care suite. The use of Room 12 or transfer for detainees at risk of self-harm was inappropriate and increased the isolation of already vulnerable detainees (see paragraph 1.59). The lack of a dedicated care suite remained a considerable problem (see main recommendation HE45). We were told strip-clothing was no longer used.
- 1.31 The Samaritans visited the centre twice a month and detainees were able to contact them easily using designated telephones. A befriender scheme was a helpful initiative, although it was being redeveloped following the departure of trained detainees. All staff carried ligature knives, and suicide and self-harm boxes containing first aid equipment were located throughout the centre. Detailed data were analysed at the monthly safer community meeting (see above).

Housekeeping points

- 1.32 ACDT reviews should be conducted in an appropriate environment free of interruptions.
- 1.33 Follow-up support should be provided to detainees who witness serious incidents of self-harm.

Safeguarding (protection of adults at risk)

Expected outcomes:

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

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

1.34 There were no formal arrangements in place with the local authority.

1.35 There were no formal arrangements in place with the local authority for safeguarding adults at risk. In the absence of a detention services order, the centre was in the process of drafting a safeguarding adults policy for completion by the end of the year, and had purchased an awareness raising training package for staff. Some health care staff had been trained in safeguarding of vulnerable adults.

Recommendation

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

Safeguarding children

Expected outcomes:

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

1.37 Staff understood their responsibilities to protect children at the centre and in the community. The safeguarding and welfare of children policy required revision in partnership with the local safeguarding children board (LSCB). The external scrutiny of child protection and safeguarding children arrangements was good. Age dispute cases were properly managed.

1.38 All detainees known to be children were accommodated in the purpose-built family suite (see section 5). The majority were part of a family and accompanied by at least one parent or carer, such as a grandparent. Detainees disputing their age were moved into the family unit while awaiting an age assessment by West Sussex Social Services. Children also came to the centre to visit detainees.

1.39 All safeguarding children protocols and guidance were contained in the safeguarding and welfare of children and families policy, written in September 2011. The policy rightly stated that in all situations 'staff should always work towards the principle of what is in the best interests of the child', and drew upon a number of appropriate sources of legislation and guidance, including the Children Acts 1994 and 2004, the UN Conventions on the Rights of the Child, and the pan-Sussex Safeguarding Children policies and procedures. Too much of the policy was copied from Detention Service Order 4/2009, rendering it formulaic and in need of simplification. There was no explicit staff 'whistle-blowing' policy relating specifically to child protection issues.

1.40 The policy had been seen by the local authority, but had not been written jointly with or signed off by the West Sussex LSCB. Consequently, we could not be certain that there was an agreed view on safeguarding children and child protection arrangements across the whole centre. There was a very clear memorandum of understanding between the centre and relevant external agencies should a child protection referral be made. We were told there had been no referrals since the previous inspection. The head of the Gatwick children's services team received all child protection referrals and visited the centre regularly, and was confident that no child protection issues had arisen there.

- 1.41 Implementation of the policy was the responsibility of the quarterly safeguarding meeting, which was attended by the head of Tinsley House, the Director of Gatwick IRCs, UKBA and the Independent Monitoring Board. The meeting was well attended by representatives of the local authority and Sussex police, who provided independent scrutiny of safeguarding and child protection arrangements. The meeting routinely addressed age dispute assessments, child protection referrals, a strategy for reducing the impact of detention on children, and staff training. The centre had made their family suite files available to the head of the Gatwick children's services team, who had reported back her positive findings to the meeting.
- 1.42 Staff understood their obligations to children and young people at the centre, including those who were visitors. If a detainee expressed a concern about a child in the community, all staff whom we spoke to knew how to report their concerns and to whom. The centre had provided a clear child protection procedure flow chart, of which staff were aware.
- 1.43 There had been 18 age dispute cases in 2011 and 12 to date in 2012. Two of those in 2012 had been assessed as minors and released into the care of the local authority. One case, still in dispute, had been released by UKBA with residential and reporting conditions. Five had been assessed as adults, and three were undecided and had been released into the care of the local authority for further assessment. One case was still to be assessed.
- 1.44 All age dispute assessments at the centre were carried out in the family suite by trained social workers from Gatwick children's services. Young people stayed in the suite for no more than 24 hours, and assessments did not take place when families with children were in residence. Detainees assessed to be children were moved from the centre immediately into supported accommodation by the local authority.

Recommendations

- 1.45 There should be a staff 'whistle-blowing' policy, relating specifically to child protection. The policy should include the management and support of staff making allegations and those who have allegations made against them.
- 1.46 The safeguarding and welfare of children and families policy should be reviewed by and written jointly with the West Sussex Local Safeguarding Children Board. The agreed policy should be signed by both parties.

Security

Expected outcomes:

Detainees feel secure in an unoppressive environment.

- 1.47 Security was proportionate and detainees had excellent free movement. The elements of dynamic security were in place. The number of security information reports had increased. Detainees were rarely strip-searched, but in one case it was unnecessary.
- 1.48 Security was proportionate and detainees were held in relaxed conditions. Dog searching was rare and intelligence led. There were no facilities for closed visits and no banned visitors during our inspection. Detainees could move freely around the centre and were not locked into their rooms. Corridors were locked off at night from 11pm but detainees had access to toilets, showers and hot water throughout the night. There were no obvious weaknesses in the

physical and procedural security of the centre. The elements of dynamic security were in place: relationships between staff and detainees were positive, detainees found staff approachable and there were sufficient activities to fill detainees' time (see sections on staff-detainee relationships and activities).

- 1.49 The security department was shared with neighbouring Brook House IRC and comprised a security manager, two detainee custody managers and four security collators. While the majority of the team's work focused on Brook House, they afforded appropriate attention to security at Tinsley House, with at least one security collator present each day. The number of security information reports (SIRs) had increased significantly from about 10 a month at our last inspection to 42 a month. SIRs and incident reports were processed efficiently and data modelling software (link explorer) was used to identify relevant trends.
- 1.50 Strip-searching was not routine but had been conducted three times in 2012. We were not confident that this was justified in one case: staff had found a detainee smoking in a shower room. When asked for his lighter, the detainee replied that he lit it 'off the tap'. Staff strip-searched the detainee to find the lighter but none was found.

Recommendation

- 1.51 Detainees should only be strip-searched in exceptional circumstances.

Rewards scheme

Expected outcomes:

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

- 1.52 There was no motivational rewards scheme in operation.

- 1.53 All detainees were 'enhanced' by virtue of their allocation to the centre. Recurring unacceptable behaviour by a detainee had triggered a review of this allocation decision and transfer to more secure conditions on the standard regime, but this did not happen frequently. We saw no evidence of informal sanctions.

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.

- 1.54 Force was used infrequently and reviewed appropriately in most cases. In one case it had been used unnecessarily on a detainee in crisis. Staff were encouraged to use de-escalation techniques. Separation was not frequently used but too many detainees in crisis were located in a separation cell which was an inappropriate environment for them. Detainees were held for too long under rule 42 and some detainees were illegitimately separated under rule 15. A

blanket policy of separating all those returning from disrupted removals was punitive and unnecessary.

- 1.55 Force had been used on 17 occasions in the year to date. While this was more than in 2011, the figure remained low. In most cases, records showed that it had been necessary and proportionate. A member of health care saw detainees involved in use of force incidents. In one case a detainee custody manager who had been involved in the incident had inappropriately reviewed the documentation. The centre manager reviewed available video footage as soon as possible after incidents. The Independent Monitoring Board received copies of use of force reports.
- 1.56 We reviewed video footage of three planned uses of force. Two were appropriately managed, but one appeared unnecessary. A detainee refused food at the centre and was placed on an ACDT, and subsequently on constant watch. It was decided to transfer him to the segregation unit at Brook House where he could be more easily observed. He refused to move but was not violent or refractory nor did he pose a threat to the safety and security of the centre. Three DCOs in full personal protection equipment entered the detainee's room to put him in handcuffs which he passively resisted. He was forced to the ground and staff again tried to place him in handcuffs which the detainee continued to resist. Staff stopped using force and the detainee remained passive and unrestrained on the ground with his eyes shut before force was reapplied. The remainder of the incident was not video recorded. Documentation showed that the man had been taken to the segregation cell in Tinsley House before going to Brook House, from where he was released.
- 1.57 All staff were trained in control and restraint and physical control in care (PCC) techniques. One day of the five-day PCC training was dedicated to conflict resolution which staff were encouraged to use and was promoted in the staff handbook. In addition, police had trained six family care managers in crisis communication and negotiations on a two-day course.
- 1.58 A use of force meeting took place shortly before our inspection but previously there had only been informal meetings of instructors which were not minuted. At the meetings, use of force incidents were not monitored by location, nature, or ethnicity of detainees to identify patterns and trends.
- 1.59 Separation was not used excessively, though it had increased since the previous year. In the 12 months prior to inspection, 50 detainees had been removed from separation (under Detention Centre rule 40) compared with 34 over the same period at our last inspection. Efforts had been made to soften the appearance of the separation cell, 'Room 12', since our last inspection. The cell contained pastel-coloured walls, pictures, a removable screen around the in-cell toilet, and a rug. Despite these efforts, the room could not fulfil its various functions, and increased isolation of already vulnerable detainees (see also section on suicide and self-harm paragraph 1.30). All detainees returning from disrupted removals were separated and this blanket policy was punitive and unnecessary.
- 1.60 Detainees had only been separated under the theoretically more restrictive rule 42 (temporary confinement) four times in the year to date, in the same accommodation as people removed from association. However, the average length of separation under this rule was excessive at over 14 hours.
- 1.61 Staff also separated detainees under rule 15 of the Detention Centre Rules, which applies to the certification of rooms for various purposes, rather than the authorisation of separation. This rule was not subject to the governance required by legitimate separation and use of it for this purpose was at best illegitimate and at worst unlawful.

Recommendations

- 1.62 Force should only be used when necessary and as a last resort.
- 1.63 Use of force meetings should take place regularly and include analysis of relevant data to help identify patterns and trends.
- 1.64 Detainees should only be separated under rules 40 or 42 of the detention centre rules, and not rule 15.
- 1.65 Detainees returning from failed removals should not be automatically placed in Room 12.
- 1.66 Detainees should be removed from segregation at the earliest possible time. (Repeated recommendation 7.24)

Housekeeping points

- 1.67 Use of force documents should not be reviewed by staff involved in the incident.
- 1.68 Planned use of force incidents should be video recorded in full.

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.

- 1.69 Almost three-quarters of detainees were legally represented and they could seek legal advice from detention advice surgeries which were held twice a week. Waiting times for the surgeries were short. Arrangements for other legal visits were good and detainees could communicate easily with their solicitors. Country of origin reports, bail and legal complaints information were freely available.
- 1.70 Our survey showed that nearly three-quarters of detainees had a solicitor and that non-English speakers were no longer at a disadvantage compared to English speakers in acquiring legal representation.
- 1.71 UKBA officers asked detainees if they had a solicitor during induction interviews. Those without legal representation were referred to the welfare officer who managed appointments for the Legal Service Commission's (LSC) detention advice surgeries. Waiting times for advice surgeries were short and, at the time of the inspection, detainees had to wait a maximum of two working days. The surgeries ran twice a week on Tuesdays and Thursdays, with 10 half-hour slots each day. The LSC had contracted with three firms of solicitors to provide advice but there was no guarantee that they would continue to represent detainees. The surgeries took place in a room adjacent to the library which afforded privacy but lacked a telephone, so that telephone interpretation could not be used unless advisers had brought a suitable mobile phone. There were few notices around the centre promoting the advice surgeries.

- 1.72 Detainees could contact the three legal firms outside surgery times for urgent matters, and details were available in the library and welfare office. Legal visits, other than for the advice scheme, took place in one of four dedicated interview rooms which were largely fit for purpose, although the chairs were chained to the floor which was inappropriate.
- 1.73 In our survey, 84% of detainees said that it was easy to contact their solicitor against the comparator of 71%. Detainees could communicate with their solicitors by telephone, fax and email but could not access Word documents from some websites or from their solicitors. A computer with no internet access had Word, enabling detainees to type letters to their solicitors and prepare for appeals. Documents could be printed as required. Some internet sites were inappropriately blocked (see paragraph 4.14 in communications section).
- 1.74 Country-of-origin information reports were freely available over the internet and in up-to-date hard copies in the library. Despite this, only 23% of detainees in our survey said they had access to country-of-origin information reports. Application forms for bail and bail addresses were freely available in the library and welfare office. Bail for Immigration Detainees' (BID) useful handbook, 'How to get out of detention', was also available in English.
- 1.75 Detainees could complain about their legal representatives through the Office for the Immigration Services Commissioner or the Legal Ombudsman. Posters and leaflets for both organisations were available in the library and welfare office, together with complaints forms.

Housekeeping points

- 1.76 Legal advisers at the detention advice surgeries should have access to a landline telephone.
- 1.77 The detention duty advice scheme should be prominently promoted around the centre.
- 1.78 Interview rooms should not have chairs permanently chained to the floor.
- 1.79 The availability of country-of-origin information reports should be better promoted.

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.

- 1.80 There were no easily accessible records of accumulated length of detention. The longest held detainee had been detained for over a year. UKBA induction interviews were conducted reasonably well. The contact management team was accessible. Some detainees were frustrated at the slow progress of their immigration cases. All rule 35 reports were written or reviewed by a doctor, but most did not include diagnostic findings. Replies were generally on time. Monthly progress reports were served on time but did not always contain relevant casework developments. Bail summaries were served correctly.

- 1.81 On the first day of our inspection, 111 detainees were held. The largest nationality groups were from Afghanistan (20 detainees), Pakistan (18), Bangladesh (13) and Nigeria (11). The on-site contact management team did not retain details of detainees' accumulated length of detention. This information had to be requested individually from UKBA's detention population management unit. Not knowing how long detainees had been held made it more difficult for UKBA's on site contact team to understand detainees' cases and respond to requests. It was harder for detention staff to assess risks given that detainees held for longer were more likely to become frustrated. Managers were also less able to plan an appropriate regime without full knowledge of length of detention. Eight detainees had been held for more than six months and one for more than a year.
- 1.82 The UKBA contact management team comprised a manager (at higher executive officer grade), a deputy manager (executive officer) and five contact management officers (at administrative grade). However during our inspection the team were understaffed due to leave and unfilled vacancies. The team did not make casework decisions but were responsible for inducting new arrivals and facilitating communication between detainees and their caseworkers located in teams around the country.
- 1.83 In the six months prior to our inspection, the contact management team inducted on average 132 detainees a month, most within the required timescales. The UKBA interviews we observed were reasonably well conducted. The officer introduced himself and ascertained if telephone interpretation was necessary. The officer listened to detainees' concerns, giving them the opportunity to speak before advising them of UKBA's intentions and possible next steps. A detainee who had received an injunction preventing his removal was reminded that he could make a bail application. Another detainee was advised that, while UKBA would pursue removal, the detainee's only remedy was to seek judicial review. Detainees were not given bail application forms. At the end of the interview, detainees were given a leaflet reinforcing the information given in the interview.
- 1.84 Detainees could ask to see the contact management team by submitting a written request. Most requests were responded to in person. In the six months prior to our inspection, the team had seen an average of 150 detainees a month following a request. In our survey, more detainees (57%) than at other centres (24%) said it was easy to see immigration staff. In our groups, detainees reported frustration at the lack of progress in their immigration cases, with many complaining of slow decision making by UKBA.
- 1.85 In the six months before our inspection, health care staff had submitted 48 rule 35 reports, eight of which had been responded to late. All reports were either completed or reviewed by a doctor. Some reports contained diagnostic findings; for example, in one report a doctor recorded and documented stab wounds, cigarette burns and gunshot wounds. The report included body maps and the doctor concluded: 'Injuries are consistent with torture'. Despite this, the caseworker maintained detention and noted: 'We do not find any of your allegations of torture or for asylum credible (sic)'. However, the majority of rule 35 reports did not provide a diagnostic opinion and added little value. Many reports simply answered standard questions in a pro forma that could have been completed by an UKBA caseworker. As one response by an UKBA caseworker put it, the report 'repeats your account of ill-treatment rather than making diagnostic finding about your injuries'. We did not see any reports that led to a detainee being released.
- 1.86 Monthly progress reports were generally served on time. On the third day of our inspection, 12 reports were overdue. Onsite contact management staff contacted caseworkers when reports were late but not always with success. Progress reports did not always reflect developments in the case. For example, in one case an independent doctor had written to the centre medical

team stating: 'He has several symptoms of both depression and PTSD and requires urgent psychiatric input for these. There is an account of torture here and associated scarring that is consistent with the account, as well as evidence of mental sequelae of torture. Given all of this it is clearly not appropriate for this man to be kept in a detention environment. He should be released immediately.' Shortly afterwards a consultant psychiatrist confirmed the post-traumatic stress disorder diagnosis, recommended trauma therapy and advised that the detainee's symptoms 'are made worse by being in detention'. The caseworker considered this evidence and decided to maintain detention, and three subsequent monthly progress reports made no mention of these developments.

- 1.87 Bail summaries were served on detainees in good time regardless of whether they were legally represented or not. Contact management staff said they explained relevant parts of the summaries to bail applicants.

Recommendations

- 1.88 Centre staff should be able to access immediately the total time that individuals have been detained anywhere (including prisons) under immigration powers.
- 1.89 Monthly progress reports should summarise key developments in detainees' cases.

Housekeeping point

- 1.90 Detainees should be given a bail application form during UKBA induction interviews.

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 centre was clean and well decorated and good efforts had been made to soften the environment with pictures and plants. The ventilation system had been upgraded but bedrooms were still stuffy. The laundry and showers were easily accessible.
- 2.2 The centre was well decorated. Walls and floors were bright and the buildings were well maintained. A number of pictures, wall displays and notices had been put up (see Appendix V), and the environment had been softened with sofas and plants. The fresh air ventilation system had been upgraded throughout the centre. A number of detainees kept their bedroom doors propped open as rooms were still stuffy, particularly in the summer, and this reduced the effectiveness of the ventilation system. Detainees complained that they felt enclosed as windows could not be opened. The outside courtyard areas had been substantially improved, both for single adults and for families. Smoking was allowed outside in a restricted area and the no smoking policy inside the centre appeared to be respected.
- 2.3 Bedrooms were in a reasonable state of decoration (see Appendix V). Most were shared by three or four detainees. Mattresses were in a reasonable condition and all detainees had spacious lockable wardrobes and chairs, and shared a television. Detainees had free access to hot water boilers in the residential corridors. Shower rooms and toilets were clean and in good condition and there were sufficient for the population. Communal areas were professionally cleaned to a high standard. Detainees could obtain cleaning materials for their rooms, which were clean and usually tidy.
- 2.4 Systems for detainees to obtain stored property were good and there were no reported delays. Most detainees wore their own clothes, but there was a good stock of clothing in the centre for anyone who needed it, including underwear and socks. The laundry room had enough machines and dryers for the population and all were in working order. An ironing board and iron were also provided. Bedding could be changed easily.

Recommendation

- 2.5 The centre should regularly communicate to detainees the best ways to improve ventilation.

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.

- 2.6 Staff-detainee relationships were very good and there was better use of interpretation to aid communication. A care officer scheme had been implemented.
- 2.7 We observed good interactions and staff addressed detainees politely. A care officer scheme had been implemented in the previous month. Detainees were made aware of a named officer at induction and had a routine interview with the officer each month. Most detainees we spoke to said they knew who their care officers were and could approach them, although this was less clear to detainees who spoke little English. Pictures of care officers were placed outside detainees' rooms. Recording of care officer contacts was variable, with most history sheet entries giving little or no detail.
- 2.8 Every detainee's door had a sign on it instructing staff to knock before entering. Detainees told us that staff checked on their welfare regularly. There was much more use of interpretation to communicate with detainees who spoke little English (see section on equality and diversity).
- 2.9 Detainees were extremely positive about the way they were treated. In our survey, 95% said that most staff treated them with respect, against a comparator of 70%. This was one of the highest findings for respectful treatment at any immigration removal centre (IRC) inspection. Seventy-eight per cent (against the comparator of 60%) also said that they had a member of staff to turn to if they had a problem. In both cases, the findings were also better than at the last Tinsley House inspection.

Housekeeping point

- 2.10 Care officer interviews should be better recorded in history sheets.

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 characteristic⁴ 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.

- 2.11 Diversity outcomes were reasonably good overall. There was no evidence of tension between different groups. Older detainees and gay men spoke warmly of the care they received from

⁴ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

staff. Data analysis was weak. Interpretation services were well used. Detainees with disabilities were under-identified.

Strategic management

- 2.12 Staff had a clear understanding of the concepts of diversity and equality, and most spoke confidently about how this influenced their work. Training for new staff included several hours of diversity training, and this was supplemented by an annual refresher programme.
- 2.13 There were regular events to promote diversity, including a variety of religious festivals and about six cultural celebrations a year, including Black History Month, Chinese New Year and All Nations Week. These involved centre-wide programmes of activities, including talks, displays, themed meals, craft activities and music workshops.
- 2.14 The single equality policy, which applied to both the Gatwick centres, was a comprehensive statement but there was no reference to the particular needs of detainees at Tinsley House. The implementation of the policy was monitored at a diversity and equality action team (DEAT) meeting. There was evidence of meetings in five of the last seven months, but only two of these had been chaired by a senior manager. Some equality impact assessments had been conducted by a trained member of staff.
- 2.15 A substantial quantity of monitoring data by nationality was prepared for each meeting, but it was difficult to establish what the data meant. The DEAT had not identified any trends or developed an action plan to drive future developments. More sophisticated analysis of the data, including analysis for other protected characteristics, was necessary to help the centre establish where further investigation might be needed. The fact that the members of the DEAT had not identified this shortcoming for themselves, despite our previous recommendation, suggested that staff required further training for this role.
- 2.16 There was now a nominated manager for diversity at Tinsley House. There was also a diversity orderly, who was invited to the DEAT meetings together with a safer community orderly, and was well known to detainees and staff. His photograph was displayed in the welfare office. The diversity notice board was well positioned and tidy, but had no information in other languages, and could have been used more proactively.
- 2.17 The use of professional interpretation had increased significantly in recent months, which was commendable. In our survey, 50% of detainees said they could get health information in their own language against the comparator of 34%. However, there remained 23% of detainees who said they needed an interpreter in health care but did not have one (see health services section). In our groups, Afghani men in particular said they did not always have access to an interpreter when they needed one. This evidence suggested that, despite good progress, more work to promote interpretation was still needed. The centre had some data on how much English each detainee spoke, but this was not used systematically to inform decisions about when to engage interpretation services. Interpretation services were not widely advertised or promoted, and some detainees did not know that they could request this service.
- 2.18 Detainees were sometimes asked to interpret for others. However, in some cases professional interpretation services should have been used for accuracy or confidentiality regardless of stated preference. This did not exclude the use of detainee interpreters as additional support, but they should not have been the primary or sole source of interpretation. There were several examples of material which had been translated, including complaints, general notice boards and health advice.

Recommendations

- 2.19 Diversity monitoring should facilitate the identification and investigation of trends in detainee outcomes, across all the protected characteristics. DEAT members should have a clear understanding of this process.
- 2.20 The professional interpretation service should be promoted and its use monitored to ensure detainees clearly understand complex or confidential information. Where accuracy or confidentiality are important, professional services should always be used.

Protected characteristics

- 2.21 We saw no evidence of racist bullying during our inspection, or of particular tensions between different ethnic/nationality groups. The centre had recently begun to hold informal consultation sessions with detainees from the largest and smallest nationality groups. The outcomes of these meetings were not effectively communicated to other detainees.
- 2.22 In our survey, 12% of men identified themselves as having a disability. In contrast, the centre was only aware of one detainee with a disability, despite a process to encourage men to disclose disabilities and to assess them for required support. Personal emergency evacuation plans were prepared when necessary, and there was evidence of plans being reviewed as a detainee's condition changed. There were no adapted bedrooms in the centre, and there was no evidence of any reasonable adjustments being made for individuals, despite some indication of need. In general, our survey showed improved outcomes for detainees with disabilities since our last inspection; however, it was notable that people with disabilities were less likely to say they had been searched respectfully and more said they had spent a night in segregation.
- 2.23 Three gay detainees in the centre during the inspection had disclosed their sexuality voluntarily to staff. This level of confidence was extremely unusual in a detention environment, and suggested a positive ethos and safe environment. There were no specific services for these men, but all said they were not disadvantaged or discriminated against. Staff considered their needs appropriately and referred them to outside agencies as necessary.
- 2.24 Staff spoke confidently about caring for some transgender detainees who had recently been accommodated in the family unit when no families had been present.
- 2.25 Men over 55 years of age were identified in reception and offered an assessment to establish whether they needed any specific support. We spoke to several older men who appreciated the care they had received.

Recommendation

- 2.26 **The under-reporting of disabilities and negative perceptions of detainees with disabilities identified in our survey should be investigated and addressed by the centre.** (Repeated recommendation 4.49)

Housekeeping point

- 2.27 The recent initiative to hold nationality group meetings should be sustained and developed, with outcomes communicated to detainees.

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.

- 2.28 In general, religious provision was good, with useful contributions from local faith communities, and a vibrant programme of activities. However, there were concerns about some elements of provision for Muslim detainees.
- 2.29 In our survey, 89% of detainees against the comparator of 67% felt that their religious beliefs were respected. The number of detainees who reported they could speak to a religious leader of their own faith was also comparatively high. On the whole, these positive perceptions were reflected in our conversations.
- 2.30 An appropriate programme of weekly religious activities was published, with multiple opportunities for prayer and worship. Some community groups supported these activities, and occasionally provided food for special celebrations and fellowship. Christian and Muslim ministers were on site each weekday. Ministers were available for all religions and, where appropriate, efforts were made to find ministers who spoke the different languages represented in the population at any one time.
- 2.31 There were three designated worship areas: a chapel, a mosque and a multi-faith room. All were reasonable environments, but the Mosque was too small for the current Muslim population, and Friday prayers had to be held in the sports hall. This facility was sometimes too cold for worship and, during the winter months, this problem was likely to deteriorate. Detainees were provided with necessary religious artefacts including religious books, and other cultural items were available in the shop. There was ongoing management discussion about appropriate ablution facilities for Muslims, arising partly because non-Muslim detainees objected to the use of sinks for foot-washing. A pragmatic solution had been found, whereby one sink in each bathroom had been set aside for this purpose. There were also some concerns about cross contamination of halal and non-halal food (see paragraph 2.97 in services section).

Recommendation

- 2.32 A review of services for Muslim detainees should be undertaken to address detainee and staff concerns about the suitability of the sports hall for Friday prayers, the provision of ablution facilities and the systems for preventing cross-contamination between halal and non-halal food.

Complaints

Expected outcomes:

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

- 2.33 The few complaints received were generally answered respectfully, but replies took too long. We were concerned about the management of some complaints against members of staff.
- 2.34 Complaint forms were freely available in 12 languages, but some forms were out of date. Complaints could be placed in locked post-boxes, which were emptied daily by UK Border Agency staff. Few complaints were submitted, which reflected generally positive detainee perceptions, though some detainees said they were reluctant to make complaints because they feared repercussions for their immigration case.
- 2.35 On average, replies were received within about 12 days, but, given the short stays of many detainees, complaints needed to be investigated much more quickly. Replies were typed, polite and generally addressed the issues raised. On occasion, more advice on how to take a complaint further would have been helpful, particularly when the complaint involved another part of the detention system.
- 2.36 The possible underlying issues in relation to one member of staff against whom a number of complaints had been made had not been sufficiently well investigated. In contrast, despite the absence of an official appeals process, one complaint was re-investigated at a detainee's request and the outcome changed, with an offer of compensation made.

Recommendation

- 2.37 Complaints should be answered promptly, and complaints against members of staff should be investigated rigorously by a senior manager.

Housekeeping point

- 2.38 Only the most recent version of the complaints form should be available to detainees.

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.

- 2.39 Health services were adequate, although we had some concerns about governance arrangements. Primary care was reasonable but lacked suitable follow up for patients' needs.

Medicines management was weak and left both detainees and nurses exposed to unnecessary risks. Dental treatment was for emergencies only and did not meet the need of the small number of longer-term detainees. There was no robust system for identifying and assessing men with mental health problems and there was poor integration between primary and secondary mental health care.

Governance arrangements

- 2.40 Health services had been provided by G4S integrated services (G4SIS) since May 2012 and the GP service was subcontracted to Saxonbrook medical centre. As a consequence, some of the governance arrangements were not well embedded. A health needs assessment had been completed in May 2012 but there was no associated action plan.
- 2.41 There was a monthly meeting between the lead GP and the clinical nurse manager but there were no clear outcomes. There was a structure in place for quarterly clinical governance meetings but there had only been one since the new provider had been in place. Local clinical governance fed into an overarching company structure. Health care was a standing item at the detainee consultation meeting, although there had previously been a separate health care forum.
- 2.42 Clinical incidents were logged electronically and no incidents had been reported in the previous six months. There had been four complaints in the last three months; most responses were full and respectful and indicated whether the complaint was upheld, but there were instances where it was unclear whether follow-up actions had been taken.
- 2.43 There were basic general physical health care plans for diabetes, high blood pressure and HIV and there were weekend clinics for chronic disease, but staff did not all have the necessary training to run the clinics.
- 2.44 Various clinical audits had been undertaken, including a comprehensive audit of GP consultation records and an infection control audit. We noted some issues regarding infection control, such as foodstuffs stored in a refrigerator used for clinical specimens. The two health care rooms were clean but there were no cleaning schedules.
- 2.45 Staff management supervision had just started, staff meetings were poorly attended and there was no clinical supervision in place. Useful training, including awareness of the implications of torture, had been completed by some staff. Most staff had received resuscitation training, including use of the defibrillator.
- 2.46 The resuscitation kit, including a defibrillator, was located in the central control room and checked daily. It was overstocked and included non-standard medications. The emergency medicines could be given using patient group directions (PGDs), but staff had not been trained in their use.
- 2.47 There was a range of G4S policies but most had not been tailored for the IRC environment and there was no policy on the management of communicable disease outbreaks. Information-sharing consent was requested as required, but with no formal protocol.
- 2.48 There was no lead for older people, but some staff had been trained in the safeguarding of vulnerable adults. A children's nurse was being recruited to work at Tinsley House and the Cedars family unit.

- 2.49 Telephone interpretation had been used regularly but not in all cases of need (see paragraph 2.17 and recommendation 2.20). We observed a case where a detainee's difficulty in understanding English was not identified.

Recommendations

- 2.50 A system should be in place in the health care department to monitor clinical incidents and the lessons learnt from these. (Repeated recommendation 5.16)
- 2.51 Staff should be trained in chronic disease management.
- 2.52 All nursing staff should participate in a structured clinical supervision programme and have appropriate developmental opportunities. (Repeated recommendation 5.15)
- 2.53 The introduction of staff appraisals should be expedited to ensure safe clinical practice.
- 2.54 Administrative support should be provided to release qualified nurses for professional duties in caring for detainees. (Repeated recommendation 5.14)

Housekeeping point

- 2.55 The contents of the resuscitation kit should be reviewed in line with local and national guidance.

Delivery of care (physical health)

- 2.56 The range of primary care services was appropriate for the population's needs, with daily access to the nurse and GP. Detainees in our groups told us that access was good and it was easy to get an appointment. In our survey, 67% of detainees who had used health care were positive about the quality of health care against the comparator of 35%. We observed reasonable engagement with detainees by health care staff but there had been some complaints about staff attitude.
- 2.57 Detainees were given a comprehensive health screening on arrival; there was no formal secondary health assessment. Consent to information sharing was sought and records showed efforts to obtain detainees' previous health records to inform their care (see recommendation 2.89).
- 2.58 Nurse triage clinics did not have scheduled appointments and detainees arrived at the hatch opportunistically with a range of needs. There were daily GP clinics and detainees were able to attend these easily. We observed some gaps in follow through of detainees' health needs.
- 2.59 Care plans were used for some chronic conditions but there was no clear evidence of joint working with detainees to inform the plans. There was a monthly optician clinic at Brook House and detainees were able to get ready-specs for simple visual problems. Detainees could obtain condoms without asking for them but they were not restocked regularly.
- 2.60 Emergency cover was provided via a nurse on duty 24 hours and GP out-of-hours medical cover.

- 2.61 There was no log of external hospital appointments but we were told that cancellations were rare. Detainees were routinely handcuffed for external hospital appointments without a thorough risk assessment (see section on escort vehicles and transfers).

Recommendations

- 2.62 There should be consistent follow-through for detainees with identified health needs.
- 2.63 A thorough risk assessment should be carried out for all detainees attending external hospital appointments.
- 2.64 There should be suitable facilities for health care staff to run clinics and consultations in private and without being disturbed. (Repeated recommendation 5.4)

Pharmacy

- 2.65 Pharmacy services were provided by a local pharmacy which delivered medications via Brook House and then to Tinsley House. The pharmacy delivered most medicines two or three times a week which sometimes resulted in a delay in detainees receiving medications. Urgent medications could be ordered and delivered on the same day. The pharmacist visited the centre once a month; there were no pharmacy clinics.
- 2.66 Medicines were administered from the main treatment room three times a day. The majority of detainees received their medications supervised and from bulk stock, with only a small number who had in-possession medication. PGDs were not in use.
- 2.67 Stock medicines were not labelled for individual patients. Patient information leaflets were not routinely supplied and there were no signs advising patients they could ask for a leaflet. There were no agreed stock levels and re-orders were placed with the pharmacy on an ad hoc basis via Brook House.
- 2.68 Nursing staff were managing medicines but had limited awareness of the current Standard Operating Procedures.
- 2.69 There was an in-possession policy and risk assessments were entered on to the Crosscare patient information system. One patient initially assessed as suitable for in-possession medication had been changed to supervised medication but with no justification recorded and no evidence of a further risk assessment. Other patients had a low risk score yet remained on supervised medication.
- 2.70 Paracetamol was available from the detention officers and not on prescription; this was recorded on the patient information system by the night nurse. Additional pain relief was provided by prescribing codeine.
- 2.71 Administrations were usually recorded on the electronic patient information system and on handwritten charts. Nurses administered against the electronic chart which was not a valid prescription. We saw several gaps in both charts and it was not always clear whether a patient had received or collected their supervised medicine. Some prescriptions were not properly cancelled or clearly marked with an end date.
- 2.72 We found one instance where a detainee had not received antiretroviral medicines for five days; there did not appear to be any learning or change of practice as a result of this incident.

- 2.73 There was a quarterly medicines management committee with poor representation from the doctors and no attendance by the pharmacist for the previous six months. Basic prescribing data were limited to a list of the most commonly supplied items.

Recommendations

- 2.74 Pharmacy services should be available to oversee pharmacy functions and undertake pharmacist-led clinics, clinical audit and medication review. (Repeated recommendation 5.36)
- 2.75 Patient group directions should be used to enable the administration of more potent medication and to avoid unnecessary consultations with the doctor. (Repeated recommendation 5.38)
- 2.76 Medication should be for a 'named patient' wherever possible.
- 2.77 All staff involved in the handling of medicines should have received appropriate training in the standard operating procedures and evidence of this documented.
- 2.78 The in-possession risk assessment should be fully documented; any change in risk status should include evidence of a further risk assessment and justification for any change to the method of administration.
- 2.79 There should be one prescription chart with full recording of administration including any failure to attend and refusal to take medication. Issues relating to drug compliance, particularly where patient health and wellbeing may be compromised, should be followed up appropriately.
- 2.80 All prescriptions should be written in line with prescribing guidance and should include the quantity and date prescribed and be signed by the prescriber. (Repeated recommendation 5.39)
- 2.81 The medicines and therapeutics committee should meet regularly and include representation from the prescribers and the pharmacy service.

Housekeeping point

- 2.82 Patient information leaflets should be supplied and detainees clearly advised on how to obtain them.

Dentistry

- 2.83 Detainees could see the dentist at Brook House IRC for urgent dental problems and there were two appointments every fortnight. There was no evidence of how long detainees waited. There was also access to an external emergency dental service.

Housekeeping point

- 2.84 The waiting or appointments list should be accessible to staff at Tinsley House.

Delivery of care (mental health)

- 2.85 There was access to a primary mental health nurse every weekday and by request at weekends. The service lacked structure and the nurse was unable to provide us with a caseload or criteria for referral and could not recall who was on her caseload. It was unclear how men were referred to the service. There was no access to guided self help or talking therapies.
- 2.86 There was access to a clinical psychiatrist and psychologist fortnightly and the psychologist supported men with anxiety and post-traumatic stress disorder. There were no clear links or formal meetings between the mental health nurse and the psychiatry service.
- 2.87 Men with identified severe and enduring mental health needs were not admitted to Tinsley House and detainees presenting with similar needs were transferred out for appropriate treatment. At the time of the inspection, one man was held in the separation unit pending transfer (see main recommendation HE46).
- 2.88 Mental health training for detention officers was in place.

Recommendations

- 2.89 **A full range of primary and secondary mental health services should be provided according to the needs of the population.** (Repeated recommendation 5.47)
- 2.90 **Referrals and assessments in relation to whether detainees' mental or physical health could be adversely affected by detention should be consistent and multidisciplinary.** (Repeated recommendation 5.26)

Substance misuse

Expected outcomes:

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

- 2.91 Detainees with substance use problems were not accepted at the centre. Nurses had not been trained in recognition of withdrawal signs. Local protocols did not include the management of detainees who disclosed substance use.

Recommendation

- 2.92 **Local protocols should include the management of detainees who disclose current or previous substance use, including problematic alcohol use.** (Repeated recommendation 5.51)

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.

- 2.93 While most detainees were content with the food, a significant number were critical of it and variety and quality were inconsistent. There were opportunities to improve communication between the catering team and detainees. The shop sold an appropriate range of reasonably priced goods.
- 2.94 In our survey, a striking 50% of detainees said that the food was good or very good, against the comparator of 27%. However, 22% described it as 'very bad'. All three meals were served and eaten in the clean, bright dining hall, at appropriate times.
- 2.95 Dissatisfied detainees complained particularly about a lack of vegetables, options for vegetarians and undercooked rice. We found that some meals were well presented and obviously enjoyed, but others were tasteless and provision for vegetarians and vegans was poor.
- 2.96 The planned menu attempted to meet the diverse requirements of the population, but was not published in advance. Detainees did not know until they arrived at the servery what was on the menu for each meal, and could not easily appreciate the range of foods offered over time. The menu was available only in English, and the use of symbols to help detainees understand the principal ingredients was too limited. The food comments book was not well maintained, and in detainee consultation events, some suggestions and ideas were not taken forward and insufficient explanation was given.
- 2.97 There was dissatisfaction with the processes in the kitchen and on the servery to prevent contamination between halal and non-halal food. A group complaint in June 2012 had resulted in a decision to have colour-coded implements, but these were not in use during our inspection. The relatively short servery made it difficult to separate clearly non-halal food, but a suggestion to create sections on the servery using perspex screens had not been implemented (see section on faith and religious activity).
- 2.98 The kitchen was generally clean, but we found open bins containing waste food which were left in the kitchen overnight. There were no facilities for detainees to cook for themselves.
- 2.99 Detainees were able to make daily purchases from an appropriately stocked and reasonably priced shop via a cashless system. Each detainee received a weekly allowance of £5 and could also spend any private money. Detainees could not buy newspapers and magazines, but a wider range of goods was available from a catalogue, and the centre sourced specialist items by application. However, these purchases were subject to a £1 administration fee. The foreign currency exchange rates broadly matched those available in the community.

Recommendations

- 2.100 The menu should include a choice of vegetables at each meal and a vegan option. It should be published in advance in a number of languages, with comprehensive use of symbols and pictures to aid understanding.
- 2.101 The food comments book and the centre's detainee consultation processes should be used proactively to demonstrate the catering team's commitment to meeting detainee need.
- 2.102 Detainees should be able to prepare their own food in a cultural kitchen. (Repeated recommendation 8.7)

Housekeeping points

- 2.103 Waste food should not be stored in the kitchen overnight.
- 2.104 Detainees should be able to purchase newspapers and magazines.
- 2.105 Catalogue orders should not be subject to administrative charges.

Section 3: Activities

Expected outcomes:

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

- 3.1 Detainees had access to a wide range of activities which were well promoted and generally met the needs of the population. Educational classes offered good opportunities to learn and develop new skills. Detainees benefited from a good standard of teaching and learning but the centre did not monitor the quality of provision or support the continuing professional development of teachers. Classes were not generally full. A satisfactory range of paid work was available to detainees but high vacancy rates continued. The library and internet suite were well used and appreciated by detainees. A good range of indoor and outdoor sports and fitness activities met the needs of the population.
- 3.2 Detainees had equitable access to a wide range of formally organised and less structured activities which took place during the day and weekday evenings and weekends. These were well promoted. Induction had been improved and follow-up reviews were held. Formal activities included regular English and arts and crafts classes, sports, and the library with computers and monitored internet access. Facilities in the two day rooms included pool tables and televisions. A regular programme of films and documentaries was scheduled to reflect the detainee population profile. The chaplaincy offered music classes each afternoon in a small but well equipped music room adjacent to the day room.
- 3.3 The centre continued to organise regular competitions and events to celebrate cultural festivities and to bring detainees together. Recent events had included celebrations for the diamond jubilee and the summer Olympics.
- 3.4 Managers continued to record and monitor attendance by nationality and regularly reviewed provision against the population profile. While insufficient provision had been made previously for longer-term detainees and those who spoke English well, only a very small minority of detainees were now held for more than a few weeks. Better use was being made of English speakers to work as orderlies and occasionally assist with interpretation.

Learning and skills

- 3.5 There was no accredited learning and skills provision. Formal classes offered good opportunities to learn, make progress and develop new skills. Internal certificates of progress and achievement were awarded to detainees to recognise their progress. Classes were offered on a drop-in basis which provided flexibility for detainees with legal or immigration appointments. English as a second language was available five mornings each week and arts and craft classes were scheduled on three afternoons and two evenings a week. Each class was taught by a well-qualified and experienced teacher who had worked at the centre for some time and demonstrated a good understanding of and sensitivity to the needs of detainees. Classes contained detainees of mixed ability and interests. Individual lessons and schemes of work were well planned to reflect this and the needs of the rapidly changing population. There was a good standard of teaching and learning and the classroom provided a welcoming, appropriate environment for learning. Displays of work were good and regularly updated. Resources were satisfactory to meet the needs of most detainees but there was insufficient

use of IT in the teaching of English and handwritten material was prepared by the teacher. A computer and printer had just been supplied in the classroom but had not yet been used.

- 3.6 Classes were rarely filled to capacity and our survey indicated that only 18% of detainees were attending educational provision against 37% at the last inspection, though most detainees engaged in some form of activity. The centre had no arrangements for monitoring performance and assuring the quality of provision. There were no formal arrangements for teaching cover, supporting the continuing professional development of the teachers or sharing good practice.

Paid work

- 3.7 At the time of the inspection, 46 paid jobs were available, including cleaning, work in the kitchens and the servery, and orderly positions. The number of jobs had increased slightly since the previous inspection, but vacancy rates remained high and 21 jobs were not filled at the time of the inspection. Most detainees were given an appropriate briefing or basic training for their jobs. Pay for work was fair and equitable.
- 3.8 Paid work was still dependent on compliance with the UK Border Agency (UKBA) but managers of work activities were confident that most problems relating to potential non-compliance were discussed and resolved effectively. Managers attended detainee case reviews at which work was often proposed as part of a care plan.
- 3.9 Detainees were told about available work when they arrived at the centre. All positions were supported by clear written job descriptions and expectations. The application process was transparent and equitable and recruitment to a vacant position was speedy, while still being subject to the necessary checks and risk assessment. Individual job vacancies were clearly displayed in relevant areas of the centre, although the prominent notice board advertising all job vacancies, which had been located near the shop and the day room at the previous inspection, had been removed recently. There was no easily accessible central point where detainees looking for work could view all vacancies and job descriptions.

Library

- 3.10 Detainees had good access to a well organised and welcoming library which was open from early morning until late evening on weekdays and at weekends. Its management and coordination had been transferred recently to a dedicated library officer who was about to undertake an on-line training course in librarianship. The IT suite incorporated into the library was well used and internet use was monitored effectively by library staff. A wide range of fiction, non-fiction and dictionaries was available in up to 20 languages. The library offered reference materials, CDs, international and national newspapers and magazines, easy readers, and large print books. The games available on loan were now better promoted. Stock had been reviewed and replenished recently to reflect the current population profile but much of the old stock had been retained. Plans were in place to improve library stock further. Daily attendance at the library was monitored by nationality but there was still no routine recording or monitoring of loans, returns, library stock or losses.

Recommendations

- 3.11 **The monitoring of the quantity and quality of activities should be further improved to increase the proportion of detainees attending and to ensure that the needs of all detainees are met.**

- 3.12 **Compliance with UKBA should not be a pre-requisite for obtaining work in the centre.** (Repeated recommendation 6.9)
- 3.13 **The library stock should be further replenished and updated to meet the needs of the changing detainee population.**

Housekeeping point

- 3.14 Job vacancies should be better promoted in a central location, easily accessible to detainees, to improve the take up of paid work.

Sport and physical activity

- 3.15 Detainees had good access to a gym, sports hall and an outdoor sports area which met the needs of most detainees. Most of the facilities were open on weekdays and at weekends during the day and in the evenings. All detainees were assessed by health care for fitness to participate in physical activity, before receiving an induction to the gym. The gym was equipped with a good range of well-maintained cardiovascular and weight training equipment. Detainees played a variety of team sports and games in the indoor and outdoor sports areas, including volleyball, cricket, football, circuit training and basketball. Good attention was paid to the needs and interests of detainees when planning sporting activities. Regular sports competitions were popular and appreciated by detainees. Sports and fitness activities were promoted well around the centre and detainees were encouraged to participate in activities.
- 3.16 The sports facilities were supervised by a small team of dedicated officers supported by detainee orderlies. At the previous inspection, staff had received basic training for this work but most had not gained an appropriate training or coaching qualification. Since then, all staff had obtained the community sports leadership award. One longstanding member of the team was qualified as a gym instructor and another was undertaking the training. Plans were in place for all gym and sports staff to complete this training.
- 3.17 Detainees had access to clean training kit and sports shoes and were encouraged to use the showers after physical activity. Accidents and injuries were reported and recorded centrally but none had been sustained recently.

Recommendation

- 3.18 **Sports and activities staff should gain an appropriate instructor or coaching qualification.** (Repeated recommendation 6.15)

Section 4: Preparation for removal and release

Welfare

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

- 4.1 The welfare office was well established and appropriately staffed. Detainees valued the assistance they were given and the access they had to welfare support. There was insufficient assistance with more complex issues.
- 4.2 There was a well established welfare office which had an open door policy and was staffed by a dedicated officer. Additional staff provided a service in the evenings and at weekends. However, there was no systematic assessment of detainees' needs on arrival or pre release/removal. All detainees were taken to the welfare office during their induction tour where services available were briefly explained. These included retrieval of property from the sending establishment, provision of legal forms, and appointments for the legal advice surgery and UK Border Agency (UKBA). Paper records indicated that 38 detainees had been assisted in the previous six months, mostly with property retrieval, although records did not reflect the high volume of detainees who were assisted on a drop-in basis. A useful welfare office booklet was available in English. In our groups, detainees reported positively on the assistance provided by the welfare office. It was undoubtedly a helpful and valued service. Assistance with more complex issues would have improved it further. Such assistance could have included help with closing down financial affairs before removal, maintaining tenancies for detainees' families or applying for accommodation for the purposes of bail applications.

Recommendations

- 4.3 Detainees' needs relating to their detention, release or removal should be systematically assessed by welfare staff during induction and resolved through ongoing individual casework which recognises the complex nature of the challenges faced by detainees.
- 4.4 The welfare booklet should be made available in an appropriate range of languages.

Visits

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

- 4.5 Visits provision was good and the visits room was welcoming, though some rules were over restrictive and there was little information for visitors. Gatwick Detainees Welfare Group provided a very good volunteer visitor service.

- 4.6 Visits took place daily from 2 to 9pm. Visitors were permitted to bring in property for detainees and there was a free hourly shuttle service to Gatwick airport. Staff were respectful to visitors, but undertook searching in the main foyer in front of other visitors. The visits hall was welcoming and spacious, with a television and a children's play area which was well equipped for younger children. A small range of refreshments was available from vending machines but the food was limited to chocolate and crisps, with no healthier options. Nearly all detainees (93%) in our survey reported good treatment by visits staff. Some staff applied over-restrictive rules, for example detainees were not allowed to leave their seat to play with their children or use the vending machines. However, others were appropriately flexible.
- 4.7 Little information was displayed for visitors. What was available was in English only. If a visitor was concerned about a detainee being depressed or vulnerable, there was a number to call in confidence to leave a message with the safer community team but this was not prominently displayed and visitors we spoke to were not aware of it. We called the number but did not receive a response to the message we left. Gatwick Detainees Welfare Group (GDWG) provided a good service, with 100 volunteers available to support detainees. The recent introduction of Storytime for Dads (enables detainees to record bedtime stories for their children) was a positive initiative.

Recommendations

- 4.8 **Information for visitors should be available in the main languages spoken.** (Repeated recommendation 9.7)
- 4.9 **The confidential safer community telephone number should be prominently displayed and messages responded to promptly.**
- 4.10 **Rules in the visits hall should be less restrictive and should be applied consistently.**

Housekeeping points

- 4.11 Searching of visitors should be undertaken more discreetly out of sight of other visitors.
- 4.12 A wider range of refreshments should be provided for visitors, including healthy options.

Communications

Expected outcomes:

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

- 4.13 Detainees had good access to the internet but some legitimate sites were blocked and email attachments could not be opened. Access to fax facilities and telephones was good.
- 4.14 There were a number of computers in the library and detainees had good access to the internet and email. However, they were unable to open Word or PDF attachments or documents, which we were told was due to a temporary IT problem. A number of legitimate websites were blocked, including some foreign language services of the BBC. Detainees could request that sites be unblocked in a book kept in the library, although we were not certain that

legitimate sites were unblocked quickly. In our groups, not all detainees were aware they could ask for a site to be unblocked (see legal rights section).

- 4.15 Detainees were able to send faxes of unlimited length from the library, and incoming faxes were received in the welfare office and recipients' room numbers immediately written on a board in the corridor. Detainees did not report any difficulties with mail; there was a designated post box for outgoing mail which was emptied daily and a notice of those who had received incoming mail was updated daily. Detainees were required to open letters in front of staff but officers did not read them. All detainees were able to send one free letter a week.
- 4.16 All detainees received a free five-minute phone card on arrival and were given a mobile phone if their own did not meet the criteria to remain in possession. There was no system for providing free weekly calls to detainees without money, although the welfare officer took a pragmatic approach and allowed detainees without means to make calls in the welfare office. GDWG provided phone cards to detainees most in need.

Recommendation

- 4.17 **Managers should ensure that internet sites and links are only blocked on the grounds of a risk to security or other legitimate reasons. Detainees should be able to open email attachments, including Word and PDF documents.** (Repeated recommendation 9.13 with amendment)

Housekeeping point

- 4.18 Library staff should be able to unblock legitimate websites easily and quickly.

Removal and release

Expected outcomes:

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

- 4.19 Detainees only received an hour's notice of transfer to another place of detention, which was insufficient. Limited systematic support was given to detainees before discharge but efforts had been made to provide information on destination countries. Gatwick Detainees Welfare Group provided good support. The system of 'reserves' for overseas charter flight removals remained in place and was not acceptable. Detainees were appropriately assessed for fitness to fly and medication was provided. Medical notes were provided for detainees being released or transferred.
- 4.20 A weekly surgery was held by Refugee Action for detainees interested in the assisted voluntary return scheme, and leaflets about the scheme were displayed in the centre in a good range of languages.
- 4.21 Detainees were given appropriate notice of removal, but only received an hour's notice of transfer to another place of detention, which was insufficient, particularly for detainees whose families were due to visit the same day. Limited systematic support was offered to detainees by the centre before discharge; notices around the centre invited detainees to see the welfare

officer who facilitated contact with GDWG. They provided appropriate clothing and bags for travelling and small removal grants in the absence of a formal system of financial assistance to help detainees reach their final destination. We welcomed the recent efforts that had been made by the centre to provide information to detainees on hotels, hospitals and Red Cross/Crescent contact details in destination countries.

- 4.22 There were no charter removals during the inspection. We were told that the helpful detainee briefing sessions facilitated by UKBA and centre staff still took place. The system of 'reserves' for overseas charter flight removals remained in place, and was not acceptable irrespective of the fact that detainees were now told if they were a reserve (see main recommendation HE47). On charter removals, detainees were assessed for fitness to fly and medication was given to those who needed it. Medical notes were provided for detainees being released or transferred.

Housekeeping point

- 4.23 Detainees being transferred to another centre should be given more time to prepare for the move.

Section 5: The family unit

- 5.1 The family unit was a well designed, family friendly and welcoming facility. Families generally arrived with little notice and stayed for short periods. Staff had received appropriate child-centred training and aimed to assist adults to support and care for their own children. Initial family assessments were completed, but were not sufficiently detailed. Ongoing records demonstrated good staff engagement with families and a number of families had written to express their appreciation of the care they had received on the unit.
- 5.2 The purpose-built family unit had opened in March 2011. It was used to accommodate families, age dispute cases and single females. There were no detainees in the unit during the inspection.
- 5.3 Efforts had been made to make the unit completely separate from Tinsley House, so that children had little sense that they were being detained in a secure facility. Razor wire had been taken down from all the external security fences visible from the unit, and metal security doors were covered by curtains. There were no bars at the windows. However, the children's play area, although properly screened, was next to the adult detainees' garden and some family rooms, which were the last to be used, also overlooked the garden. Families had designated access to the visits hall, where they received visits at the same time as the male detainees from the main site.
- 5.4 The head of the centre took close line management responsibility for the unit and a dedicated staff group of four managers and eight officers undertook other duties in the main centre when there were no families on site. The unit was staffed each day by two managers and three officers but only one officer at night. If any concerns arose at night, staff from the main site were required to assist. Irrespective of the time, the head of Tinsley House was notified of all families arriving at the centre and of any concerns about a family or individual child.
- 5.5 All staff who had contact with children had enhanced Criminal Records Bureau checks and were also vetted by UK Border Agency (UKBA). There was an ongoing training programme for family unit staff, which included level 3 NVQ in health and social care (children and young people), NSPCC children's rights and safeguarding training, and child specific anti-bullying training. Detention custody managers had received child safeguarding training delivered by the West Sussex Safeguarding Children Board. Family unit staff had regular sessions with experienced external child care trainers to help them find ways of engaging quickly and effectively with families to create opportunities for supportive conversations. All staff who worked on the unit were trained in age-appropriate restraint techniques.
- 5.6 From October 2011 to September 2012, 43 families and 56 children had stayed in the family unit. The average length of stay for children was approximately 21 hours. The majority of families who stayed at the unit had been refused entry at the border and were being returned to their country of origin on the first available flight. The shortest stay was five hours and the longest 135 hours, which was a family seeking asylum.
- 5.7 The unit was also used for single female detainees refused entry at the border. Between March and September 2012, 22 women had been sent to the unit and stayed on average 10 hours, with the shortest stay four hours and the longest 26 hours. We were told that no women stayed while a family was in residence, though we did not consider it inappropriate for them to do so subject to a thorough risk assessment.

Escort and first days

- 5.8 Records that we examined showed that all families arrived in vehicles on their own and journey times were not excessive. However, the time from detention at the airport to arrival at the centre was long. On one occasion, it took a woman who was seven months pregnant and travelling alone with her two-year-old daughter, 17 hours from initial detention at Heathrow airport to arrival at the centre. She arrived at the family unit at 12.30am, very tired and refusing to see health care as she wanted to go to bed. Records indicated that she received excellent support from unit staff and was seen by a doctor at 10.52am. Another pregnant woman, travelling with a one-year-old child, took 12 hours from arrival at the airport to reach the family unit; she arrived at 7.30pm and saw health care staff on reception. The shortest period of time between arrival in the country and reaching the centre was seven hours, which involved a family of four who arrived at the centre at 3.25am. Staff reported that long delays were common and that parents and children often arrived tired and in a distressed state.
- 5.9 Escort records were completed for each family member. Entries were cursory and in some cases the risk assessment section simply had a line through it. Some escort staff had not given sufficient thought to recording their contacts with children. However, some family welfare forms completed by UKBA gave a detailed account of the families' circumstances.
- 5.10 Family unit staff said that they were usually given about three hours' notice of an arrival. Escort vans carrying families were given priority over vans carrying adult male detainees and were admitted to the centre very quickly. The family unit had its own reception area, which was comfortable and welcoming, with toys for children and a television giving basic information about the unit in a number of different languages. All arrivals had immediate access to a toilet with baby changing facilities. Hot drinks were provided and there was a water dispensing machine. Reception interviews took place with the officer sitting next to the family and we saw evidence that telephone interpretation was used where appropriate. After booking in, families could use a health care suite adjacent to reception. The suite was child friendly, with age-appropriate posters and books. There was a full range of appropriate medical equipment to cater for the immediate and ongoing needs of children and pregnant women. Health care assessments could take place in the families' rooms if considered preferable. Families were taken to their rooms as soon as possible with their property, and a hot meal was provided.
- 5.11 Initial assessments were undertaken with all families covering a range of risk indicators. Documents we scrutinised were all completed, but in some sections comments were sparse and did not demonstrate why conclusions about potential vulnerabilities had been reached. Not all assessments contained action plans for the immediate care needed by the family. Assessment documentation had been designed to assess the family's needs, rather than individuals', but did give the opportunity for individuals to be mentioned if there was a concern. All families were regularly observed for the first 24 hours after arrival and records demonstrated good engagement and a flexible approach to responding to the families' needs.

Facilities

- 5.12 The unit contained eight family suites, all of which were prepared to take a family at very short notice. The suites consisted of separate sleeping and living areas and a bathroom and were comfortable, clean, decorated to a high standard and warm, though properly ventilated with windows that opened slightly (see Appendix V). Each suite had a television, comfortable chairs and a table and chairs where the family could eat together. Some suites had baby cots and one contained a walk-in shower facility for people with mobility difficulties. Two suites had an

adjoining door to accommodate large families. They could also be used if a constant watch was required, or if a family member was refractory and not able to use the rest of the unit. The rooms had not yet been used for these purposes.

- 5.13 CCTV covered all parts of the unit except the family suites. All residents had their own suite keys, though rooms could be opened by staff in an emergency. Families could use all areas of the unit at any time and could launder and dry their own clothes. There was a computer suite with internet access and families had access to mobile phones and could take incoming calls privately. Hot drinks were available in the suites and residents could use a well equipped communal kitchen at any time to prepare a meal with ingredients provided by the centre. Halal meals were available. Meals could be eaten in the family suites or in the comfortable communal lounge and dining room (see Appendix V). The unit had a multi-faith room with prayer mats and a selection of religious texts in a number of languages.
- 5.14 The unit had a well equipped play room for young children and another room for older children containing a selection of electronic games, a small pool table and a number of books and magazines (see Appendix V). There was a secluded children's outdoor play area with small bikes and climbing frames. Records indicated that staff spent time playing with children in all these areas (see Appendix V).
- 5.15 Clothes, toiletries and other essential items could be provided for families who needed them.

Family and child care

- 5.16 The ethos of the unit was to support the whole family to manage their detention and the difficult times ahead, while assisting the parent/carer to look after and support their own children. Records that we examined showed that families received good care and attention in the unit: staff introduced themselves to residents when they came on duty, offered to launder clothes, provided children with pyjamas, gave credit for telephones, provided lists of solicitors, played with children, looked after a sleeping baby when the mother went for an appointment with UKBA, facilitated visits from the chaplaincy, took breakfast to a tired family and talked to a mother while she was feeding her baby. We also read conversations of a personal nature, where individuals shared their difficulties and concerns with staff members.
- 5.17 There were no families using the unit during the inspection but we saw written feedback from families who had stayed on the unit. They were all positive about the care they had received and this quote was typical: 'amazing friendly staff; very accommodating; food/rooms were excellent; received support from staff (comforting)'.

Recommendation

- 5.18 Families should not be subjected to excessive stays in airport holding rooms and should be escorted promptly to the centre.

Housekeeping point

- 5.19 Initial assessments undertaken by reception staff should be more detailed and describe the rationale for the conclusions reached about the risk families pose to themselves or others. Initial assessments should include an action plan for the family's immediate care.

Section 6: Summary of recommendations

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, or in the previous report where recommendations have been repeated.

Main recommendation	To the Chief Executive of UKBA
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- | | |
|-----|---|
| 6.1 | The practice of taking additional detainees as reserves to the airport for charter flight removals should cease. (HE.47, repeated recommendation HE.43) |
|-----|---|

Main recommendation	To UKBA and centre manager
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- | | |
|-----|--|
| 6.2 | Detainees at risk of self-harm or suicide should not be located in the separation accommodation solely for reasons of vulnerability. A suitable care suite should be available. (HE.45, repeated recommendation HE.40) |
|-----|--|

Main recommendation	To the centre manager
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- | | |
|-----|--|
| 6.3 | There should be a clear referral and assessment system for mental health needs, with appropriate linkage between primary mental health and services for severe and enduring mental health. Recognised assessment tools and care planning should be used. (HE.46) |
|-----|--|

Recommendations	To UKBA
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Escort vehicles and transfers

- | | |
|-----|---|
| 6.4 | Detainees should not be subject to exhausting overnight transfers between centres. (1.7, repeated recommendation HE.38) |
|-----|---|

Casework

- | | |
|-----|--|
| 6.5 | Centre staff should be able to access immediately the total time that individuals have been detained anywhere (including prisons) under immigration powers. (1.88) |
| 6.6 | Monthly progress reports should summarise key developments in detainees' cases. (1.89) |

Activities

- | | |
|-----|--|
| 6.7 | Compliance with UKBA should not be a pre-requisite for obtaining work in the centre. (3.12, repeated recommendation 6.9) |
|-----|--|

Recommendation To UKBA and escort contractor

Family Unit

- 6.8 Families should not be subjected to excessive stays in airport holding rooms and should be escorted promptly to the centre. (5.18)

Recommendation To UKBA, centre manager and escort contractors

Escort vehicles and transfers

- 6.9 Detainees should only be handcuffed for outside appointments, during medical assessments and other events on the basis of individualised and clearly documented risk assessments. (1.9)

Recommendation To the escort contractor

- 6.10 All detainee welfare records should be completed fully and accurately by escort staff. (1.8, repeated recommendation 1.8)

Recommendations To the centre manager

Bullying and violence reduction

- 6.11 Anti-bullying books should be completed thoroughly and include clear outcome-focused objectives. (1.23)

Safeguarding (protection of adults at risk)

- 6.12 Formal arrangements for safeguarding adults should be developed in partnership with the local authority. (1.36)

Safeguarding children

- 6.13 There should be a staff 'whistle-blowing' policy, relating specifically to child protection. The policy should include the management and support of staff making allegations and those who have allegations made against them. (1.45)
- 6.14 The safeguarding and welfare of children and families policy should be reviewed by and written jointly with the West Sussex Local Safeguarding Children Board. The agreed policy should be signed by both parties. (1.46)

Security

- 6.15 Detainees should only be strip-searched in exceptional circumstances. (1.51)

The use of force and single separation

- 6.16 Force should only be used when necessary and as a last resort. (1.62)
- 6.17 Use of force meetings should take place regularly and include analysis of relevant data to help identify patterns and trends. (1.63)
- 6.18 Detainees should only be separated under rules 40 or 42 of the detention centre rules, and not rule 15. (1.64)
- 6.19 Detainees returning from failed removals should not be automatically placed in Room 12. (1.65)
- 6.20 Detainees should be removed from segregation at the earliest possible time. (1.66, repeated recommendation 7.24)

Residential units

- 6.21 The centre should regularly communicate to detainees the best ways to improve ventilation. (2.5)

Equality and diversity

- 6.22 Diversity monitoring should facilitate the identification and investigation of trends in detainee outcomes, across all the protected characteristics. DEAT members should have a clear understanding of this process. (2.19)
- 6.23 The professional interpretation service should be promoted and its use monitored to ensure detainees clearly understand complex or confidential information. Where accuracy or confidentiality are important, professional services should always be used. (2.20)
- 6.24 The under-reporting of disabilities and negative perceptions of detainees with disabilities identified in our survey should be investigated and addressed by the centre. (2.26, repeated recommendation 4.49)

Faith and religious activity

- 6.25 A review of services for Muslim detainees should be undertaken to address detainee and staff concerns about the suitability of the sports hall for Friday prayers, the provision of ablution facilities and the systems for preventing cross-contamination between halal and non-halal food. (2.32)

Complaints

- 6.26 Complaints should be answered promptly, and complaints against members of staff should be investigated rigorously by a senior manager. (2.37)

Health services

- 6.27 A system should be in place in the health care department to monitor clinical incidents and the lessons learnt from these. (2.50, repeated recommendation 5.16)
- 6.28 Staff should be trained in chronic disease management. (2.51)
- 6.29 All nursing staff should participate in a structured clinical supervision programme and have appropriate developmental opportunities. (2.52, repeated recommendation 5.15)
- 6.30 The introduction of staff appraisals should be expedited to ensure safe clinical practice. (2.53)
- 6.31 Administrative support should be provided to release qualified nurses for professional duties in caring for detainees. (2.54, repeated recommendation 5.14)
- 6.32 There should be consistent follow-through for detainees with identified health needs. (2.62)
- 6.33 A thorough risk assessment should be carried out for all detainees attending external hospital appointments. (2.63)
- 6.34 There should be suitable facilities for health care staff to run clinics and consultations in private and without being disturbed. (2.64, repeated recommendation 5.4)
- 6.35 Pharmacy services should be available to oversee pharmacy functions and undertake pharmacist-led clinics, clinical audit and medication review. (2.74, repeated recommendation 5.36)
- 6.36 Patient group directions should be used to enable the administration of more potent medication and to avoid unnecessary consultations with the doctor. (2.75, repeated recommendation 5.38)
- 6.37 Medication should be for a 'named patient' wherever possible. (2.76)
- 6.38 All staff involved in the handling of medicines should have received appropriate training in the standard operating procedures and evidence of this documented. (2.77)
- 6.39 The in-possession risk assessment should be fully documented; any change in risk status should include evidence of a further risk assessment and justification for any change to the method of administration. (2.78)
- 6.40 There should be one prescription chart with full recording of administration including any failure to attend and refusal to take medication. Issues relating to drug compliance, particularly where patient health and wellbeing may be compromised, should be followed up appropriately. (2.79)
- 6.41 All prescriptions should be written in line with prescribing guidance and should include the quantity and date prescribed and be signed by the prescriber. (2.80, repeated recommendation 5.39)
- 6.42 The medicines and therapeutics committee should meet regularly and include representation from the prescribers and the pharmacy service. (2.81)
- 6.43 A full range of primary and secondary mental health services should be provided according to the needs of the population. (2.89, repeated recommendation 5.47)

- 6.44 Referrals and assessments in relation to whether detainees' mental or physical health could be adversely affected by detention should be consistent and multidisciplinary. (2.90, repeated recommendation 5.26)

Substance misuse

- 6.45 Local protocols should include the management of detainees who disclose current or previous substance use, including problematic alcohol use. (2.92, repeated recommendation 5.51)

Services

- 6.46 The menu should include a choice of vegetables at each meal and a vegan option. It should be published in advance in a number of languages, with comprehensive use of symbols and pictures to aid understanding. (2.100)
- 6.47 The food comments book and the centre's detainee consultation processes should be used proactively to demonstrate the catering team's commitment to meeting detainee need. (2.101)
- 6.48 Detainees should be able to prepare their own food in a cultural kitchen. (2.102, repeated recommendation 8.7)

Activities

- 6.49 The monitoring of the quantity and quality of activities should be further improved to increase the proportion of detainees attending and to ensure that the needs of all detainees are met. (3.11)
- 6.50 The library stock should be further replenished and updated to meet the needs of the changing detainee population. (3.13)
- 6.51 Sports and activities staff should gain an appropriate instructor or coaching qualification. (3.18, repeated recommendation 6.15)

Welfare

- 6.52 Detainees' needs relating to their detention, release or removal should be systematically assessed by welfare staff during induction and resolved through ongoing individual casework which recognises the complex nature of the challenges faced by detainees. (4.3)
- 6.53 The welfare booklet should be made available in an appropriate range of languages. (4.4)

Visits

- 6.54 Information for visitors should be available in the main languages spoken. (4.8, repeated recommendation 9.7)
- 6.55 The confidential safer community telephone number should be prominently displayed and messages responded to promptly. (4.9)
- 6.56 Rules in the visits hall should be less restrictive and should be applied consistently. (4.10)

Communications

- 6.57 Managers should ensure that internet sites and links are only blocked on the grounds of a risk to security or other legitimate reasons. Detainees should be able to open email attachments, including Word and PDF documents. (4.17, repeated recommendation 9.13)

Housekeeping points

Early days in detention

- 6.58 Prison Service files should inform initial risk assessments undertaken by reception staff with former foreign national prisoners. (1.17)

Bullying and violence reduction

- 6.59 Safer community orderlies should receive training for the role. (1.24)
- 6.60 Photographs of safer community orderlies should be kept up to date. (1.25)

Self-harm and suicide prevention

- 6.61 ACDT reviews should be conducted in an appropriate environment free of interruptions. (1.32)
- 6.62 Follow-up support should be provided to detainees who witness serious incidents of self-harm. (1.33)

The use of force and single separation

- 6.63 Use of force documents should not be reviewed by staff involved in the incident. (1.67)
- 6.64 Planned use of force incidents should be video recorded in full. (1.68)

Legal rights

- 6.65 Legal advisers at the detention advice surgeries should have access to a landline telephone. (1.76)
- 6.66 The detention duty advice scheme should be prominently promoted around the centre. (1.77)
- 6.67 Interview rooms should not have chairs permanently chained to the floor. (1.78)
- 6.68 The availability of country-of-origin information reports should be better promoted. (1.79)

Casework

- 6.69 Detainees should be given a bail application form during UKBA induction interviews. (1.90)

Staff-detainee relationships

- 6.70 Care officer interviews should be better recorded in history sheets. (2.10)

Equality and diversity

- 6.71 The recent initiative to hold nationality group meetings should be sustained and developed, with outcomes communicated to detainees. (2.27)

Complaints

- 6.72 Only the most recent version of the complaints form should be available to detainees. (2.38)

Health services

- 6.73 The contents of the resuscitation kit should be reviewed in line with local and national guidance. (2.55)
- 6.74 Patient information leaflets should be supplied and detainees clearly advised on how to obtain them. (2.82)
- 6.75 The waiting or appointments list should be accessible to staff at Tinsley House. (2.84)

Services

- 6.76 Waste food should not be stored in the kitchen overnight. (2.103)
- 6.77 Detainees should be able to purchase newspapers and magazines. (2.104)
- 6.78 Catalogue orders should not be subject to administrative charges. (2.105)

Activities

- 6.79 Job vacancies should be better promoted in a central location, easily accessible to detainees, to improve the take up of paid work. (3.14)

Visits

- 6.80 Searching of visitors should be undertaken more discreetly out of sight of other visitors. (4.11)
- 6.81 A wider range of refreshments should be provided for visitors, including healthy options. (4.12)

Communications

- 6.82 Library staff should be able to unblock legitimate websites easily and quickly. (4.18)

Removal and release

- 6.83 Detainees being transferred to another centre should be given more time to prepare for the move. (4.23)

The family unit

- 6.84 Initial assessments undertaken by reception staff should be more detailed and describe the rationale for the conclusions reached about the risk families pose to themselves or others. Initial assessments should include an action plan for the family's immediate care. (5.19)

Appendix I: Inspection team

Martin Lomas	Deputy Chief Inspector
Hindpal Singh Bhui	Team leader
Colin Carroll	Inspector
Bev Alden	Inspector
Ian Thomson	Inspector
Jeanette Hall	Inspector
Nicola Rabjohns	Health care inspector
Majella Pearce	Health care inspector
Simon Denton	Pharmacist
Linda Truscott	Ofsted
Anne Fragniere	Observer
Alice Reid	Researcher
Olayinka Macauley	Researcher
Caroline Elwood	Researcher

Appendix II: Progress on recommendations from the last report

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

Safety	
Detainees are held in safety and with due regard to the insecurity of their position.	
<p>At the last inspection in 2011 detainee feedback on escorts was generally positive. However, there were a number of overnight moves and an inappropriate presumption towards handcuffing for external appointments. The reception risk assessment process was adequate to identify substantial risks but was not sufficiently rigorous. First night checks were good. Most detainees found induction helpful, but it was less effective for those who spoke little English. Security was proportionate and use of force was low. The one remaining separation cell was poorly located and unsuitable for vulnerable detainees. An expanded children's unit was being rapidly constructed and was due to open shortly. Detainees reported feeling safe, and safer detention procedures were generally sound. The use of safer community orderlies was a positive initiative. Detainees at risk had unnecessarily been placed in demeaning strip clothing. Detainees could obtain legal representation via regular duty advice surgeries. The on-site UK Border Agency (UKBA) team was efficient and diligent. Rule 35 procedures were not carried out effectively. Outcomes for detainees against this healthy establishment test were reasonably good.</p>	
Main recommendations	
Detainees should not be subject to exhausting overnight transfers between centres. (HE.38)	Not achieved (Recommendation repeated, 1.7)
Rule 35 letters should be completed by doctors and UKBA responses should be prompt and should explain in detail why detention is being maintained, taking account of all the presenting factors. (HE.39)	Achieved
Detainees at risk of self-harm or suicide should not be located in the separation accommodation solely for reasons of vulnerability. A suitable care suite should be available. (HE.40)	Not achieved (Recommendation repeated, HE.45)
Recommendations	
All detainee welfare records should be completed fully and accurately by escort staff. (1.8)	Not achieved (Recommendation repeated, 1.8)
Detainees should not be handled during escorts in the absence of information indicating a significant risk. (1.9)	Not achieved
Detainees should only be handcuffed during hospital escorts if risk assessment indicates specific risk of harm or escape. (1.10)	Not achieved

Arrivals should be coordinated to ensure that detainees are not subjected to long delays disembarking from vehicles. (1.20)	Partially achieved
All detainees should be interviewed in private in reception using a professional interpretation service if they cannot speak English. (1.21)	Achieved
Reception staff should be aware of the purpose of reception interviews and complete first night risk assessment forms competently. (1.22)	Achieved
Prison files should accompany all arriving foreign national ex-prisoners and be used to inform the first night risk assessment. (1.23)	Partially achieved
Induction staff should ensure that all detainees are made aware of what is being said, including those who do not speak English. (1.30)	Achieved
There should be clear governance on the use of strip clothing. It should only be used in exceptional and defensible circumstances to safeguard life. (4.27)	Achieved
UKBA should follow its local and national policies when managing age dispute cases. (4.36)	Achieved
Managers should support staff to complete security information reports where appropriate. (7.8)	Achieved
There should be a comprehensive approach to analysis of information from different intelligence sources. (7.9)	Achieved
A review of the rewards scheme should take place to assess its effectiveness. The results of the review should inform a decision on whether the scheme should be continued. (7.12)	No longer relevant
Information about the nature and location of incidents and the ethnicity of detainees involved in the use of force should be analysed to help identify patterns and trends. (7.21)	Not achieved
Protocols should be produced for the use of cell 12 setting out clear governance arrangements. (7.22)	Partially achieved
For detainees separated under rule 40, an alternative should be found to the stark conditions of room 12. (7.23)	Partially achieved
Detainees should be removed from segregation at the earliest possible time. (7.24)	Not achieved (Recommendation repeated, 1.66)
In cooperation with the Legal Services Commission, the reasons for the low number of non-English speaking detainees with access to a solicitor should be investigated and the findings acted on. (3.11)	Not achieved
Detainees should be able to open email attachments and access Word or PDF documents on important legal websites. (3.12)	Not achieved
Hard copies of up-to-date country of origin information reports should be available in the library and electronic copies on the PCs in the internet suite. (3.13)	Achieved
Accessible central records should be kept of the total time that individuals have been detained anywhere (including prisons) under immigration powers. (3.27)	Partially achieved
Monthly reviews of detention should give balanced consideration to all material factors affecting the decision to detain. (3.28)	Achieved

Respect

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

At the last inspection in 2011, the centre was clean and detainees had good access to showers and an adequate laundry. Ventilation remained a major problem. Most detainees reported very positively on treatment by staff, but not enough effort was made to engage with those who spoke little English. The

diversity policy was extremely good but needed to be fully implemented. Diversity work was well managed. Faith provision was much appreciated by detainees. The management of complaints had improved. Health services were reasonable overall but mental health provision was inconsistent. The standard of catering was reasonable and the shop provided a good service. Outcomes for detainees against this healthy establishment test were reasonably good.

Main recommendations

Professional interpretation should always be used with non fluent English speakers when discussing sensitive issues such as those relating to health care. (HE.41)	Partially achieved
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Regular meetings should be held with groups of different nationalities, using professional interpretation where necessary, to establish and help resolve concerns. (HE.42)	Partially achieved
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Recommendations

Detainees' rooms should be properly ventilated (2.10)	Partially achieved
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The planned care officer scheme should be implemented as soon as possible.	Achieved
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In the absence of the diversity coordinator, diversity work should be allocated to named staff at Tinsley House. (4.47)	Achieved
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Patterns and trends identified through diversity monitoring should be analysed and actioned. (4.48)	Not achieved
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The apparent under-reporting of disabilities and negative perceptions of detainees with disabilities should be investigated by the centre. (4.49)	Partially achieved (Recommendation repeated, 2.26)
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UKBA should explore the potential for translating generic information for detainees in all centres. (4.50)	Not achieved
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Detainees of minority faiths should have a suitable, quiet room for prayer and contemplation. (4.61)	Achieved
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Where appropriate, chaplains should be involved in pre-release planning. (4.62)	Not achieved
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There should be suitable facilities for health care staff to run clinics and consultations in private and without being disturbed. (5.4)	Partially achieved (Recommendation repeated, 2.64)
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Health services staff should at all times behave politely towards detainees. (5.5)	Achieved
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A clear programme of clinical audit should be in place and reviewed regularly. (5.13)	Achieved
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Administrative support should be provided to release qualified nurses for professional duties in caring for detainees. (5.14)	Partially achieved (Recommendation repeated, 2.54)
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All nursing staff should participate in a structured clinical supervision programme and have appropriate developmental opportunities. (5.15)	Not achieved (Recommendation repeated, 2.52)
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A system should be in place in the health care department to monitor clinical incidents and the lessons learnt from these. (5.16)	Partially achieved (Recommendation repeated, 2.52)
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Nurse-led clinics should ensure detainees are assessed, treated and referred to the most appropriate services. (5.27)	Achieved
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Robust discharge arrangements should be in place for all detainees. (5.28)	Partially achieved
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Referrals and assessments in relation to whether detainees' mental or physical health could be adversely affected by detention should be consistent and multidisciplinary. (5.26)	Not achieved (Recommendation repeated, 2.90)
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Pharmacy services should be available to oversee pharmacy functions and undertake pharmacist-led clinics, clinical audit and medication review. (5.36)	Not achieved (Recommendation repeated, 2.74)
Medication administration times should be adhered to in order to reduce clashing with clinics and help ensure that patients get the best treatment possible. (5.37)	Achieved
Patient group directions should be used to enable the administration of more potent medication and to avoid unnecessary consultations with the doctor. (5.38)	Not achieved (Recommendation repeated, 2.75)
All prescriptions should be written in line with prescribing guidance and should include the quantity and date prescribed and be signed by the prescriber (5.39)	Not achieved (Recommendation repeated, 2.80)
A full range of primary and secondary mental health services should be provided according to the needs of the population. (5.47)	Partially achieved (Recommendation repeated, 2.89)
There should be structured day care services which offer meaningful activity and support for detainees who find it difficult to cope. (5.48)	No longer relevant
Mental health awareness training should be available for all detainee custody officers working on reception and residential units. (5.49)	Achieved
Local protocols should include the management of detainees who disclose current or previous substance use, including problematic alcohol use. (5.51)	Not achieved (Recommendation repeated 2.92)
Detainees should be able to prepare their own food in a cultural kitchen. (8.7)	Not achieved (Recommendation repeated, 2.102)

Purposeful activity

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

At the last inspection in 2011 most detainees had enough to do to fill their time. There was sufficient paid work to meet demand. English for speakers of other languages (ESOL) and arts and crafts provision and teaching were reasonably good, but classes for detainees who spoke good English were limited. Access to recreational activities was satisfactory. The library was accessible and well used. PE facilities were adequate but staff were unqualified. Outcomes for detainees against this healthy establishment test were reasonably good.

Recommendations

The quality and range of activities should meet the needs of the whole population including English speakers (6.8)	Achieved
Compliance with UKBA should not be a pre-requisite for obtaining work in the centre. (6.9)	Partially achieved (Recommendation repeated, 3.12)
Induction to activities should be clear. Staff should check detainees' understanding of the induction process. Information about activities should be reinforced with information in a variety of languages. (6.10)	Achieved
Sports and activities staff should gain an appropriate training and coaching qualification. (6.15)	Partially achieved (Recommendation repeated, 3.18)

Resettlement

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

At the last inspection in 2011 there was an efficient, accessible and valued welfare service. Visits provision was good. There was good access to telephones, fax and internet, although detainees were not always able to access legitimate internet sites and download important documents. The Gatwick Detainees Welfare Group provided a useful service and had good relationships with the centre. While pre-removal work needed further development, it had improved markedly and we saw some good work in this area. Outcomes for detainees against this healthy establishment test were good.

Main recommendation

The practice of taking additional detainees as reserves to the airport for charter flight removals should cease. (HE.43)

Not achieved
(Recommendation repeated, HE.47)

Recommendations

Information for visitors should be available in the main languages spoken. (9.7)

Not achieved
(Recommendation repeated, 4.8)

Managers should ensure that internet sites and links are only blocked on the grounds of a risk to security or other legitimate reasons. (9.13)

Not achieved
(Recommendation repeated with amendment, 4.17)

There should be a system to ensure that all those due to depart from the centre are individually offered help by the welfare officer. (9.19)

Not achieved

Interpretation should be used to brief detainees who cannot speak English before removal. (9.20)

Not possible to inspect

Appendix III: Detainee population profile

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

Population breakdown by:

(i) Age	No. of men	No. of women	No. of children	%
Under 1 year	0	0	0	0
1 to 6 years	0	0	0	0
7 to 11 years	0	0	0	0
12 to 16 years	0	0	0	0
16 to 17 years	0	0	0	0
18 years to 21 years	12	0	0	10.81
22 years to 29 years	46	0	0	41.44
30 years to 39 years	27	0	0	24.33
40 years to 49 years	12	0	0	10.81
50 years to 59 years	13	0	0	11.71
60 years to 69 years	1	0	0	0.9
70 or over	0	0	0	0
Total	111	0	0	100

(ii) Nationality Please add further categories if necessary	No. of men	No. of women	No. of children	%
Afghanistan	20	0	0	18.02
Albania	2	0	0	1.8
Algeria	3	0	0	2.7
Angola	0	0	0	0
Bangladesh	13	0	0	11.72
Belarus	0	0	0	0
Cameroon	1	0	0	0.9
China	3	0	0	2.7
Colombia	0	0	0	0
Congo (Brazzaville)	0	0	0	0
Congo Democratic Republic (Zaire)	1	0	0	0.9
Ecuador	0	0	0	0
Estonia	0	0	0	0
Georgia	0	0	0	0
Ghana	2	0	0	1.8
India	10	0	0	9.0
Iran	1	0	0	0.9
Iraq	0	0	0	0
Ivory Coast	1	0	0	0.9
Jamaica	3	0	0	2.7
Kenya	0	0	0	0
Kosovo	0	0	0	0
Latvia	0	0	0	0
Liberia	0	0	0	0
Lithuania	0	0	0	0

Malaysia	1	0	0	0.9
Moldova	0	0	0	0
Nigeria	11	0	0	9.91
Pakistan	18	0	0	16.23
Russia	0	0	0	0
Sierra Leone	1	0	0	0.9
Sri Lanka	9	0	0	8.12
Trinidad and Tobago	0	0	0	0
Turkey	1	0	0	0.9
Ukraine	0	0	0	0
Vietnam	1	0	0	0.9
Yugoslavia (FRY)	0	0	0	0
Zambia	0	0	0	0
Zimbabwe	0	0	0	0
Other (please state)	9			
	Antigua & Barbuda - 1			0.9
	Brazil - 1			0.9
	Eritrea - 2			1.8
	Libya - 1			0.9
	Philippines - 1			0.9
	Somalia - 1			0.9
	Stateless - 1			0.9
	Uganda - 1			0.9
Total	111	0	0	100

(iv) Religion/belief Please add further categories if necessary	No. of men	No. of women	No. of children	%
Buddhist	4	0	0	3.6
Roman Catholic	3	0	0	2.7
Orthodox	18	0	0	16.21
Other Christian religion	0	0	0	0
Hindu	9	0	0	8.11
Muslim	58	0	0	52.25
Sikh	6	0	0	5.42
Agnostic/atheist	0	0	0	0
Unknown	3	0	0	2.71
Other (please state what)	Islam - 5 None - 4 Rastafarian - 1	0	0	9
Total	111	0	0	100

(v) Length of time in detention in this centre	No. of men	No. of women	No. of children	%
Less than 1 week	0	0	0	0
1 to 2 weeks	37	0	0	33.33
2 to 4 weeks	0	0	0	0
1 to 2 months	48	0	0	43.24

2 to 4 months	19	0	0	17.12
4 to 6 months	6	0	0	5.41
6 to 8 months	0	0	0	0
8 to 10 months	0	0	0	0
More than 10 months (please note the longest length of time)	1	0	0	0.9
Total	111	0	0	100

(vi) Detainees' last location before detention in this centre	No. of men	No. of women	No. of children	%
Community	0	0	0	0
Another IRC	44	0	0	39.64
A short-term holding facility (e.g. at a port or reporting centre)	49	0	0	44.14
Police station	17	0	0	15.32
Prison	1	0	0	0.9
Total	111	0	0	100

Appendix IV: Summary of detainee survey responses

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

Choosing the sample size

At the time of the survey on 1 October 2012, the detainee population at Tinsley House Removal Centre was 115 (there were 114 detainees when we arrived and an additional detainee arrived during the visit). The questionnaire was offered to all detainees.

Selecting the sample

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

Completion of the questionnaire was voluntary. If a detainee was not bi-lingual, an interpreter supplied by HMIP or an interpreter via a telephone was used to communicate the purpose and aims of the survey.

Questionnaires were offered in 11 different languages.

Telephone interpreter interviews were carried out with any respondents we were not able to provide with a translated survey. In total, two respondents were interviewed.

Methodology

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

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

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

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

Response rates

In total, 86 respondents completed and returned their questionnaires. This represented 75% of the detainee population. In total, seven detainees refused to complete a questionnaire and 19 questionnaires were not returned or returned blank.

Forty-nine (65%) questionnaires were returned in English, nine (10%) in Urdu, five (6%) in Punjabi, four (5%) in Pashtu, four (5%) in Tamil, three (3%) in Bengali, two (2%) in Chinese, two (2%) in Turkish, two (2%) in Albanian, one (1%) in Arabic, one (1%) in Farsi, one (1%) in French and one (1%) in Tigrinya. Two interviews were conducted via telephone interpretation: one (1%) Cantonese and one (1%) Twi.

Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2012 against comparator figures for all detainees surveyed in detention centres. This comparator is based on all responses from detainee surveys carried out in 10 detention centres since April 2009.
- The current survey responses in 2012 against the responses of detainees surveyed at Tinsley House IRC in 2011.
- A comparison within the 2012 survey between the responses of non- English-speaking detainees with English-speaking detainees.
- A comparison within the 2012 survey between the responses of detainees who consider themselves to have a disability and those who do not consider themselves to have a disability.

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

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

Summary

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

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

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

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

Summary of survey results

Section 1: About you

Q1	Are you male or female?	
	Male.....	86 (100%)
	Female	0 (0%)
Q2	What is your age?	
	Under 18.....	1 (1%)
	18-21.....	8 (10%)
	22-29.....	30 (36%)
	30-39.....	26 (31%)
	40-49.....	9 (11%)
	50-59.....	9 (11%)
	60-69.....	1 (1%)
	70 or over.....	0 (0%)
Q3	What region are you from? (Please tick only one.)	
	Africa.....	21 (25%)
	North America	1 (1%)
	South America.....	1 (1%)
	Indian subcontinent (India, Pakistan, Bangladesh, Sri Lanka)	39 (46%)
	China.....	2 (2%)
	Other Asia	11 (13%)
	Caribbean.....	4 (5%)
	Europe.....	4 (5%)
	Middle East.....	2 (2%)
Q4	Do you understand spoken English?	
	Yes	65 (77%)
	No	19 (23%)
Q5	Do you understand written English?	
	Yes	51 (65%)
	No	28 (35%)
Q6	What would you classify, if any, as your religious group?	
	None	2 (2%)
	Church of England.....	7 (9%)
	Catholic.....	2 (2%)
	Protestant.....	0 (0%)
	Other Christian denomination	10 (12%)
	Buddhist.....	4 (5%)
	Hindu.....	7 (9%)
	Jewish	0 (0%)
	Muslim.....	46 (56%)
	Sikh.....	4 (5%)
Q7	Do you have a disability?	

Yes	10 (12%)
No	71 (88%)

Section 2: Immigration detention

Q8	When being detained, were you told the reasons why in a language you could understand?	
	Yes	63 (77%)
	No	19 (23%)
Q9	Including this centre, how many places have you been held in as an immigration detainee since being detained (<i>including police stations, airport detention rooms, removal centres, and prison following end of sentence</i>)?	
	One to two.....	53 (68%)
	Three to five.....	18 (23%)
	Six or more.....	7 (9%)
Q10	How long have you been detained in this centre?	
	Less than 1 week.....	29 (35%)
	More than 1 week less than 1 month.....	20 (24%)
	More than 1 month less than 3 months	19 (23%)
	More than 3 months less than 6 months	13 (15%)
	More than 6 months less than 9 months	2 (2%)
	More than 9 months less than 12 months.....	0 (0%)
	More than 12 months.....	1 (1%)

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	30 (37%)
	No	43 (52%)
	Do not remember	9 (11%)
Q12	How long did you spend in the escort vehicle to get to this centre on your most recent journey?	
	Less than one hour.....	11 (14%)
	One to two hours	20 (25%)
	Two to four hours.....	25 (31%)
	More than four hours	18 (22%)
	Do not remember	7 (9%)
Q13	How did you feel you were treated by the escort staff?	
	Very well.....	15 (18%)
	Well	48 (57%)
	Neither.....	14 (17%)
	Badly.....	2 (2%)
	Very badly.....	3 (4%)
	Do not remember	2 (2%)

Section 4: Reception and first night

Q15	Were you seen by a member of health care staff in reception?	
	Yes.....	70 (84%)

	No	7 (8%)
	Do not remember	6 (7%)
Q16	When you were searched in reception, was this carried out in a sensitive way?	
	Yes	53 (65%)
	No	18 (22%)
	Do not remember/not applicable	10 (12%)
Q17	Overall, how well did you feel you were treated by staff in reception?	
	Very well	27 (32%)
	Well	44 (52%)
	Neither.....	10 (12%)
	Badly.....	1 (1%)
	Very badly.....	2 (2%)
	Do not remember	1 (1%)
Q18	On your day of arrival did you receive information about what was going to happen to you?	
	Yes	41 (49%)
	No	37 (44%)
	Do not remember	6 (7%)
Q19	On your day of arrival did you receive information about what support was available to you in this centre?	
	Yes	57 (68%)
	No	21 (25%)
	Do not remember	6 (7%)
Q20	Was any of this information given to you in a translated form?	
	Do not need translated material	25 (30%)
	Yes	15 (18%)
	No	43 (52%)
Q21	On your day of arrival did you get the opportunity to change into clean clothing?	
	Yes	65 (77%)
	No	15 (18%)
	Do not remember	4 (5%)
Q22	Did you feel safe on your first night here?	
	Yes	56 (67%)
	No	20 (24%)
	Do not remember	8 (10%)
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	30 (41%)
	<i>Loss of property</i>	6 (8%)
	<i>Contacting family</i>	9 (12%)
	<i>Access to legal advice</i>	5 (7%)
	<i>Feeling depressed or suicidal</i>	15 (21%)
	<i>Health problems</i>	20 (27%)

Q24	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	
	<i>Not had any problems</i>	30 (41%)
	Yes.....	20 (27%)
	No.....	24 (32%)

Section 5: Legal rights and immigration

Q26	Do you have a lawyer?	
	<i>Do not need one</i>	8 (10%)
	Yes.....	60 (73%)
	No.....	14 (17%)

Q27	Do you get free legal advice?	
	<i>Do not need legal advice</i>	9 (12%)
	Yes.....	30 (38%)
	No.....	39 (50%)

Q28	Can you contact your lawyer easily?	
	Yes.....	48 (61%)
	No.....	9 (11%)
	<i>Do not know/not applicable</i>	22 (28%)

Q29	Have you had a visit from your lawyer?	
	<i>Do not have one</i>	22 (29%)
	Yes.....	20 (26%)
	No.....	35 (45%)

Q30	Can you get legal books in the library?	
	Yes.....	43 (55%)
	No.....	13 (17%)
	<i>Do not know/ Not applicable</i>	22 (28%)

Q31	How easy or difficult is it for you to obtain bail information?	
	<i>Very easy</i>	8 (10%)
	<i>Easy</i>	13 (17%)
	<i>Neither</i>	15 (19%)
	<i>Difficult</i>	16 (21%)
	<i>Very difficult</i>	15 (19%)
	<i>Not applicable</i>	10 (13%)

Q32	Can you get access to official information reports on your country?	
	Yes.....	17 (23%)
	No.....	38 (51%)
	<i>Do not know/not applicable</i>	20 (27%)

Q33	How easy or difficult is it to see the centre's immigration staff when you want?	
	<i>Do not know/have not tried</i>	16 (20%)
	<i>Very easy</i>	14 (18%)
	<i>Easy</i>	31 (39%)
	<i>Neither</i>	7 (9%)
	<i>Difficult</i>	10 (13%)

Very difficult..... 1 (1%)

Section 6: Respectful detention

Q35	Can you clean your clothes easily?	
	Yes.....	80 (96%)
	No.....	3 (4%)
Q36	Are you normally able to have a shower every day?	
	Yes.....	78 (100%)
	No.....	0 (0%)
Q37	Is it normally quiet enough for you to be able to relax or sleep in your room at night time?	
	Yes.....	57 (72%)
	No.....	22 (28%)
Q38	Can you normally get access to your property held by staff at the centre if you need to?	
	Yes.....	49 (61%)
	No.....	14 (18%)
	Do not know	17 (21%)
Q39	What is the food like here?	
	<i>Very good</i>	3 (4%)
	<i>Good</i>	36 (46%)
	<i>Neither</i>	17 (22%)
	<i>Bad</i>	5 (6%)
	<i>Very bad</i>	17 (22%)
Q40	Does the shop sell a wide enough range of goods to meet your needs?	
	Have not bought anything yet	7 (9%)
	Yes.....	46 (61%)
	No.....	23 (30%)
Q41	Do you feel that your religious beliefs are respected?	
	Yes.....	69 (90%)
	No.....	3 (4%)
	Not applicable	5 (6%)
Q42	Are you able to speak to a religious leader of your faith in private if you want to?	
	Yes.....	50 (68%)
	No.....	10 (14%)
	Do not know/not applicable	13 (18%)
Q43	How easy or difficult is it to get a complaint form?	
	<i>Very easy</i>	14 (19%)
	<i>Easy</i>	30 (40%)
	<i>Neither</i>	11 (15%)
	<i>Difficult</i>	3 (4%)
	<i>Very difficult</i>	2 (3%)
	Do not know	15 (20%)
Q44	Have you made a complaint since you have been at this centre?	

Yes	11 (14%)
No	62 (79%)
Do not know how to	5 (6%)

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

Yes	3 (4%)
No	6 (8%)
Not made a complaint	67 (88%)

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	57 (78%)
No	16 (22%)

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

Yes	76 (95%)
No	4 (5%)

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

Yes	8 (11%)
No	63 (89%)

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

Yes	8 (11%)
No	63 (89%)

Section 8: Safety

Q52 Do you feel unsafe in this centre?

Yes	12 (17%)
No	60 (83%)

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

Yes	11 (15%)
No	62 (85%)

If No, go to question 55

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

<i>Physical abuse (being hit, kicked or assaulted)</i>	3 (4%)
<i>Because of your nationality</i>	3 (4%)
<i>Having your property taken</i>	1 (1%)
<i>Drugs</i>	0 (0%)
<i>Because you have a disability</i>	1 (1%)
<i>Because of your religion/religious beliefs</i>	2 (3%)

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

Yes	9 (13%)
No	61 (87%)

If No, go to question 57

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

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

Q57	If you have been victimised by detainees or staff, did you report it?	
	Yes	3 (4%)
	No	5 (7%)
	Not been victimised	59 (88%)

Q58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	
	Yes	6 (9%)
	No	64 (91%)

Q59	Have you ever felt threatened or intimidated by a member of staff in here?	
	Yes	3 (4%)
	No	65 (96%)

Section 9: Health care

Q61	Is health information available in your own language?	
	Yes	37 (50%)
	No	18 (24%)
	Do not know	19 (26%)

Q62	Is a qualified interpreter available if you need one during health care assessments?	
	Do not need an interpreter/do not know	39 (56%)
	Yes	15 (21%)
	No	16 (23%)

Q63	Are you currently taking medication?	
	Yes	28 (38%)
	No	46 (62%)

Q64	What do you think of the overall quality of the health care here?	
	Have not been to health care	8 (11%)
	<i>Very good</i>	18 (24%)
	<i>Good</i>	26 (35%)
	<i>Neither</i>	14 (19%)
	<i>Bad</i>	5 (7%)
	<i>Very bad</i>	3 (4%)

Section 10: Activities

Q66	Are you doing any education here?	
	Yes	13 (18%)
	No	60 (82%)

Q67	Is the education helpful?	
	Not doing any education	60 (85%)
	Yes	10 (14%)

	No	1 (1%)
Q68	Can you work here if you want to?	
	<i>Do not want to work</i>	21 (30%)
	Yes	39 (57%)
	No	9 (13%)
Q69	Is there enough to do here to fill your time?	
	Yes	44 (63%)
	No	26 (37%)
Q70	How easy or difficult is it to go to the library?	
	<i>Do not know/do not want to go</i>	5 (7%)
	Very easy.....	39 (54%)
	Easy.....	25 (35%)
	Neither.....	2 (3%)
	Difficult	1 (1%)
	Very difficult.....	0 (0%)
Q71	How easy or difficult is it to go to the gym?	
	<i>Do not know/do not want to go</i>	9 (13%)
	Very easy.....	30 (42%)
	Easy.....	27 (38%)
	Neither.....	1 (1%)
	Difficult	2 (3%)
	Very difficult.....	2 (3%)

Section 11: Keeping in touch with family and friends

Q73	How easy or difficult is it to use the phone?	
	<i>Do not know/have not tried</i>	6 (8%)
	Very easy.....	31 (42%)
	Easy.....	28 (38%)
	Neither.....	2 (3%)
	Difficult	4 (5%)
	Very difficult.....	3 (4%)
Q74	Have you had any problems with sending or receiving mail?	
	Yes	9 (12%)
	No	52 (70%)
	<i>Do not know</i>	13 (18%)
Q75	Have you had a visit since you have been here from your family or friends?	
	Yes	30 (41%)
	No	43 (59%)
Q76	How did staff in the visits area treat you?	
	<i>Not had any visits</i>	30 (43%)
	Very well	15 (21%)
	Well	22 (31%)
	Neither.....	2 (3%)
	Badly.....	1 (1%)

Very badly 0 (0%)

Appendix V: Photographs

Play room, family unit



Bedroom, family unit



Dining room, family unit



Children's outside play area



Adult bedroom



Corridor, adult centre



Main comparator and comparator to last time



Detainee survey responses: Tinsley House 2012

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

		Tinsley House 2012	IRC comparator	Tinsley House 2012	Tinsley House 2011
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		86	1072	86	82
SECTION 1: General information					
1	Are you male?	100%	88%	100%	100%
2	Are you aged under 21 years?	11%	10%	11%	15%
4	Do you understand spoken English?	78%	75%	78%	72%
5	Do you understand written English?	64%	69%	64%	66%
6	Are you Muslim?	56%	41%	56%	40%
7	Do you have a disability?	12%	17%	12%	25%
SECTION 2: Immigration detention					
8	When being detained, were you told the reasons why in a language you could understand?	77%	71%	77%	70%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	9%	9%	9%	8%
10	Have you been detained in this centre for more than one month?	42%	63%	42%	52%
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?	36%	32%	36%	45%
12	Did you spend more than four hours in the escort van to get to this centre?	22%	25%	22%	32%
13	Were you treated well/very well by the escort staff?	75%	54%	75%	65%
SECTION 4: Reception and First Night					
15	Were you seen by a member of health care staff in reception?	85%	84%	85%	89%
16	When you were searched in reception was this carried out in a sensitive way?	65%	65%	65%	67%
17	Were you treated well/very well by staff in reception?	83%	56%	83%	76%
18	Did you receive information about what was going to happen to you on your day of arrival?	49%	31%	49%	29%
19	Did you receive information about what support was available to you in this centre on your day of arrival?	68%	36%	68%	50%
For those who required information in a translated form:					
20	Was any of this information provided in a translated form?	26%	22%	26%	30%
21	Did you get the opportunity to change into clean clothing on your day of arrival?	78%	56%	78%	73%
22	Did you feel safe on your first night here?	66%	49%	66%	56%
23a	Did you have any problems when you first arrived?	59%	71%	59%	64%
23b	Did you have any problems with loss of transferred property when you first arrived?	8%	18%	8%	9%
23c	Did you have any problems contacting family when you first arrived?	12%	20%	12%	26%

Main comparator and comparator to last time

Key to tables

		Tinsley House 2012	IRC comparator	Tinsley House 2012	Tinsley House 2011
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	Percentages which are not highlighted show there is no significant difference				
SECTION 4: Reception and first night continued					
23d	Did you have any problems accessing legal advice when you first arrived?	7%	21%	7%	24%
23e	Did you have any problems with feeling depressed or suicidal when you first arrived?	20%	33%	20%	40%
23f	Did you have any health problems when you first arrived?	28%	28%	28%	27%
For those who had problems on arrival:					
24	Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours?	46%	30%	46%	44%
SECTION 5: Legal rights and immigration					
26	Do you have a lawyer?	73%	68%	73%	64%
For those who have a lawyer:					
28	Can you contact your lawyer easily?	84%	71%	84%	68%
29	Have you had a visit from your lawyer?	37%	52%	37%	44%
27	Do you get free legal advice?	39%	40%	39%	29%
30	Can you get legal books in the library?	55%	35%	55%	55%
31	Is it easy/very easy for you to obtain bail information?	27%	31%	27%	32%
32	Can you get access to official information reports on your country?	23%	18%	23%	14%
33	Is it easy/very easy to see this centre's immigration staff when you want?	57%	24%	57%	44%
SECTION 6: Respectful detention					
35	Can you clean your clothes easily?	96%	74%	96%	83%
36	Are you normally able to have a shower every day?	100%	94%	100%	96%
37	Is it normally quiet enough for you to be able to sleep in your room at night?	72%	58%	72%	54%
38	Can you normally get access to your property held by staff at the centre if you need to?	61%	51%	61%	57%
39	Is the food good/very good?	50%	27%	50%	22%
40	Does the shop sell a wide enough range of goods to meet your needs?	61%	35%	61%	52%
41	Do you feel that your religious beliefs are respected?	89%	67%	89%	82%
42	Are you able to speak to a religious leader of your own faith if you want to?	68%	51%	68%	64%
43	Is it easy/very easy to get a complaint form?	58%	52%	58%	49%
44	Have you made a complaint since you have been at this centre?	14%	31%	14%	30%
For those who have made a complaint:					
45	Do you feel complaints are sorted out fairly?	33%	21%	33%	33%
SECTION 7: Staff					
47	Do you have a member of staff you can turn to for help if you have a problem?	78%	60%	78%	61%
48	Do most staff treat you with respect?	95%	70%	95%	82%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	Tinsley House 2012	IRC comparator	Tinsley House 2012	Tinsley House 2011
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
49	Have any members of staff physically restrained you in the last six months?	12%	15%	12%	12%
50	Have you spent a night in the segregation unit in the last six months?	12%	16%	12%	16%
SECTION 8: Safety					
52	Do you feel unsafe in this centre?	17%	39%	17%	38%
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	15%	28%	15%	17%
54a	Have you been hit, kicked or assaulted since you have been here? (By detainees)	4%	7%	4%	4%
54b	Have you been victimised because of your nationality since you have been here? (By detainees)	4%	8%	4%	4%
54c	Have you ever had your property taken since you have been here? (By detainees)	1%	7%	1%	3%
54d	Have you been victimised because of drugs since you have been here? (By detainees)	0%	4%	0%	1%
54e	Have you ever been victimised here because you have a disability? (By detainees)	1%	3%	1%	4%
54f	Have you ever been victimised here because of your religion/religious beliefs? (By detainees)	3%	5%	3%	4%
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	13%	22%	13%	11%
56a	Have you been hit, kicked or assaulted since you have been here? (By staff)	1%	6%	1%	4%
56b	Have you been victimised because of your nationality since you have been here? (By staff)	0%	8%	0%	4%
56c	Have you been victimised because of drugs since you have been here? (By staff)	1%	2%	1%	0%
56d	Have you ever been victimised here because you have a disability? (By staff)	1%	2%	1%	1%
56e	Have you ever been victimised here because of your religion/religious beliefs? (By staff)	4%	4%	4%	1%
For those who have been victimised by detainees or staff:					
57	Did you report it?	36%	50%	36%	38%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	9%	22%	9%	4%
59	Have you ever felt threatened or intimidated by a member of staff in here?	4%	18%	4%	6%
SECTION 9: Health services					
61	Is health information available in your own language?	50%	34%	50%	35%
62	Is a qualified interpreter available if you need one during health care assessments?	21%	14%	21%	16%
63	Are you currently taking medication?	38%	44%	38%	48%
For those who have been to health care:					
64	Do you think the overall quality of health care in this centre good/very good?	67%	35%	67%	41%
SECTION 10: Activities					
66	Are you doing any education here?	18%	21%	18%	37%
For those doing education here:					
67	Is the education helpful?	93%	82%	93%	97%
68	Can you work here if you want to?	57%	52%	57%	53%
69	Is there enough to do here to fill your time?	63%	37%	63%	53%

Main comparator and comparator to last time

Key to tables

		Tinsley House 2012	IRC comparator	Tinsley House 2012	Tinsley House 2011
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in detainees' background details				
	Percentages which are not highlighted show there is no significant difference				
70	Is it easy/very easy to go to the library?	89%	67%	89%	93%
71	Is it easy/very easy to go to the gym?	80%	69%	80%	81%
SECTION 11: Keeping in touch with family and friends					
73	Is it easy/very easy to use the phone?	80%	61%	80%	54%
74	Have you had any problems with sending or receiving mail?	12%	25%	12%	21%
75	Have you had a visit since you have been in here from your family or friends?	41%	47%	41%	48%
For those who have had visits:					
76	Do you feel you are treated well/very well by staff in the visits area?	93%	65%	93%	86%



Key questions (Non-English speakers) Tinsley House 2012

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		19	65
8	When being detained, were you told the reasons why in a language you could understand?	71%	77%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	17%	6%
10	Have you been in this centre for more than one month?	63%	36%
11	Before you arrived here did you receive any written information about what would happen to you in a language you could understand?	38%	37%
13	Were you treated well/very well by the escort staff?	70%	76%
17	Were you treated well/very well by staff in reception?	71%	87%
18	Did you receive information about what was going to happen to you on your day of arrival?	42%	52%
19	Did you receive information about what support was available to you on your day of arrival?	64%	70%
22	Did you feel safe on your first night here?	67%	66%
23	Did you have any problems when you first arrived?	53%	60%
26	Do you have a lawyer?	67%	76%
33	Is it easy/very easy to see the centre's immigration staff when you want?	50%	58%
35	Can you clean your clothes easily?	100%	95%
36	Are you normally able to have a shower every day?	100%	100%
43	Is it easy/very easy to get a complaint form?	40%	65%
44	Have you made a complaint since you have been at this Centre?	20%	13%
47	Do you have a member of staff you can turn to for help if you have a problem?	75%	79%
48	Do most staff treat you with respect?	96%	95%
52	Do you feel unsafe in this centre?	37%	12%
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	16%	16%

Key to tables

		Non-English speakers	English speakers
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	17%	12%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	17%	7%
59	Have you ever felt threatened or intimidated by a member of staff in here?	6%	4%
61	Is health information available in your own language?	45%	51%
62	Is a qualified interpreter available if you need one during health care assessments?	39%	16%
66	Are you doing any education here?	42%	11%
68	Can you work here if you want to?	44%	60%
69	Is there enough to do here to fill your time?	61%	64%
70	Is it easy/very easy to go to the library?	94%	90%
71	Is it easy/very easy to go to the gym?	81%	81%
73	Is it easy/very easy to use the phone?	79%	80%
74	Have you had any problems with sending or receiving mail?	16%	10%
75	Have you had a visit since you have been in here from your family or friends?	29%	44%



Diversity Analysis - Disability

Key questions (disability analysis) Tinsley House 2012

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

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		10	71
4	Do you understand spoken English?	67%	78%
9	Including this centre, have you been held in six or more places as an immigration detainee since being detained?	8%	9%
10	Have you been in this centre for more than one month?	25%	42%
13	Were you treated well/very well by the escort staff?	79%	74%
15	Were you seen by a member of health care staff in reception?	69%	86%
16	When you were searched in reception was this carried out in a sensitive way?	39%	72%
17	Were you treated well/very well by staff in reception?	79%	84%
22	Did you feel safe on your first night here?	62%	69%
23	Did you have any problems when you first arrived?	79%	57%
23f	Did you have any health problems when you first arrived?	62%	24%
26	Do you have a lawyer?	67%	73%
33	Is it easy/very easy to see this centre's immigration staff when you want?	62%	55%
35	Can you clean your clothes easily?	92%	97%
36	Are you normally able to have a shower every day?	100%	100%
43	Is it easy/very easy to get a complaint form?	31%	61%
44	Have you made a complaint since you have been at this centre?	8%	13%
47	Do you have a member of staff you can turn to for help if you have a problem?	89%	76%
48	Do most staff treat you with respect?	100%	94%
49	Have any members of staff physically restrained you in the last six months?	8%	11%
50	Have you spent a night in the segregation unit in the last six months?	31%	7%

Diversity Analysis - Disability

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in detainees' background details		
	Percentages which are not highlighted show there is no significant difference		
52	Do you feel unsafe in this centre?	25%	16%
53	Has another detainee or group of detainees victimised (insulted or assaulted) you here?	33%	13%
55	Has a member of staff or group of staff victimised (insulted or assaulted) you here?	33%	10%
58	Have you ever felt threatened or intimidated by another detainee/group of detainees in here?	25%	7%
59	Have you ever felt threatened or intimidated by a member of staff in here?	10%	4%
62	Is a qualified interpreter available if you need one during health care assessments?	33%	19%
63	Are you currently taking medication?	69%	31%
66	Are you doing any education here?	31%	15%
69	Is there enough to do here to fill your time?	77%	60%
70	Is it easy/very easy to go to the library?	79%	91%
71	Is it easy/very easy to go to the gym?	77%	81%
73	Is it easy/very easy to use the phone?	79%	79%
74	Have you had any problems with sending or receiving mail?	8%	11%
75	Have you had a visit since you have been in here from your family or friends?	42%	42%



HM Inspectorate of Prisons is a member of the UK's National Preventive Mechanism, a group of organisations which independently monitor all places of detention to meet the requirements of international human rights law.

